

Insurance Requirements

Each Exhibitor agrees to procure and maintain an insurance policy with an insurance carrier, or with insurance carriers duly and legally licensed to transact business in the State of California, in the following form, manner and amount:

An insurance policy in the form of compensation insurance and covers the full liability of Operator in accordance with the provisions of Division IV of the Labor Code of the State of California and any act amendatory thereof. An insurance policy in the form of Public Liability insurance including broad form comprehensive general liability endorsement on exhibitors operations hereunder with a limit of not less than one million dollars (\$1,000,00.00) combined single limit (csl) for bodily injury and property damage. *The Certificate of Insurance must include the following additional insured clause:* That the State of California, the California Fair Services Authority, the District Agricultural Association, The Alameda County Agricultural Fair Association, the County of Alameda, Lessor/Sublessor if Fair site is leased/subleased, or Entities (public or non-profit) operating California designated agricultural Fairs, their directors, officers, agents, servants, and employees are made additional insured, but only insofar as the operations under this contract are concerned.

This certificate of the insurance policy hereinabove specified and required shall be properly endorsed, giving at least *TEN (10) DAYS* prior written notice in case of cancellation or material change in the form of coverage and shall be issued to the Alameda County Agricultural Fair Association and shall be filed by exhibitor with the Alameda Country Fair prior to the *first day of fair*.

If you are unable to secure insurance that meets this liability requirement on your own, you may apply for insurance with the Fair policy. The cost for this coverage is \$170.00 for the first space plus \$155.00 for each additional space.

For our records, we need to know how you intend to fulfill this requirement. Please complete the bottom portion of this form and return it with your contract indicating how you plan to procure this insurance. If you are applying with our policy, enclose a check for insurance fees or indicate when you will be sending this amount. This insurance requirement **MUST BE COMPLETED PRIOR TO MAY 1.**

Location	Space #	Fair Year
Company		
Contact		
Address		
Product		
Liability Insurance:		
I will provide insurance through my	carrier and the certificate will be ema	ailed/mailed to the Fair Office.(A
certificate is required to be on file for	each exhibitor by May.)	
I am on the CFSA Master List	CFSA Master #	

$\ \square$ I want to apply for insurance with the Fair's Insur	ance Carrier
\$Enclosed for payment (\$170.00 for first double booth (10' x 20') is considered \$220.00.) \$will be sent on	one exhibit space and cost for insurance is
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Workmen's Compensation Insurance:	
A Certificate of Workmen's Compensation insurance any exhibitor who hires one or more employees:	is also required to be on File with the Fair Association for
☐ I do not hire any employees to staff my Exhibit Sp	
I hire employees to staff my Exhibit Space and will Insurance.	Il provide a certificate of Workmen's Compensation
Signature	Date mm/dd/yy:
Title	
11116	