

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 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:						
w.		PHONE FAX (A/C, No, Ext): (A/C, No):					
	E-MAIL ADDRESS:	MAIL DDRESS:					
			URER(S) AFFOR	RDING COVERAGE		NAIC#	
		INSURER A:					
INSURED	INSURER B :						
Name & Address of Licensee		INSURER C:					
(This MUCT moteh the company name on the		INSURER D :					
(This MUST match the company name on the		INSURER E :					
SFP Contract.)		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 SUBR INSR WYD POLICY NUMBER	POLI (MM/D	ICY EFF DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
GENERAL LIABILITY				EACH OCCURRENCE	\$ 1,0	00,000	
COMMERCIAL GENERAL LIABILITY		lust clude	Must include	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
CLAIMS-MADE OCCUR Policy #		t date	last date	MED EXP (Any one person)	\$		
		on		PERSONAL & ADV INJURY	\$		
		perty	property	GENERAL AGGREGATE	\$ 1,0	00,000	
GEN'L AGGREGATE LIMIT APPLIES PER:	1 .	any	in any	PRODUCTS - COMP/OP AGG	\$	9	
POLICY PRO- JECT LOC	1	nner	manner		\$		
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	\$		
ANY AUTO				BODILY INJURY (Per person)	\$		
ALL OWNED SCHEDULED AUTOS AUTOS				EY INJURY (Per accident)	\$	17	
HIRED AUTOS AUTOS AUTOS		\mathbf{Z}		PROPERTY DAMAGE (Per accident)	\$		
A0100				.,	\$		
UMBRELLA LIAB OCCUR				EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE	MA.			AGGREGATE	\$		
DED RETENTION\$	6				\$		
WORKERS COMPENSATION				WC STATU- OTH- TORY LIMITS ER			
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE				E.L. EACH ACCIDENT	\$		
OFFICE/MEMBER EXCLUDED? (Mandatory in NH)				E.L. DISEASE - EA EMPLOYEE	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)							
The following are listed as Additional Insured:							
Oklahoma State Fair, Inc.							
City of Oklahoma City							
Oklahoma City Public Property Authority							
CERTIFICATE HOLDER CANCELLATION							
						LED DEFORE	
Oklahoma State Fair, Inc.		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
3001 General Pershing Blvd.				Y PROVISIONS.			
Oklahoma City, OK 73107	AUTHORIZED F	AUTHORIZED REPRESENTATIVE					