

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/2/2015

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).

PRODUCER DHC INSURANCE, LLC. PO BOX 948		CONTACT NAME: PHONE (A/C, No, Ext):	(888) 288-1829	393-5666		
WARRENVILLE, IL 60555-0948 (888) 288-1829		E-MAIL ADDRESS:		(A/C, No):		
			INSURER(S) AFFORDING COVERAGE			NAIC#
			United States Fire Insurance			21113
INSURED	SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS:	INSURER B:				
		INSURER C:				
VENDOR		INSURER D:				
		INSURER E:				
		INSURER F:		•		
			DE///01011			

COVERAGES CERTIFICATE NUMBER: USS 000000 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			SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR						GENERAL AGGREGATE	\$ <mark>2,000,000.00</mark>
							PRODUCTS - COMP/OP AGG	\$2,000,000.00
							PERSONAL & ADV INJURY	\$1,000,000.00
Α		Х	X	SRPG-101-0414	8/24/2018 12:01 AM	9/6/2018 12:01 AM	EACH OCCURRENCE	\$ <mark>1,000,000.00</mark>
					12.01 AW	12.01 AW	FIRE DAMAGE (Any one fire)	\$300,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	\$5,000.00
İ	X POLICY PRO- JECT LOC							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO ALL OWNED SCHEDULED AUTOS HIRED AUTO NON-OWNED AUTOS						BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
							EACH OCCURRENCE	\$
							GENERAL AGGREGATE	\$
							EACH OCCURRENCE	\$
							GENERAL AGGREGATE	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Vendor Activities

Hopkinton State Fair and it's Directors, Employees and Agents, their respective parents, members, partners, affiliates, divisions and subsidiaries and their respective officers, directors and employees, agents and representatives are named additional insured on a primary basis. Waivor of subrogation applies.

CERTIFICATE HOLDER CANCELLATION

Certificate Holder / Additional Insured

Hopkinton State Fair and it's Directors, Employees and Agents 392 Kearsage Ave

P.O. Box 700

Contoocook, NH 03229

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

DHC Insurance, LLC.