

328 East 8th Street DeWitt, Iowa 52742 Phone: 563-659-1624

Email: <u>clintoncofair@iowatelecom.net</u>
Website: <u>www.clintoncountyiowafair.com</u>
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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 \$10.00 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 mid-March. Contact Lois Block at 563-249-1778 to schedule your storage delivery and pick up times. There will be no adjustment in fees for late arrivals. Items may be left in the Beef Arena, Beer Barn, Commercial Exhibits and Creative Arts for additional time at a rate of \$2 per linear foot per month. Please confirm with Lois when setting up storage time.

To store items for the winter, <u>YOU MUST PROVIDE THE FAIR OFFICE WITH THE ITEMS LISTED BELOW</u>. Keep in mind that storage is based on a first come, first serve basis. *Payment must be received on or before the date of storage*.

- □ **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.
- □ **PAYMENT** in full. Make check payable to: Clinton County Agricultural Society.
- □ COMPLETED CONTRACT

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.



Insurance Received:

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Winter Storage Contract

Please return contract with payment and certificate of liability to the fair office by October 1st.

| Renter to complete. Plea | isa nrint | it and certificate of his | | an office by october 13th |
|--|--------------|---------------------------|-----------|---------------------------|
| Renter's Name: | | | | |
| | | | | |
| | | | | Zip: |
| E-mail: | | | Phone: | |
| STORED ITEM INFORMATI | | | | |
| Motorhome □ Camper □ Boat □ Vehicle □ Motorcycle □ UTV □ Other | | | | |
| Height: | Year: | Make: | | |
| Model: | | | Estimated | Value of Item: |
| STORAGE OPTIONS (No gu | ıarantees.): | | | |
| 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 (Must be out by mid- <i>March</i> . Motorhomes and 5 th 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 March: linear feet of stored item X \$10 per linear foot = \$ | | | | per linear foot = \$ |
| For additional month (optional): linear feet of stored item X \$2 per linear foot = \$ | | | | |
| | | | то | TAL 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 INDEMIFY, 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 | | | | |
| Tenter 3 Signature | | | | |
| Office use. | | | | |
| Check #: | Amount: | Date: | Red | ceived by: |

Received by: _

Client#: 113

EVANSUNI

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). CONTACT PRODUCER (A/C, No): ADDRESS: NAIC # INSURER(S) AFFORDING COVERAGE INSURER A INSURED INSURER B INSURER C INSURER D INSURER E INSURER F REVISION NUMBER: CERTIFICATE NUMBER: COVERAGES 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. ADDL SUBR POLICY EFF LIMITS POLICY NUMBER TYPE OF INSURANCE \$1,000,000 GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) S COMMERCIAL GENERAL LIABILITY MED EXP (Any one person) OCCUR CLAIMS-MADE PERSONAL & ADV INJURY s GENERAL AGGREGATE PRODUCTS - COMP/OP AGG \$ GEN'L AGGREGATE LIMIT APPLIES PER: \$ PROJECT POLICY LOC COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY BODILY INJURY (Per person) ANY AUTO ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) \$ AUTOS NON-OWNED PROPERTY DAMAGE (Per accident) HIRED AUTOS AUTOS \$ \$ EACH OCCURRENCE UMBRELLA LIAB OCCUR AGGREGATE **EXCESS LIAB** CLAIMS-MADE RETENTIONS DED WORKERS COMPENSATION AND EMPLOYERS' LIABILITY E.L. EACH ACCIDENT ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? 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!!! CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE Clinton County Agricultural THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Society dba Clinton County Fair 328 E 8th Street AUTHORIZED REPRESENTATIVE De Witt, IA 52742