



March 16, 2023

Dear Common Ground Country Fair Exhibitor,

Detailed below are our responses to the most frequently asked questions regarding insurance requirements for Fair participation. Please note that this information is no substitution for professional advice and you should exercise due diligence when securing insurance for your Fair activities.

Having current liability insurance has been a long standing contract requirement for the Fair. We require proof of insurance via a Certificate of Insurance (COI) from all participating vendors and exhibitors be on file in the Fair Office. Exclusions may include individuals participating in the following areas: contracted Entertainment, Youth Enterprise Zone exhibitors without food products, Youth Enterprise Transition Zone exhibitors without food products, vendors in the Maine Indian Basketmakers area, and presenters without livestock/animals.

A COI which meets the criteria noted below, must be submitted to the Fair office by July 1st. If we have not received a COI, we will withhold your confirmation packet, which includes parking and admission passes, and you will not be allowed to set up on site. Please be sure that the coverage and the documentation you submit meets the following requirements.

Important note: If you are looking for coverage only for the Fair and are working with an agent, please tell them that you are looking for a short-term Event Policy and forward them the example COI included in this packet. You are welcome to explore a year-long policy for your business but this is not required for participation.

**Insurance Requirements:**

- A Certificate of Insurance listing the vendor/exhibitor as the insured. A copy of your policy is not acceptable. Only a Certificate of Insurance will be accepted.
- General liability and completed operations insurance coverage with \$2,000,000 general aggregate and \$1,000,000 for each occurrence for the duration of the Fair. Note: We will accept COIs with the current State of Maine liability insurance coverage amounts for State program and department exhibitor booths.
- The insurance must be valid for the dates of the Fair, September 22-24, 2023, and during the vendor's move-in and move-out period.
- List MOFGA as additionally insured.
- **List MOFGA as the Certificate Holder.** Include MOFGA's address on the certificate: **MOFGA, PO Box 170, Unity, ME, 04988.**
- Includes a description of your operation or activities at the Fair.





You can find an example Certificate of Insurance with specifications for our Fair attached.

**Alternative Insurance Options:**

*This is not an exhaustive listing and does not imply endorsement. Please perform due diligence.*

- Livestock: Proof of membership in the Maine Association of Livestock Exhibitors (MALE) or New England Ox Teamsters serves as proof of insurance for most activities at any state fair. You can find more information at <https://mainelivestockexhibitors.org/memberships/>. Please send us a photocopy of the membership cards of anyone who will be working with your livestock as proof of insurance.
- If you currently do not have insurance that meets our requirements and only want a policy for the Fair, many insurance companies offer Event policies.
  - F. L. Dean Insurance: Online application at [www.fdean.com](http://www.fdean.com)
    - For local assistance or questions with this application - Kyes Insurance Agency: Contact, Bonnie Drummond - 207-474-9576
  - Philadelphia Insurance: [www.phly.com/products/SpecialEventsIns.aspx](http://www.phly.com/products/SpecialEventsIns.aspx)
    - [Link to help sheet to assist you](#) in filling out the online application.
    - For local assistance or questions with this application - Cross Insurance Agency: Contact, Dawn M. Fernandez - 207-808-5959, dawn.fernandez@crossagency.com

If you have any questions, you are welcome to contact the Fair office at [commonground@mofga.org](mailto:commonground@mofga.org) or by phone at 207-568-4142.

We are looking forward to seeing you at the 2023 Common Ground Country Fair.

Sincerely,

Common Ground Country Fair Staff

April Boucher  
Fair Director

Meg Nadeau  
Fair Coordinator

Wendy Watson  
Fair Food Liaison





# 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).**

<b>PRODUCER</b>	<b>CONTACT NAME:</b> <b>PHONE (A/C. No. Ext):</b> _____ <b>FAX (A/C. No):</b> _____ <b>E-MAIL ADDRESS:</b> _____  <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center; border: none;">NAIC #</td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER(S) AFFORDING COVERAGE	NAIC #		
<b>INSURED</b>	<b>INSURER A :</b> _____ <b>INSURER B :</b> _____ <b>INSURER C :</b> _____ <b>INSURER D :</b> _____ <b>INSURER E :</b> _____ <b>INSURER F :</b> _____		

**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 VVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	<b>COMMERCIAL GENERAL LIABILITY</b> <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 \$ _____ \$			
	<b>AUTOMOBILE LIABILITY</b> <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) \$ _____ \$			
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____						EACH OCCURRENCE \$ AGGREGATE \$ _____ \$			
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / <input type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below			N / A			<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"></td> <td style="width: 20%; text-align: center;">PER STATUTE</td> <td style="width: 20%; text-align: center;">OTHER</td> </tr> </table> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$		PER STATUTE	OTHER
	PER STATUTE	OTHER								

**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 _____	