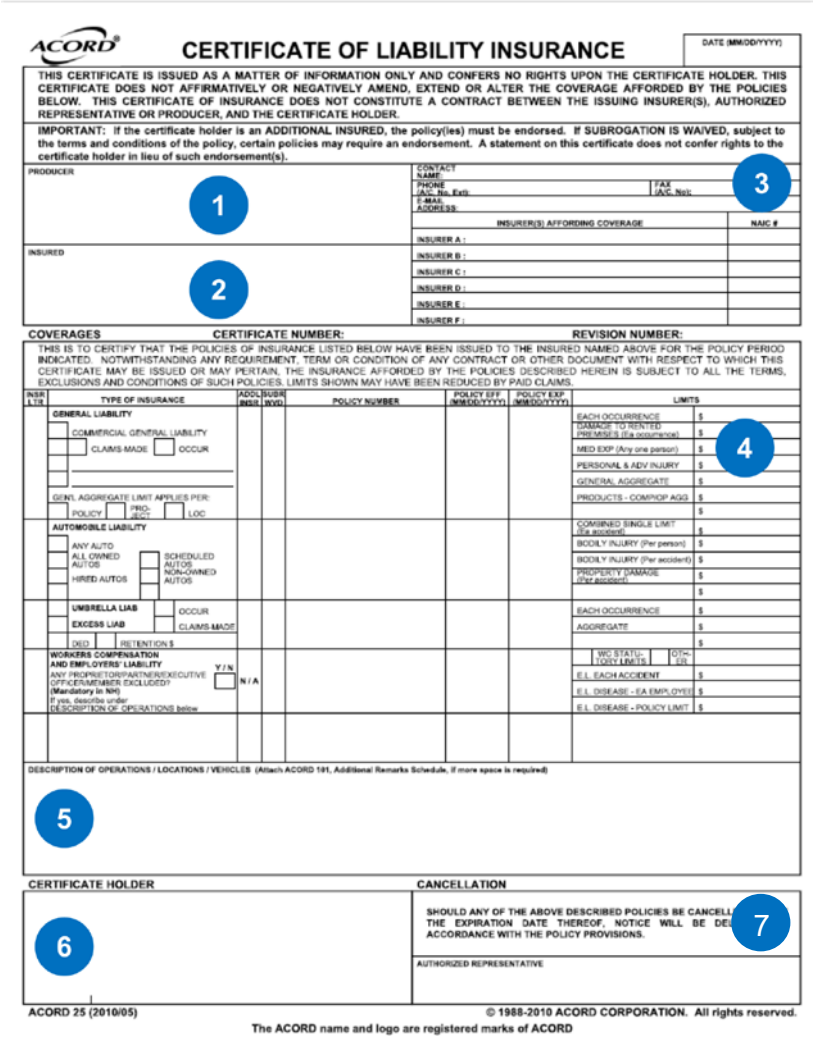
KENTUCKY VENUES

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 (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS: — 3

INSURER(S) AFFORDING COVERAGE — NAIC #
INSURER A :
INSURED — 2
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 LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE $
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) $
	CLAIMS-MADE OCCUR						MED EXP (Any one person) $ — 4
							PERSONAL & ADV INJURY $
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE $
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG $
	AUTOMOBILE LIABILITY						$
	ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) $
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per person) $
	HIRED AUTOS / NON-OWNED AUTOS						BODILY INJURY (Per accident) $
							PROPERTY DAMAGE (Per accident) $
							$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE $
	EXCESS LIAB CLAIMS-MADE						AGGREGATE $
	DED RETENTION $						$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						WC STATU-TORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N/A						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 101, Additional Remarks Schedule, if more space is required)

5

CERTIFICATE HOLDER — 6

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELL... THE EXPIRATION DATE THEREOF, NOTICE WILL BE DE... ACCORDANCE WITH THE POLICY PROVISIONS. — 7

AUTHORIZED REPRESENTATIVE

ACORD 25 (2010/05)

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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~~ 5	Kentucky State Fair Board and KY Venues PO Box 37130 Louisville, KY 40233 6. American Camp Association 5000 State Rd 67 North Martinsville, IN 46151
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.