



328 East 8<sup>th</sup> Street  
DeWitt, Iowa 52742  
Phone: 563-659-1624  
Email: [clintoncofair@iowatelecom.net](mailto:clintoncofair@iowatelecom.net)  
Website: [www.clintoncountyiowafair.com](http://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 at **one time charge of \$13 per linear foot (end of hitch to bumper or bumper to bumper)**. Items will begin being placed in storage no earlier than mid-October. Items will need to be out by mid-April. **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 Fair.
- 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.

**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 | <b>CONTACT NAME:</b>                 |                |
|          | PHONE (A/C, No, Ext):                | FAX (A/C, No): |
|          | E-MAIL ADDRESS:                      |                |
|          | <b>INSURER(S) AFFORDING COVERAGE</b> |                |
| INSURED  | INSURER A :                          |                |
|          | 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                                       |
|--|--|--|----------|---------------|-------------------------|--------------------------------|--|
| <b>A</b>   | <b>GENERAL LIABILITY</b>   |  |          |               |                         |                                | EACH OCCURRENCE \$                           |
|  | <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY                          |  |          |               |                         |                                | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ |
|  | <input type="checkbox"/> CLAIMS-MADE <input checked="" 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        |          |               |                         |                                | \$   |
|  |  |  |          |               |                         |                                | COMBINED SINGLE LIMIT (Ea accident) \$       |
|  | <b>AUTOMOBILE LIABILITY</b>  |  |          |               |                         |                                | BODILY INJURY (Per person) \$                |
|  | <input type="checkbox"/> ANY AUTO  |  |          |               |                         |                                | BODILY INJURY (Per accident) \$              |
|  | <input type="checkbox"/> ALL OWNED AUTOS                                       | <input type="checkbox"/> SCHEDULED AUTOS |          |               |                         |                                | PROPERTY DAMAGE (Per accident) \$            |
|  | <input type="checkbox"/> HIRED AUTOS   | <input type="checkbox"/> NON-OWNED AUTOS |          |               |                         |                                | \$   |
| <input type="checkbox"/> UMBRELLA LIAB   | <input type="checkbox"/> OCCUR   |  |          |               |                         | EACH OCCURRENCE \$             |  |
| <input type="checkbox"/> EXCESS LIAB   | <input type="checkbox"/> CLAIMS-MADE   |  |          |               |                         | AGGREGATE \$                   |  |
|  | DED  | RETENTION \$                             |          |               |                         | \$                             |  |
| <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>                                   |  |  |          |               |                         | WC STATUTORY LIMITS            |  |
| ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N |  |  |          | N/A           |                         | OTHER                          |  |
| (Mandatory in NH)  |  |  |          |               |                         | E.L. EACH ACCIDENT \$          |  |
| If yes, describe under DESCRIPTION OF OPERATIONS below                                 |  |  |          |               |                         | E.L. DISEASE - EA EMPLOYEE \$  |  |
|  |  |  |          |               |                         | 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**

|   |  |
|---|--|
| <p><b>CERTIFICATE HOLDER</b></p> <p><b>Clinton County Agricultural Society dba Clinton County Fair</b><br/>                 328 E 8th Street<br/>                 De Witt, IA 52742</p> | <p><b>CANCELLATION</b></p> <p>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> <p>AUTHORIZED REPRESENTATIVE</p> <p><i>William R. Johnson III</i></p> |
|---|--|



328 East 8<sup>th</sup> Street  
DeWitt, Iowa 52742  
Phone: 563-659-1624  
Email: [clintoncofair@iowatelecom.net](mailto:clintoncofair@iowatelecom.net)  
Website: [www.clintoncountyiowafair.com](http://www.clintoncountyiowafair.com)  
Like us on Facebook! Follow us on Twitter!

# 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  5<sup>th</sup> Wheel  Pull-behind  Pop-up

Watercraft: -  Pontoon  Runabout  Bass  Flatbottom  Jet ski  Other \_\_\_\_\_

Other: -  Vehicle  Motorcycle  UTV  Other \_\_\_\_\_

Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_ Height: \_\_\_\_\_

Estimated Value of Item: \_\_\_\_\_ Preferred Date of Entry (approx. Oct 1<sup>st</sup> - Nov 15<sup>th</sup>): \_\_\_\_\_

**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 5<sup>th</sup> 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 \$13** 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 \_\_\_\_\_