

Nelson County Fair Board  
P.O. Box 328,  
2389 New Haven Road  
Bardstown, KY 40004  
(502) 507-3801  
ncfair@yahoo.com  
nelsoncofair.com

Date: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Re: Request for Certificate of Insurance**

Pursuant to the terms of the Vendor Space Rental Agreement, your response to this request must be received within fourteen (14) business days prior to July 13<sup>th</sup>, 2025. Please provide us with a current certificate of insurance providing proof that the coverage set forth below is in force and that the parties below are named as certificate holder and as additional insured. The certificate of insurance must list the names of the insuring company, the policy number, effective dates and limits of coverage and require that the certificate holder be provided 14 days' advance notice of any cancellation in coverage.

- Comprehensive Commercial General Liability Insurance with minimum limits of \$1,000,000.00 per occurrence and \$2,000,000.00 aggregate.

The certificate of insurance for **the vendor** should name the following as the certificate holder and as additional insured:

Nelson County Fair Board  
P.O. Box 328,  
2389 New Haven Road  
Bardstown, KY 40004

Please also name the following as additional insured:

Nelson County Fiscal Court  
1 Court Square Second Floor  
Bardstown, KY 40004

The certificate of insurance must be provided directly from your insurance agent or insurance company to P.O. Box 328, Bardstown, KY 40004 or Email: [ncfair@yahoo.com](mailto:ncfair@yahoo.com).

The vendor will not be permitted on the premises until the required certificates are provided as requested.

Please contact me if you have any questions. Thank you in advance for your cooperation.

Sincerely,

PAMELA MIKHAIL  
Treasurer, Nelson County Fair Board