

## SAMPLE ONLY CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/16/2021

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							CONTACT Samantha Place					
Your insurance company and address!							PHONE (973) 579-6776 FAX (973) 579-0111					
							(A/C, No, Ext): (A/C, No): (A/C, No): (A/C, No): ADDRESS:					
							INSURER(S) AFFORDING COVERAGE NAIC #					
							INSURER A: Ace American Insurance Co				22667	
INSURED						INSURER B : Selective Casualty Insurance Company					14376	
Vendor's Business DBA Name and Address						INSURER C : K & K Insurance Group, Inc.					23311	
						INSURER D : Franklin Mutual Ins. Company					856	
						INSURER E:						
							INSURER F:					
COVERAGES CERTIFICATENU					NUMBER: Vendor Sampl	le 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.    NST												
INSR LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT			
		COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,000		
		CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 10000		
	<u> </u>		Υ	Y					MED EXP (Any one person)	<sub>\$</sub> 5000		
Α					GXXXXXXXX		07/12/2021	07/12/2022	PERSONAL & ADV INJURY	\$ 1,000,000		
	GEN'L	AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000		
	$\times$	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,000	0,000	
		OTHER:							COMBINED SINGLE LIMIT	\$		
В	AUTOMOBILE LIABILITY								(Ea accident)	\$ 1,000,000		
		ANY AUTO  OWNED  SCHEDULED				07/18/2021	07/18/2021	07/18/2022	BODILY INJURY (Per person)	\$		
		AUTOS ONLY AUTOS	Υ	Υ	S 10000000				BODILY INJURY (Per accident)			
	$\mathbf{x}$	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
								Medical payments	\$ 5,000			
С	<u> </u>	OCCUR OCCUR							EACH OCCURRENCE	\$ 2,000,000		
	EXCESS LIAB CLAIMS-MADE			Y	XKO055555555	07/18/2021	07/18/2022	AGGREGATE	\$ 2,000	0,000		
	DED RETENTION \$							A 4 DED   OTH	\$			
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						07/18/2021	07/18/2022	➤ PER STATUTE OTH-ER			
					WCP27555555				E.L. EACH ACCIDENT	\$ 1,000		
									E.L. DISEASE - EA EMPLOYEE			
									E.L. DISEASE - POLICY LIMIT	\$ 1,000	0,000	
		ON OF OPERATIONS / LOCATIONS / VEHICLE	•		,	•						
the	RE:New Jersey State Fair & Sussex County Farm & Horse Show are included as Additional Insured to the above captioned General Liability Policy for work the insured is performing provided a written contract exists requiring such a status. Per the terms of the policy, coverage for an additional insured is contingent upon an underlying written agreement with the named insured requiring such coverage.											
CERTIFICATE HOLDER							CANCELLATION					
Sussex County Farm & Horse Show Association							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
NJ State Fair 37 Plains Rd.							AUTHORIZED REPRESENTATIVE					

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