

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject

	o the certificate holder in lieu of su				nuorsement. 7	- Statement (on this certificate does no	or com	er rigints	
PRODUCER Insurance Company Details					CONTACT NAME:					
insurance company betails					PHONE (A/C, No, Ext): (A/C, No):					
					E-MAIL ADDRESS:					
					INSURER(S) AFFORDING COVERAGE				NAIC #	
					INSURER A:					
INSURED					INSURER B:					
					INSURER C:					
Sample Certificate					INSURER D:					
EXHIBITOR					INSURER E:					
					INSURER F:					
С	COVERAGES CERTIFICATE NUMBER: USS 000000					REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.										
INSF LTR			SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	MITS		
	GENERAL LIABILITY						GENERAL AGGREGATE	\$ <mark>2,00</mark>	0,000.00	
	X COMMERCIAL GENERAL LIABILITY				DATES MUS	T COVER	PRODUCTS - COMP/OP AGG	\$2,00	0,000.00	
	CLAIMS-MADE X OCCUR				Entire time you are		PERSONAL & ADV INJURY	\$1,000,000.00		
Α		X	X	SRPG-101-0414	participatin	g at HSF	EACH OCCURRENCE	\$ <mark>1,00</mark>	0,000.00	
		-					FIRE DAMAGE (Any one fire)	\$300,	00.00	
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	\$5,00	0.00	
	X POLICY PRO- JECT LOC									
l	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO						BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$		
	HIRED AUTO NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$		
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
	DED RETENTION \$									
							EACH OCCURRENCE	\$		
							GENERAL AGGREGATE	\$		
							EACH OCCURRENCE	\$		
ĺ							GENERAL AGGREGATE	\$		
DE	SCRIPTION OF OPERATIONS / LOCATIONS / V	EHICLE	S (Atta	ach ACORD 101, Additional Remarks Sch	edule, if more space	e is required)				
1/4	Vendor Activities									

Hopkinton State Fair and it's Directors, Employees and Agents, their respective parents, members, partners, affiliates, divisions and subsidiaries and their respective officers, directors and employees, agents and representatives are named additional insured.

CANCELLATION

xhibits may include pulling animals, horses, cattle, llamas, alpacas, goats, sheep, swine or dogs.

Certificate Holder / Additional Insured SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN Hopkinton State Fair and it's Directors, Employees and Agents ACCORDANCE WITH THE POLICY PROVISIONS. 392 Kearsage Ave P.O. Box 700 **AUTHORIZED REPRESENTATIVE** Contoocook, NH 03229

CERTIFICATE HOLDER