

<p>www.TheEventHelper.com 1020 McCourtney Rd. Suite B, Grass Valley, CA 95949 (530) 477-6521</p>	<p>Policy Limits Each Occurrence (Includes \$1,000,000 Bodily Injury and Property Damage) Personal & Advertising \$1,000,000 Injury Products / Completed \$1,000,000 Operations Aggregate General Aggregate \$2,000,000 Medical Payments \$5,000 Liquor Liability Host Included Waiver of Subrogation Not Included Additional Insured(s) Included Hired & Non-Owned Auto Not Included Deductible \$1,000</p>	<p>Event Details Dinner - Fund Raising Attendance: 120 people Event Length: 2 day(s)</p>	
<p>Event Holder / Insured Oregon State University Extension Assoc. Lillian Larwood 102 Ballard Extension Hall Corvallis, OR 97331</p> <p>Payment From Lillian Larwood Card Number: **** * Card Type:</p>		<p>Cost Breakdown Premium: \$ 87.00 Stamping Fee: \$ 0.30 Tax: \$ 2.00 Policy Fee: \$ 36.74 RPG Fee: \$ 0.00</p>	
<p>Refund Policy If I choose to cancel my general liability policy, I will be subject to a refund fee of \$36.74, the full Administration Charge on my policy. In the very unlikely case www.TheEventHelper.com's coverage terms do not meet my venue's insurance requirements and cannot be amended to do so, I am eligible for a full refund of my policy price. No refunds will be issued after the commencement of the policy period.</p>		<p>AMOUNT PAID</p>	<p>\$ 126.04</p>



Receipt

DATE: 07/25/2018
Policy #: M1344287

www.TheEventHelper.com

1020 McCourtney Rd. Suite B,
Grass Valley, CA 95949
(530) 477-6521

Policy Limits

Each Occurrence \$2,000,000
(Includes Bodily Injury
and Property Damage)
Personal & Advertising \$2,000,000

Event Details

Dinner - Fund Raising
Attendance: 120 people
Event Length: 2 day(s)

Event Holder / Insured

Oregon State University
Extension Assoc.
Lillian Larwood
102 Ballard Extension Hall
Corvallis, OR 97331

Injury
Products / Completed \$2,000,000
Operations Aggregate
General Aggregate \$3,000,000
Medical Payments \$5,000
Liquor Liability Host

Cost Breakdown

Premium: \$ 108.75
Stamping Fee: \$ 15.00
Tax: \$ 2.50
Policy Fee: \$ 70.21
RPG Fee: \$ 0.00

Waiver of Subrogation Not
Included

Additional Insured(s) Included

Hired & Non-Owned Not
Auto Included

Deductible \$1,000

Payment From

Lillian Larwood
Card Number: **** *
Card Type:

Refund Policy

If I choose to cancel my general liability policy, I will be subject to a refund fee of \$70.21, the full Administration Charge on my policy. In the very unlikely case www.TheEventHelper.com's coverage terms do not meet my venue's insurance requirements and cannot be amended to do so, I am eligible for a full refund of my policy price. No refunds will be issued after the commencement of the policy period.

AMOUNT PAID**\$ 70.42**



Event General Liability Insurance Proposal & Application

All Premiums have been paid!

PROPOSAL NUMBER
1344287
PREPARED ON
04/30/2018
PRICING VALID UNTIL
05/07/2018 (7 days)

PREPARED FOR Oregon State University Extension Assoc. Lillian Larwood 102 Ballard Extension Hall, Corvallis, OR 97331 Phone: 5417371316 Email: lillian.larwood@oregonstate.edu	LICENSED AGENT (ALL 50 STATES) East Main Street Insurance Services, Inc. Will Maddux PO Box 1298 Grass Valley, CA 95945			
PROPOSAL CREATED BY www.TheEventHelper.com Inc. Direct Sale 1020 McCourtney Rd. Suite B, Grass Valley, CA 95949 Phone: (530) 477-6521 Email: info@eventhelper.com	INSURED BY Evanston Insurance Company NAIC: 35378 Rating: A.M. BEST A(Excellent) XV			
COVERAGE LIMITS Each Occurrence (Includes Bodily Injury and Property Damage) \$2,000,000 Personal & Advertising Injury \$2,000,000 Products / Completed Operations Aggregate \$2,000,000 General Aggregate \$3,000,000 Medical Payments \$5,000 Liquor Liability Host Included Waiver of Subrogation Not Included Additional Insured(s) Included Hired & Non-Owned Auto Not Included Deductible \$1,000	POLICY COVERAGE INTENT This is just an brief overview, see policy for exact coverage. Property Damage Coverage for your rented Event Locations. Bodily Injury Coverage for your Event Attendees. Protection from Property Damage & Bodily Injury Lawsuits. COST BREAKDOWN Premium \$108.75 Stamping Fees \$15.00 Tax \$2.50 Policy Fee \$70.21 Risk Purchasing Group Membership Cost \$0.00 Amount Paid \$196.46			
EVENT DETAILS Where is your event? OR Total days of coverage you need? 2 Estimated total attendance? 120 Dinner - Fund Raising	UNDERWRITING QUESTIONS See Underwriting Document			
COVERAGE TERM Dates of Coverage: 12/02/2018, 12/03/2018				
ADDITIONAL INSURED(S) (SHOWING 3 OF 3) <table><tr><td>Benton County Fairgrounds 110 SW 53rd Street Corvallis, OR 97333</td><td>Benton County 110 SW 53rd Street Corvallis, OR 97333</td><td>Benton County Fair Board, Officers and Employees 110 SW 53rd Street Corvallis, OR 97333</td></tr></table>		Benton County Fairgrounds 110 SW 53rd Street Corvallis, OR 97333	Benton County 110 SW 53rd Street Corvallis, OR 97333	Benton County Fair Board, Officers and Employees 110 SW 53rd Street Corvallis, OR 97333
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Event General Liability Insurance Proposal & Application

All Premiums have been paid!

PROPOSAL NUMBER 1344287
PREPARED ON 04/30/2018
PRICING VALID UNTIL 05/07/2018 (7 days)

REFUND POLICY

If I choose to cancel my general liability policy, I will be subject to a refund fee of \$70.21, the full Administration Charge on my policy. In the very unlikely case www.TheEventHelper.com's coverage terms do not meet my venue's insurance requirements and cannot be amended to do so, I am eligible for a full refund of my policy price. No refunds will be issued after the commencement of the policy period.

TERMS & CONDITIONS

NOTICE TO THE APPLICANT

No fact, circumstance or situation indicating the probability of a Claim or action for which coverage may be afforded by the proposed insurance is now known by any person(s) or organization(s) proposed for this insurance other than that which is disclosed in this application. It is agreed by all concerned that if there is knowledge of any such fact, circumstance or situation, any Claim subsequently emanating there from shall be excluded from coverage under the proposed insurance.

For the purpose of this application, the undersigned authorized agent of the person(s) and organization(s) proposed for this insurance declares that to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this application and in any attachments, are true and complete. Underwriting Managers or the Company are authorized to make any inquiry in connection with this application. Signing this application does not bind the Company to provide or the Applicant to purchase the insurance. If the information in this application and any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the underwriter, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

TERMS AND CONDITIONS

A. I/We warrant to the Company, that I/We understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy. Note: This application is signed by undersigned authorized agent of the Applicant(s) on behalf of the Applicant(s) and its owners, partners, directors, officers and employees. Name of Person Acknowledging Warranty: Lillian Larwood, 07/25/2018

B. I/We confirm that we understand that your Athletic / Sporting Participants, Performers/Crew/Stunts, Firearms, Auto Exposures, Animal Exposures, Unmanned Aircraft & explosives and Assault & Battery are Excluded From This Policy.

C. I/We confirm that there will be no Mosh Pits or Fireworks/Pyrotechnics of any Kind.

D. I understand there is no coverage for amusement devices, inflatables, rides or animals (classified animal event removes animal exclusion). This does not mean you cannot have them at your event, it means our policy will exclude coverage for water activities, amusement devices, inflatables, rides or animals. This policy will not cover any athletic or sports participants, employees, volunteers, or individuals compensated by the insured.

E. I/We understand that the event types under "EXCLUDED EVENT TYPES" are excluded from this policy.

EXCLUDED EVENT TYPES

Aircraft Events; Boat Shows (on the open water); Cannabis Events or Products; Concerts with Rap, Hip Hop, Heavy Metal, or Hard Rock; Go Kart Races; Hang Gliding/Sky Diving; Hot Air Balloon Rides or Events; Motorized Sporting Events; Parachuting; Protests, Rallies or Marches; Haunted Houses, Haunted Attractions; Unmanned Aircraft; Skateboarding; Fraternity Parties; Sorority Parties; Firearms; Parasailing; Raves; Roller Coasters/Sky Coasters; Sky Diving; Tractor Pulls, Trampolines, Wall Climbing, War Games/Re-enactments, Water Events (unless classified as water event type), Water Slides

F. You are hereby notified that your policy will terminate effective no later than the date and time of its expiration. You have no right of automatic renewal and additional coverage will require application with no guarantee of approval or policy issuance.

I understand that by purchasing this insurance I am joining the Promotion, Event and Prize Purchasing Group.

Licensed Agent in all 50 states: Will Maddux



Evanston Insurance Company

COMMON POLICY DECLARATIONS

Promotion, Event and Prize Purchasing Group

POLICY NUMBER: 3DS5466-M1344287

Named Insured and Mailing Address:

Oregon State University Extension Assoc. Lillian Larwood 102 Ballard Extension Hall, Corvallis, OR 97331

Policy Period: From 12/02/18 to 12/04/18 at 12:01 A.M. Standard Time at your mailing address (shown above).

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

LIMITS OF INSURANCE		
General Aggregate Limit (other than Products/Completed Operations)	\$ 3,000,000	
Products/Completed Operations Aggregate Limit	\$ 2,000,000	
Personal and Advertising Injury Limit	\$ 2,000,000	
Each Occurrence Limit	\$ 2,000,000	
Damage to Premises Rented to You Limit	\$ 100,000	Any One Premises
Medical Expense Limit	\$ 5,000	Any One Person

These declarations, together with the Common Policy Conditions and Coverage Form(s) and any Endorsement(s), complete the above numbered policy.

FORMS AND ENDORSEMENTS
SEE FORMS SCHEDULE - MDIL 1001

Producer Number, Name and Mailing Address
East Main Street Insurance Services, Inc.
Will Maddux
PO Box 1298
Grass Valley, CA 95945

Premium: ☐ \$108.75
Surplus Tax: ☐ \$2.50
Stamping Fee: ☐ \$15.00

Countersigned: 04/30/2018
Date

By:

Will Maddux
AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/30/2018

PRODUCER East Main Street Insurance Services, Inc. Will Maddux PO Box 1298 Grass Valley, CA 95945 Phone: (530) 477-6521 Email: info@theeventhelper.com	THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Oregon State University Extension Assoc. Lillian Larwood 102 Ballard Extension Hall Corvallis, OR 97331	INSURERS AFFORDING COVERAGE	NAIC #
	INSURER A: Evanston Insurance Company	35378
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	Y	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Host Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> Retail Liquor Liability	3DS5466-M1344287 3DS5466-M1344287	12/02/2018 12/02/2018	12/04/2018 12/04/2018	EACH OCCURRENCE INCLUDES BODILY INJURY & PROPERTY DAMAGE \$ 2,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 DEDUCTIBLE \$ 1,000 \$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Certificate holder listed below is named as additional insured per attached CG 20 26 07 04.
Attendance: 120, Event Type: Dinner - Fund Raising.

CERTIFICATE HOLDER

Benton County
110 SW 53rd Street
Corvallis, OR 97333

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ~~ENDAVOR TO MAIL~~ 30 DAYS WRITTEN

NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, ~~BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.~~

AUTHORIZED REPRESENTATIVE

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
Benton County 110 SW 53rd Street Corvallis, OR 97333
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/30/2018

PRODUCER East Main Street Insurance Services, Inc. Will Maddux PO Box 1298 Grass Valley, CA 95945 Phone: (530) 477-6521 Email: info@theeventhelper.com	THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Oregon State University Extension Assoc. Lillian Larwood 102 Ballard Extension Hall Corvallis, OR 97331	INSURERS AFFORDING COVERAGE	NAIC #
	INSURER A: Evanston Insurance Company	35378
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

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INSR/ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	Y	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Host Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> Retail Liquor Liability	3DS5466-M1344287	12/02/2018	12/04/2018	EACH OCCURRENCE INCLUDES BODILY INJURY & PROPERTY DAMAGE \$ 2,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 DEDUCTIBLE \$ 1,000
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		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Certificate holder listed below is named as additional insured per attached CG 20 26 07 04.
Attendance: 120, Event Type: Dinner - Fund Raising.

CERTIFICATE HOLDER

Benton County Fairgrounds
110 SW 53rd Street
Corvallis, OR 97333

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ~~ENDAVOR TO MAIL~~ 30 DAYS WRITTEN

NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, ~~BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.~~

AUTHORIZED REPRESENTATIVE

Will Maddux

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
Benton County Fairgrounds 110 SW 53rd Street Corvallis, OR 97333
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Attendance: 120, Event Type: Dinner - Fund Raising.

CERTIFICATE HOLDER

Benton County Fair Board, Officers and Employees
110 SW 53rd Street
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AUTHORIZED REPRESENTATIVE

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PERSON OR ORGANIZATION**

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- B. In connection with your premises owned by or rented to you.