

Insured VENDORS

Please note that K&K requests all professional and non-professional food vendors to have Commercial General Liability Insurance including Products Liability coverage. If a vendor provides a current valid Certificate of Insurance, they will not need to be listed as an additional insured on the policy. However, vendors that do not provide evidence of coverage, can be listed on the “Vendors as Additional Insureds” form (or comparable form), and submitted to K&K for approval **prior to the event**.

Vendors selling non-food items, should also be listed on the attached form if they cannot provide evidence of coverage. Note: If not already a standard procedure, insurance requirements, should be made a part of the contract signed between the Fair and all vendor/exhibitors.

The per vendor/exhibitor cost for adding a Vendor as an Additional Insured will be:

Exhibitors	\$65 each
Non-Food Sales	\$65 each
Food Sales	\$65 each

Any vendor, with more than one booth, will be charged an additional \$33 for each additional booth.

Note: Concessions/exhibits, which require K&K underwriting approval and additional premium prior to acceptance, are as follows:

Dunking Booths	Petting Zoos
Pony Rides	Game Booths

Not all vendors may qualify for this program. Below is a partial listing of ineligible vendors. All submissions are subject to underwriting:

Ear Piercing Booths	Tattoo Parlors (Permanent)
Haunted Houses	Inflatable Amusement Devices
Stroller or Wheel Chair Rentals	Exotic Animals
National Companies/Chain Stores	Metallic Balloons
Organ Grinders	Medical tests
Medical Exams	Blood tests
Liquor Stands	Mechanical Rides
Motorsports Activities	Fireworks and Weapons

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	<i>Effective policy dates >>>> must fall within dates of set-up, show dates and breakdown for the current year.</i>			EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000				
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE (Per accident) \$
A	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY: EA ACC \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$
					AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATUTORY LIMITS OTH-ER
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
Sunbelt Agricultural Exposition is named as additional insured with respect to the General Liability by written contract as required by the policy.

Note: 10 day notice of cancellation applies for non payment of premium

CERTIFICATE HOLDER Sunbelt Agricultural Exposition 290-G Harper Blvd Moultrie, GA 31788	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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FOR INFORMATION OR QUESTIONS CALL CHARLES HOLWELL AT 1-229-529-5890

**VENDORS AS ADDITIONAL INSURED
INFORMATION FORM**



MAIL CHECK AND APPLICATION TO:
Holwell & Fletcher Insurance
P. O. Box 192
Quitman, Georgia 31643

\$1,000,000.00 VENDOR LIABILITY LIMITS
\$65.00 FOR ONE LOCATION
\$33.00 FOR EACH SEPARATE LOCATION

Name of Insured: _____

Name of Event: **Sunbelt Agricultural Exposition - Policy # - GLP00002800540-00**

Dates of Event: **October 19 - 21, 2010 (includes setup & breakdown)**

VENDOR NAME	YEARS OF EXPERIENCE	TYPES OF FOODS OR DISPLAYS	NUMBER OF BOOTHS OR STANDS	**EVER CANCELLED/REFUSED COVERAGE	*CLAIMS LAST 3 YEARS
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

**IF YES, PLEASE EXPLAIN ON SEPERATE SHEET OF PAPER AND ATTACH.

I ATTEST THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT.
IT IS UNDERSTOOD AND AGREED THAT NO INSURANCE IN EFFECT
UNTIL THIS INFORMATION IS ACCEPTED BY THE COMPANY IN WRITING.

SIGNATURE OF AUTHORIZED EVENT REPRESENTATIVE _____
SEE INELIGIBLE VENDORS LIST ON NEXT PAGE

TITLE _____

DATE _____