



328 East 8th Street
DeWitt, Iowa 52742
Phone: 563-659-1624
Email: clintoncofair@iowatelecom.net
Website: www.clintoncountyiowafair.com
Like us on Facebook! Follow us on Twitter!

Winter Storage Policy

The Clinton County Fair Board offers winter storage for motorhomes, campers, boats, jet skis, motorcycles, vehicles, lawn mowers, UTVs, etc.

Storage rates will be charged at a rate of \$12.00 per linear foot (*end of hitch to bumper or bumper to bumper*). Items will begin being placed in storage no earlier than the October 1st. Items will need to be out by the end of April. There will be no adjustment in fees for late arrivals. **Contact Lois Block at 563-249-1778 to schedule your storage delivery and pick up times.**

Storage is based on a first come, first serve basis. **To save space for your item(s) YOU MUST PROVIDE THE FAIR OFFICE WITH THE ITEMS LISTED BELOW.**

- ☐ A **COMPLETED CONTRACT** for each item stored.
- ☐ **PAYMENT** in full. Make check payable to: Clinton County Agricultural Society.
- ☐ **INSURANCE** - A Certificate of Liability listing the Clinton County Agricultural Society as an Additional Insured will be provided. This is not just a copy of your policy. Your agent may email or mail this directly to the fair office.

While items are in winter storage the following rules should be followed.

- Stored items should not contain fuel. All removable fuel tanks should be removed.
- Do not plug in stored items.
- Disconnect any batteries in stored items.
- Do not start any motorized items while stored in storage building.
- In the event of an emergency leave key in ignition while stored.



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Winter Storage Contract

Return contract with payment and certificate of liability to the fair office.

Renter to complete. Please print.

Renter's Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

E-mail: _____ **Phone:** _____

STORED ITEM INFORMATION (Check one.):

Camper - ☐ RV/Motorhome ☐ 5th Wheel ☐ Pull-behind ☐ Pop-up

☐ Boat ☐ Jet ski ☐ Vehicle ☐ Motorcycle ☐ UTV ☐ Other _____

Make/Model: _____ **Year:** _____ **Height:** _____

Estimated Value of Item: _____ **Preferred Date of Entry** (approx. Oct 1st - Nov 15th): _____

PREFERRED STORAGE OPTIONS (Number 1, 2, 3. No guarantees.):

_____ **Beer Barn** (Cement floor. Door height - 13')

_____ **Beef Arena** (Lime floor. Door height - 11'6")

_____ **Commercial Exhibits** (Cement floor. Door height - 8'6")

_____ **Creative Arts** (Cement floor. Door height - 6'7")

_____ **Swine Building** (Motorhomes and 5th wheelers only. Cement floor. Door Height - 18')

STORAGE FEE (Length of stored item is used to determine storage fee - end of hitch to bumper or bumper to bumper.):

For October to April: Linear feet of stored item _____

X \$12 per linear foot

TOTAL TO BE PAID: \$ _____

Hold harmless/Indemnification:

The undersigned shall be solely responsible for any and all injuries to persons or damages of property or any other injury, claim, damage or loss of whatever nature, arising directly or indirectly from the "project". The undersigned shall INDEMNIFY, SAVE AND HOLD HARMLESS Clinton County Agricultural Society and its employees, agents and volunteers from and against all liability, loss damages, claims, costs and expenses (including attorney fees) arising out of injury to person or damages to property or any other injury, claim, damage, loss, cost or expense arising from the "project".

Renter's Signature _____ **Date** _____

Office use.

Check #: _____ **Amount:** _____ **Date:** _____ **Received by:** _____

Insurance Received: _____ **Date:** _____ **Received by:** _____

Client#: 113

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ACORD™

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:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A:	
INSURED	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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$1,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> OCCUR						\$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED <input type="checkbox"/> RETENTION \$						WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						E.L. EACH ACCIDENT \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N						E.L. DISEASE - EA EMPLOYEE \$
	(Mandatory in NH) 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)

Additional Insured: Clinton County Agricultural Society dba Clinton County Fair

We need these!!!

CERTIFICATE HOLDER

CANCELLATION

Clinton County Agricultural
Society dba Clinton County Fair
328 E 8th Street
De Witt, IA 52742

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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