



2010 Outdoor Commercial Vender's Manual
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Insurance Requirements

Vendor insurance is required for all vendors at the Monroe County Fair. This will protect your business as well as the Fair in cases of public liability, theft, fire, and other damage or loss of property. It is mandatory that all vendors participating in the Monroe County Fair provide evidence that the following insurance requirements are met by having your insurance company provide us with a certificate of insurance showing:

- ◆ Public liability limits for at least \$1,000,000 for bodily injuries and property damage, including personal injuries.
- ◆ Product liability included for the same limits as public liability.
- ◆ **The Monroe County Fair and Recreation Association, Inc. is named as additional insured** (in the special remarks section) with respect to your operation at the Fair for the period of July 13, 2010– July 19, 2010. The extra day allows for set-up and tear down.
- ◆ The certificate must provide for a 30-day notice of cancellation or reduction in limits to the Monroe County Fair and Recreation Association, Inc.
- ◆ The Insurance carrier must be licensed to do business in New York State and an admitted New York State Carrier.

Please give this sheet to your insurance representative so the certificate of insurance is issued properly the first time.

Insurance Deadline

Insurance deadline is July 12, 2010.

THOSE VENDORS WHO DO NOT SUBMIT A CERTIFICATE OF INSURANCE BY THIS DATE WILL AUTOMATICALLY BE ADDED TO THE FAIR'S INSURANCE POLICY AT THE MARKET RATE ON JULY 13, 2010.



MONROE COUNTY FAIR & RECREATION
ASSOCIATION

Sample Certificate of Insurance



RECEIVED JUN 26 2002

ACORD CERTIFICATE OF LIABILITY INSURANCE		OP ID SH ROCH-30	DATE (MM/DD/YY) 06/25/02
PRODUCER Brown & Brown, Inc. - Rochester 45 East Avenue Rochester NY 14604 Phone: 585-232-4424 Fax: 585-232-5813		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.	
INSURED Rochester Eye & Human Parts Bank Inc. 524 White Spruce Blvd Rochester NY 14623		INSURERS AFFORDING COVERAGE INSURER A: ST Paul Companies 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 LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY				EACH OCCURRENCE \$ 1,000,000
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	FK06402168	05/01/02	05/01/03	FIRE DAMAGE (Any one fire) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	FK06402168	05/01/02	05/01/03	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY - CONCURRENT (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
A	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	FK06402168	05/01/02	05/01/03	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

RE: Monroe County Fair—7/13/2010-7/19/2010 Certificate Holder is listed as additional insured.

CERTIFICATE HOLDER	Y ADDITIONAL INSURED; INSURER LETTER: A	CANCELLATION
MONROE COUNTY FAIR & RECREATION, INC. 2695 EAST HENRIETTA ROAD HENRIETTA NY 14467		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 DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE