

CERTIFICATE OF LIABILITY INSURANCE EXAMPLE

ACORD **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 to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER 1	CONTACT NAME: _____ PHONE: _____ FAX: _____ E-MAIL: _____ ADDRESS: _____ 3
INSURED 2	INSURER(S) AFFORDING COVERAGE INSURER A: _____ INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____ INSURER F: _____

COVERAGES CERTIFICATE NUMBER: 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.

INSR. CLASS	TYPE OF INSURANCE	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF. DATE	POLICY EXPIRATION DATE	LIMITS
1	GENERAL LIABILITY					EACH OCCURRENCE \$
	COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Per occurrence) \$
	CLAIMS MADE	☐ OCCUR				MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$
	POLICY	PROD. ☐ LOC. ☐				PRODUCTS - COMPROP AGG \$
2	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Per accident) \$
	ANY AUTO					BODILY INJURY (Per person) \$
	ALL OWNED AUTOS	☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS				BODILY INJURY (Per accident) \$
	HIRED AUTOS					PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB	☐ OCCUR ☐ CLAIMS MADE				EACH OCCURRENCE \$
	EXCESS LIAB					AGGREGATE \$
	RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N ☐ N/A ☐				WC STATUS: ☐ OTHER: ☐
	ANY EMPLOYER/PAID/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in KY)					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 181, Additional Remarks Schedule, if more space is required)

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CERTIFICATE HOLDER 6	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED, THE EXPIRATION DATE THEREOF, NOTICE WILL BE DE IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE: _____ 7
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LEGEND	WHAT TO INCLUDE
1	Insurance Agent/Broker Name and Address
2	Event Producer or Vendor Insured Name and Address
3	Contact Information for Insurance Company
4	Must list a minimum amount per event occurrence of \$1,000,000
5	KENTUCKY STATE FAIR BOARD AND ALL OF ITS MEMBERS, OFFICERS, EMPLOYEES, AGENTS, SERVANTS AND ASSIGNS ARE ADDITIONAL INSURED AS RESPECTS GENERAL LIABILITY IN REGARDS TO THIS EVENT ONLY.
6	Kentucky State Fair Board and KY Venues PO Box 37130 Louisville, KY 40233
7	SHOULD ANY OF POLICIES OUTLINED IN CONTRACT OR ABOVE BE CANCELLED, 30 DAYS NOTICE OF THE CANCELLATION MUST BE PROVIDED TO HOLDER IN ACCORDANCE WITH THE POLICY PROVISIONS.