

HAAS & WILKERSON INSURANCE
4300 Shawnee Mission Parkway, Fairway KS, 66205

Haas & Wilkerson Insurance will provide General Liability coverage for licensees in the mentioned event under a master insurance policy. Coverage for concessionaires and exhibitors includes public liability and property damage liability with a \$1,000,000 each occurrence limit and \$3,000,000 aggregate & products liability limit. **LIQUOR LIABILITY IS SPECIFICALLY EXCLUDED. PLEASE CALL OUR OFFICES IF YOU NEED LIQUOR LIABILITY.** General Liability coverage provided conforms with the requirements of the contractual agreement with your venue.
This insurance is excess over any other valid and collectible insurance.

LICENSEES INSURANCE PROGRAM:

General Liability coverage will be provided for the period of the Fair or Scheduled Event only, to include set-up and tear-down.

ITEMS LISTED BELOW ARE NOT ACCEPTABLE FOR ENDORSEMENT		
❖ Amusement Rides/Devices (Includes: Gyroscopes & Spaceballs)	❖ Gun Shows	❖ Pseudo-Fighting/Wrestling Activities
❖ Body Piercing & Massages & Wraps	❖ Haunted Houses	❖ Rodeo Events
❖ Bungee Attractions	❖ Henna Tattoos	❖ Roller/Ice Skating
❖ Child Care	❖ Inflatable Amusements (Includes: Moonwalks, Bounces, & Pillows)	❖ Sales of Autos or Auto Parts
❖ Climbing Walls	❖ Mazes	❖ Sales of Herbal Supplements
❖ Concert Promoters/Performers	❖ Medical/Dental Testing & Screenings	❖ Sales of Tobacco
❖ Dart Games	❖ Motorsports Events	❖ Sales of Weight Loss/Stop Smoking Aids, Pills, Patches
❖ Dunking Booths	❖ Permanent Tattoos	❖ Simulators
❖ Fireworks Operator	❖ Playground Equipment	❖ Wheelchair/Stroller Rentals
ITEMS LISTED BELOW REQUIRE ADDITIONAL PREMIUM & MUST BE APPROVED BEFORE ENDORSEMENT		
▪ Concerts-Local & Regional talent only	▪ Golf Carts/Scooters	▪ Pony Rides
▪ Exotic Animals	▪ Liquor Liability	▪ Sales of Pets/Rodents
Entertainers (Includes: mimes, clowns, balloon artists, magicians, walking characters, face painters, sketch artists, choirs, etc.)		

ENDORSEMENT REQUEST FORM	
TODAY'S DATE:	INSURED NAME (Fair/Fest): Central Washington State Fair
APPLICANT NAME:	NAME OF EXHIBIT/CONCESSION/VENDOR:
APPLICANT FULL ADDRESS:	APPLICANT PHONE:
TYPE OF EVENT/PRODUCT(S) PROVIDED: Vendor/Concessionaire/ Exhibitor	
WILL THERE BE ANY ATHLETIC ACTIVITIES, EVENTS, OR COMPETITIONS, OR ANY RECREATIONAL PHYSICAL ACTIVITIES OR CONTESTS BETWEEN INDIVIDUALS OR AS A GROUP? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, PLEASE EXPLAIN:
EVENT DATE(S): September 20 thru 29, 2024	EST. ATTENDANCE:
LIQUOR LIABILITY REQUIRED? NO *Must call for acceptability and/or premium	
PREMIUM: \$	=
TOTAL: \$	

VENDOR/CONCESSIONAIRE/EXHIBITOR	PREMIUM
First Booth (each exhibitor)	\$85
Each Additional Booth (same exhibitor)	\$50
Each Game Booth	\$100

NUMBER OF BOOTHS: _____ PAYMENT AMOUNT: _____

DIRECTIONS: Complete information above and mail with a **Check, Cashiers Check, Money Order made payable to Central Washington State Fair** for the appropriate premium **OR you may use Visa, Master Card, or Discover Card**

Card number _____ Exp. Date _____ 3 digit code _____

To: CENTRAL WASHINGTON STATE FAIR Attention: Gail Ragland 1301 South Fair Avenue, Yakima, WA 98901