



The Delaware State Fair, Inc.
FAIR
18500 South DuPont Highway
PO Box 28
Harrington, DE 19952-0028
Phone: (302)398-3269

2025

Concessions/Vendor Insurance Instructions

July 17 - July 26, 2025

PLEASE FORWARD THESE INSTRUCTIONS AND SAMPLE CERTIFICATE OF INSURANCE TO YOUR INSURANCE AGENT.

Each Exhibitor must have occurrence form commercial general liability insurance coverage on all their activities and operations at the Fair. Coverage requirements are as follows:

1. A minimum of \$1 million dollars (\$1,000,000) combined single limits per occurrence, \$2 million dollars (\$2,000,000) annual aggregate, insuring against claims for bodily injury and property damage. The maximum permissible deductible shall be \$250 per occurrence. The policy must be deemed primary and non-contributory.
2. Where applicable, exhibitors must also have coverage insuring against claims from products liability and products/completed operations.
3. The Delaware State Fair, Inc. shall be named as an "additional insured" with respect to exhibitor's operations/activities on the certificate of insurance.
4. The Delaware State Fair, Inc. shall be named as the certificate holder.
5. All exhibitors are required to provide a certificate giving proof of workers compensation insurance coverage in compliance with the requirements of Delaware law or provide evidence of their exemption from the same.
6. At a minimum, the term of coverage should span the entire time Exhibitor and/or their goods and equipment is/are present on the Fairgrounds (including pre and post-fair camping) or the duration of the event whichever is the longer period. In the case of all permanent stands, exhibitors owning the stands must procure and maintain the minimum levels of liability coverage identified hereunder for the entire year without interruption. Failure to maintain said coverage for the entire 12 months shall result in the cancellation of the license agreement and shall trigger the requirement that Licensee remove the stand at Licensee's expense.
7. In the case of a permanent stand, in the event of a fire or casualty loss that renders the stand unusable for its intended purpose, the Licensee at its expense shall remove the stand from the Fairgrounds.
8. Insurance carriers must provide the Fair with a minimum of thirty (30) days written notice of any policy cancellation or material change in policy terms.
9. All insurance certificates and the declarations page must be provided to the Fair no later than April 30. For agreements issued after April 30, the insurance certificate must be provided within fifteen (15) days of the issuance of the agreement.
10. Exhibitors failing to timely meet the obligations of this paragraph may lose their Exhibit Space, and under no circumstances will an Exhibitor be allowed to set up, camp or otherwise enter on to the Fairgrounds unless the above insurance is in place as of the date they come onto the grounds or the opening date of the Fair whichever is the first to occur.

CERTIFICATE HOLDER:

The Delaware State Fair, Inc.
PO Box 28
Harrington, DE 19952

ADDITIONAL INSURED:

The Certificate must have "The Delaware State Fair, Inc." listed as an additional insured.

Have your insurance company send the Certificate of Liability Insurance to:

The Delaware State Fair, ATTN: Hannah O'Hara
Mail: PO Box 28, Harrington, DE 19952
Fax: 302-398-5030
Email: hannah@thestatefair.net

There are no exceptions to the insurance requirements. Under no circumstances will any sponsor be allowed to set up, camp or otherwise enter the Fairgrounds unless the above insurance is in place as of the date they come onto the grounds or the opening date of the Fair whichever is the first to occur.

rev. 10.16.2024



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 NAME:		
	PHONE (A/C, No. Ext):	FAX (A/C, No):	
INSURED	E-MAIL 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
	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 OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> 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) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER**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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