

## 2024 Vendors Must Provide a Certificate of Insurance

## View SAMPLE on reverse

Prior to move-in, exhibitor must provide a certificate of insurance naming ODN SHOWS LLC as additional insured with minimums as outlined in the terms and conditions of your contract. Proof required in order to exhibit at the venue.

\*\*\* If you do not have a policy in place, you can obtain the coverage specific to the 2024 Minnesota Deer & Turkey Classic as part of a group purchasing opportunity. Simply complete a short questionnaire at the link provided under the Vendor Resources tab and you will obtain this coverage specific to the 2024 event.

Note that this is a separate transaction from your contract with ODN Shows LLC for booth space, and is simply provided as a courtesy to obtain the required coverage. <u>You are</u> <u>responsible to provide a copy of the proof of certification that is available via that link.</u>

\*\*PURCHASE THE INSURANCE – visit the Vendor Resources tab at www.MnDeerclassic.com

> You are responsible to submit completed documentation prior to move-in. Email to: <u>Eric@outdoornews.com</u>

ACORD <sup>®</sup> CERTIFICATE OF LIA	ABILITY 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: PHONE FAX (A/C, No. Ext): (A/C, No.	
	(A/C, No, EXI): (A/C, NO E-MAIL ADDRESS:	b):
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A :	
	INSURER B :	
Vendor name must match	INSURER C : INSURER D :	
booth registration	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, TO ALL THE TERMS, TO ALL THE TER		
ISR TYPE OF INSURANCE ADDL SUBR POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) LIN	
	Dalian Datas	s 1,000,000
CLAIMS-MADE X OCCUR	Policy Dates MED EXP (Any one person)	\$ \$
X		s 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:	03/07/2024 GENERAL AGGREGATE	s 2,000,000
POLICY PRO- LOC	- 03/10/2024 PRODUCTS - COMP/OP AG	
OTHER: AUTOMOBILE LIABILITY	COMBINED SINGLE LIMIT	S
ANY AUTO	(Ea accident) BODILY INJURY (Per person)	
ALL OWNED SCHEDULED AUTOS NON-OWNED	BODILY INJURY (Per acciden	nt) \$
HIRED AUTOS NON-OWNED AUTOS	PROPERTY DAMAGE (Per accident)	s
		\$
EXCESS LIAB CLAIMS-MADE	AGGREGATE	s s
DED RETENTION \$		s
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N	PER OTH- STATUTE ER	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	E.L. EACH ACCIDENT	S
(Mandatory in NH)	E.L. DISEASE - EA EMPLOY	
DÉSCRIPTION OF OPERATIONS below	E.L. DISEASE * FOLIOT LIMI	1 9
Additional Insured: ODN SHOWS LLC dba MINNESOTA DEER AND TURKEY CLASSIC and CANTERBURY PARK HOLDING COMPANY, and their respective owners, officers, officials, agents and employees are additional named insureds, and will be held harmless and indemnified for all related liability or costs, including but not limited to all attorney fees and defense costs. This insurance shall not be canceled unless thirty (30) days prior written notice has been given to the certificate holder. Minnesota Deer and Turkey Classic - March 8-10,2024		
CERTIFICATE HOLDER	CANCELLATION	
ODN SHOWS LLC	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
P.O. Box 41308	AUTHORIZED REPRESENTATIVE	
Plymouth, MN 55441	AUTHURIZED REPRESENTATIVE	
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