

TO: PROSPECTIVE LESSEE

FROM: JOHNSON COUNTY AGRICULTURAL ASSOCIATION

The property insurance provisions of the Rental Agreement require the lessee to procure and maintain liability insurance. Please complete the information below and return it to the Association. In addition, upon execution of the lease you are required to provide the Association with a Certificate of Insurance noting the Johnson County Agricultural Association as an additional named insured, or you must bring proof of insurance with written verification from your insurance agent that the Association is protected by the insurance. The lease will not be executed by the Association until proof of the required insurance is provided to the Association, and the Association is not committed to the terms of the lease unless the required proof of insurance has been delivered to the Association.

Lessee's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Effective Date/Expiration Date \_\_\_\_\_/\_\_\_\_\_

The above described insurance shall remain in force for the effective date listed above and remain in force until the expiration date.

\_\_\_\_\_  
LESSEE