



Information Regarding Insurance Requirements When Holding An Event At The Jackson County Expo

Insurance coverage must include all dates specified in the Use Agreement and/or Concession and Exhibit Space Agreement.

Insurance coverage must list as additionally insured:
Fair Board, Jackson County and its Elected Officials, Officers, Employees, Agents and Volunteers

The insurance company is requested to prepare required endorsement and issue a Certificate of Liability Insurance to:

Jackson County
Jackson County Expo
P O Box 3635
Central Point OR 97502

LIABILITY MINIMUM: \$2,000,000 Per Occurrence
\$4,000,000 Aggregate
Liability Minimum Update As Of 4/1/18

**a liquor liability endorsement is required for events where Permittee will have alcohol present **



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).

<p>PRODUCER</p> <p style="text-align: center;">Insurance Company Name</p> <p>INSURED</p> <p style="text-align: center;">Your name exactly as it appears on the Expo Contract.</p>	<p>CONTACT NAME:</p> <p>PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____</p> <p>E-MAIL ADDRESS: _____</p> <p>PRODUCER CUSTOMER ID #: _____</p> <p style="text-align: right;">INSURER(S) AFFORDING COVERAGE NAIC #</p> <p>INSURER A : _____</p> <p>INSURER B : _____</p> <p>INSURER C : _____</p> <p>INSURER D : _____</p> <p>INSURER E : _____</p> <p>INSURER F : _____</p>
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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 SUBR INSR_WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
GENERAL LIABILITY						
	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$
	CLAIMS-MADE OCCUR	<input checked="" type="checkbox"/>				DAMAGE TO RENTED PREMISES (Ea occurrence) \$
						MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
						GENERAL AGGREGATE \$
						PRODUCTS - COM/POP AGG \$
	GENL AGGREGATE LIMIT APPLIES PER					\$
	POLICY PROJECT LOC					\$
AUTOMOBILE LIABILITY						
	ANY AUTO	<input checked="" type="checkbox"/>				COMBINED SINGLE LIMIT (Ea accident) \$
	ALL OWNED AUTOS	<input checked="" type="checkbox"/>				BODILY INJURY (Per person) \$
	SCHEDULED AUTOS	<input type="checkbox"/>				BODILY INJURY (Per accident) \$
	HIRED AUTOS	<input type="checkbox"/>				PROPERTY DAMAGE (Per accident) \$
	NON-OWNED AUTOS	<input type="checkbox"/>				\$
						\$
UMBRELLA LIAB						
	EXCESS LIAB	<input type="checkbox"/>				EACH OCCURRENCE \$
	DEDUCTIBLE	<input type="checkbox"/>				AGGREGATE \$
	RETENTION \$	<input type="checkbox"/>				\$
						\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below	<input type="checkbox"/>				WC STATUTORY LIMITS OTHER
		<input type="checkbox"/>				E L EACH ACCIDENT \$
						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)

Insurance coverage must list as additional insured: The Fair Board, Jackson County and its elected officials, officers, employees, agents and volunteers.

<p>Jackson County</p> <p>Jackson County Expo</p> <p>PO Box 3635</p> <p>Central Point OR 97502</p>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <hr/> <p>AUTHORIZED REPRESENTATIVE</p>
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