

- Additional Insured endorsement to read as follows:
- The Commercial General Liability insurance policy shall be endorsed to name the Marin County Fair, County of Marin, its officers, employees, and agents as additional insured.

SPECIAL EVENTS LIABILITY INSURANCE THROUGH CFSA

If you have Liability Insurance through CFSA you may submit that in place of a Certificate of Liability Insurance and an Endorsement Form.

If your organization does not carry the required liability insurance, you can purchase your liability insurance through the California Fair Services Authority (CFSA) through our office. California Fair Services Authority (CFSA) is a not-for-profit joint powers authority (JPA) established to manage and administer workers' compensation, property and general liability self-insurance pools related services and programs exclusively for California fairs. Further information can be found on the CFSA website at www.CFSA.org.

A. Call with Credit Card Information OR send a business check to the Marin County Fair office:

- Liability Insurance: A business check made payable to the Marin County Fair \$195.00
in the amount quoted. Credit Cards Accepted
- Liquor Liability Insurance: Call CFSA for a Quote. A business check made payable to the Marin County Fair in the amount Quoted. Credit Cards Accepted
- Processing Fee for requests more than 30 days in advance \$25.00
- Processing Fee for requests less than 30 days in advance \$100.00

C. Our office will process the paperwork and send you a County Auditor’s Receipt for your handling fee, a receipt for your payment of Liability Insurance , and a copy of your Evidence of Coverage.

Insurance Form Samples

CERTIFICATE OF LIABILITY



BARTUNL-01

PATRA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/06/2017

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 have ADDITIONAL INSURED provisions or 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 License # 0167057 <div style="border: 1px solid black; padding: 5px; display: inline-block; color: red; font-weight: bold;">SAMPLE ONLY</div>	CONTACT NAME: _____ PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____ ADDRESS: _____
	INSURER(S) AFFORDING COVERAGE: _____ NAIC #: _____ INSURER A: _____ 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____		X	BKW1856513738	01/25/2017	01/25/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 LIQUOR LIABILITY \$ 1,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____
C	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ _____						EACH OCCURRENCE \$ _____ AGGREGATE \$ _____
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	XWS56513738	11/03/2016	11/03/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Liquor Liability			BKW1856513738	01/25/2017	01/25/2018	Aggregate 2,000,000

➤ Description of Operation:
 ○ "It is understood and agreed that the Marin County Fair, County of Marin, its officers, employees, and agents are named as additional insured as respects to operating a food concession at the 2025 Marin County Fair, July 2- July 6, including set-up dates June 28 – July 1 and teardown through July 7, or from the time they arrive at the fairgrounds to the time they are completely torn down and off the fairgrounds property."

CERTIFICATE HOLDER County of Marin Its Officers, Employees, and Agents Marin County Fair 10 Avenue of the Flags San Rafael, CA 94903	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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ACORD 25 (2016/03)

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ENDORSEMENT FORM