## Westerner Days Parade Insurance Documentation

## **Westerner Park**

4847A - 19th Street Red Deer, AB T4R 2N7 403-343-7800

Dear Parade Participant,

The Westerner Days Fair and Exposition Parade Committee requires that **each parade entry carry a minimum \$2,000,000.00 public liability insurance policy, which names both The City of Red Deer and Westerner Park as "Additional Insured"** under your policy, for the purpose of your participation in the parade.

In order to assist you, we are providing you with the following form that will indicate to us that you have coverage for the purpose of the Parade, and the amount of that coverage. Simply take this form to your insurance company and they will complete and execute it on your behalf. Once completed, it must be attached to your application in order to be considered for participation. **Applications received without insurance forms attached will be returned to applicant** and will not be accepted until all documentation required is in place. Please note that if you are using a "tow vehicle" owned by a different entity than the applicant, there must be an **additional insurance form** submitted from the owner of the tow vehicle.

We also remind you that risky activities that could lead to an accident will not be permitted on your entry. These include, but are not limited to, the use of water guns, excessive activity and dispensing candy or any other items to the crowd that will entice observers onto the parade route. If it is felt that you are posing a risk to yourself or anyone by activities occurring on, or affiliated with, your entry, you will be asked to discontinue such activities. Failure to comply with the request shall result in your removal from the parade and will be subject to a maximum one year suspension from participation in the Westerner Days Fair & Exposition Parade.

Thank you for your attention to these matters and we look forward to your participation in the 2025 Westerner Days Fair & Exposition Parade. Yours sincerely, Shelly Flint Chief Executive Officer

Yours sincerely,

Shelly Flint

Chief Executive Officer

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To be completed by your insurance agent (Use for Westerner Days Parade only) This is to certify to the WESTERNER EXPOSITION ASSOCIATION the insurance policies shown below are in effect during the term of WESTERNER DAYS FAIR & EXPOSITION. Agent / Broker \_\_\_\_\_ Insured Name \_\_\_\_\_ Address \_\_\_\_\_ Description of Named Insured's Operations to which this certificate applies: SCHEDULE OF COVERAGE **Limit Required** □ \$2,000,000 □ \$5,000,000 □ \$10,000,000 □ \_\_\_\_\_ Policy Number Effective Date **Expiry Date** Insurer A General Liability **B** Automobile Liability C Excess/Umbrella Liability PARTICULARS OF COVERAGE Describe by indication applicable coverage features and amount of insurance. A General Liability □ Occurrence Form □ Non-Owned Automobile Liability □Claims Made Form □ Liquor Liability □ Products & Completed Operations □ Personal Injury □ Independent Contractors ☐ Employees As Additional Insured ☐ Broad Form Property Damage ☐ Employers Liability □ Occurrence Property Damage □ Contingent Employers □ Blanket Contractual Liability ☐ Medical Payments ☐ All Risks Tenants Legal Liability ☐ Cross Liability Deductible or Retention Level \$ **B** Automobile Liability C Umbrella/Excess Liability ☐ Follows form of Primary General Liability



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LIMITS OF LIABILITY		
Inclusive Limit \$		
Aggregate each policy period (if applicable) \$		
Aggregate for products / completed operations \$	5	
Inclusive Limit \$		
Excess of General Liability Coverage Shown Above \$		
The Westerner Exposition Association and the Cionly arising out of the Named Insured's operation Fair & Exposition including move-in / set-up and the Westerner Exposition Association that the above the Named Insured. This certificate is executed a Named Insured.	n in connection with and move-out / tear-down. Th pove policies are accuratel	only for the term of Westerner Days e Undersigned hereby represents to y described and have been issued to
The policy must contain a prohibition agains restricts the insurance except on 30 days pr		
Authorized Representative (Signature)	Insurance Company or Agent/Broker	
Name of Representative (Please print)	Phone Number	Date