

California Fair Services Authority

SPECIAL EVENTS COVERAGE FORM

Fair Time

Interim

FAIRGROUNDS NAME: _____ DAA#: _____

FAIRGROUNDS PHONE: _____

Covered Party (Special Event Operator, must match name on contract/rental agreement): _____

Address: _____

Phone: _____ Cell Phone: _____

Type of Event: _____

Date(s) of Event: _____

Setup/Teardown Date(s): _____

Attendance Level: _____ Event Code: _____

*Fee Collected: _____ Date Collected: _____

Fair Receipt #: _____ Control #: _____

Additional information (if any): _____

Fair staff signature

Fair staff name printed

Date

*Payments: CFSA will no longer accept payments from the Covered Party. The Covered Party must pay the fair and CFSA will invoice the fair monthly.

Coverage will not take place until payment is collected by the fair, the evidence of coverage is signed by the Covered Party, the special events coverage form is complete, contract is executed by both parties, and all these documents have been emailed to Kristen Fryer at KFryer@cfssa.org.

For any special events questions contact Kristen Fryer at kfryer@cfssa.org or call (916) 263-6174.

**CFSA EVIDENCE OF COVERAGE AND ACKNOWLEDGEMENT FORM
(REV 10/2025)**

**COVERED SPECIAL
EVENT OPERATOR:**

As specified on the
Special Events Coverage Receipt

ISSUED BY:

California Fair Services Authority
1776 Tribute Road, Suite 100
Sacramento, CA 95815

DESCRIPTION OF OPERATIONS: SPECIAL EVENTS COVERAGE; LESSEES, CONCESSIONAIRES, EXHIBITORS AND OTHER SPECIAL EVENT OPERATORS.

Coverages: The California Fair Services Authority pooled Special Events liability program will provide general liability coverages for special event users of facilities at designated fairgrounds. Coverage will be provided pursuant to Section 6516.5 of the California Government Code and applicable Special Events Program Memorandum of Coverage*. See Special Conditions/Restrictions below for explanation of coverage provided. **THIS COVERAGE IS SECONDARY TO ANY OTHER TYPE OF INSURANCE THE COVERED SPECIAL EVENT OPERATOR MAY HAVE ACCESS TO INCLUDING HOMEOWNERS AND/OR BUSINESS INSURANCE.**

GENERAL LIABILITY

- Commercial General Liability
- Occurrence Form
- Special Conditions as Noted Below

Automobile risk is not covered hereunder.
Damage to or loss of fair property is not covered hereunder.

- Limits are \$1,000,000 Per Occurrence, inclusive of defense costs.
- Protection for liability from bodily injury, property damage provided under the Memorandum of Coverage* Stating the Terms and Conditions of the Special Events Program Administered by CFSA.

COVERED SPECIAL EVENT OPERATORS - LESSEES, CONCESSIONAIRES, EXHIBITORS, OR OTHER SPECIAL EVENT OPERATORS, AS SPECIFIED ON THE SPECIAL EVENTS COVERAGE FORM ATTACHED.

Additional Covered Entities and Individuals - The State of California, California Fair Services Authority, District Agricultural Associations, County Fair, County in which the County Fair is located, Lessor/Sublessor if fair site is leased/subleased, Citrus Fruit Fair, or California Exposition & State Fair, or Entities (public or non-profit) operating California Designated agricultural fairs, their respective directors, officers, agents, servants and employees; but only as respects the negligence and resulting liability emanating from operations performed at the facilities rented or leased to Covered Special Event Operator, as specified on the Special Events Coverage Receipt form attached.

SPECIAL CONDITIONS/RESTRICTIONS/OTHER COVERAGES:

- The CFSA Special Events Program is a pooled liability program, operated pursuant to Government Code Section 6516.5 and applicable Memorandum of Coverage*. Section 6516.5 provides that the aggregate payments made under the Program cannot exceed the amount available in the pool. Therefore, the **\$1,000,000 per occurrence limit** provided under the Program is the most that could be paid on a particular claim. Payments for liability losses for all program participants may not exceed the amount available in the pool. Thus, when the pool covers a participant's loss, the pool's available monies shrink by that amount. It is possible, therefore, that available funds at any given time might be less than the amount of a valid claim or claims.
- Coverage applies hereunder for only the specific dates and operations as indicated on the Special Events Coverage Receipt form and is subject to all exclusions within the Memorandum of Coverage*.
- **As to lessees, concessionaires, exhibitors or other special event operators only, coverage is excess over any other valid and collectible coverage.**
- All matters regarding accidents or claims should be reported to the fair manager and California Fair Services Authority, Attention Claims Department, 1776 Tribute Road, Suite 100, Sacramento, California 95815, (916) 263-6171.

*A copy of the applicable Special Events Program Memorandum of Coverage is available at www.cfsa.org or by contacting California Fair Services Authority, (916)-263-6174.

I, _____ (Special Event Operator), have read and understand the above Evidence of Coverage. I have read the Memorandum of Coverage and understand the exclusions and limitations therein and agree to be bound to the terms therein.

Special Event Operator Signature

Date