



## **Exhibitor Liability Insurance Program**

As a standard requirement for all our show exhibitors, it is necessary for you to carry general liability coverage from an insurance company in good standing with minimum policy limits of \$1,000,000 per occurrence and \$2,000,000 aggregate. <a href="Insurance Coverage">Insurance Coverage</a> is not optional.

This insurance must be in force during the lease dates of the event, April 16-20, 2023, naming NAFA Fleet Management Association (180 Talmadge Road, IGO Bldg #558, Edison, NJ 08817) as the certificate holder. The following must be listed as additional insured: NAFA Fleet Management Association, Arata Expositions Inc and Baltimore Convention Center.

NAFA has requested that Rainprotection serve as their insurance management company. In addition to being able to provide exhibitors with insurance, we are also collecting and verifying that all insurance certificates, regardless of the insurer, are verified for compliance.

## **Rainprotection Insurance Program**

If you do not have insurance, or you would rather not use your own insurance, (similar to when you rent a car – so that claims would not be filed against your policy), we have set up a program with Rainprotection Insurance through which, you can purchase compliant insurance instantly online for only \$99.

### Benefits of using this program:

- No Deductible unlike your corporate policy, Rainprotection's policy has no deductible. Should there be a claim, you will have no out of pocket costs and your future rates will not go up since you would not need to submit a claim on your policy.
- No Hassles you will not need to go back and forth with your broker adding additional insureds and making your insurance compliant with show requirements
- Coverage for exhibitors who do not have an existing policy
- Coverage for international exhibitors whose insurance will not cover them in the U.S.A.
- Easy and Inexpensive to purchase instantly online
- Already pre-filled with all the proper show information.
- Submitted to show management for you Once purchased, they automatically receive a copy

# Make This Process Simple - Purchase Your Insurance Now and Forget About It

Click the link below to purchase your Liability Insurance for just \$99 https://securevendorinsurance.com/RainprotectionGroupVendor/ApplicantInformation?GroupEventKey=cbce7ecb1eda

### **NON USA EXHIBITORS**

When filling in your company information it will ask for a phone number and address. Please use the following: Address - 1 W Pratt St, Baltimore, MD 21201 Phone Number - (800) 528-7975

**After reading the above information**, if you still decide to use your own insurance, please make it compliant and then submit a copy to: sales@rainprotection.net.

Are you worried about lost, stolen, or damaged merchandise?

We also offer Equipment/Merchandise/Display Insurance

All exhibitors are strongly urged to obtain full-coverage temporary insurance for their merchandise and displays while in transit and while at the exposition.

Please complete and return the Enrollment Form below:

Click Here for the Instant Equipment Insurance Enrollment Form



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	NAME:   PHONE			
NAME: PHONE (A/C, No, Ext):  E-MAIL ADDRESS:  INSURER(S) AFFORDING COVERAGE  N  INSURER A:  Insurance Company Name	NAIC#			
INSURER A:	<b>Insurance Company Name</b>			
NG GROUP) AND INSURER B:				
INSURER C:				
INSURER D :				
INSURER E :				
INSURER F:				
	NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:  INSURER A: INSURER B: INSURER C: INSURER D: INSURER E:	NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Insurance Company Name NG GROUP) AND INSURER B: INSURER C: INSURER C: INSURER D: INSURER E:		

#### COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT 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 SLICH POLICIES LIMITS SHOWN MAY HAVE BEEN PEDITICED BY PAID CLAIMS

INSR LTR	TYPE OF INSURANCE		SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	
LIIX	GENERAL LIABILITY	INOK	****		(MM/DD/1111)	(MINI/DD/1111)	GENERAL AGGREGATE	\$ (2,000,000)
	X COMMERCIAL GENERAL LIABILITY						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	CLAIMS-MADE X OCCUR				04/16/2023	04/20/2023	PERSONAL & ADV INJURY	\$ (1,000,000)
Α		X		<b>Policy Number</b>	12:01 AM	11:59 PM	EACH OCCURRENCE	\$ (1,000,000)
							FIRE DAMAGE (Any one fire)	\$ 300,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	\$ (5,000)
	X POLICY PRO- JECT LOC							
	AUTOMOBILE LIABILITY	Ц					COMBINED SINGLE LIMIT (Fa accident)	\$
	ANY						DDILY INJURY (Per person)	\$
	ALL SCHEDULED AUTOS						DDILY INJURY (Per accider	
	HIRED AUTO NON-OWNED AUTOS						OPERTY DAMAGE er accident)	\$
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- TORY LIMITS OTH - ER	\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
							AD&D MAXIMUM MEDICAL DEDUCTIBLE TERMS OF PAYMENT	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Additional Insured: NAFA Fleet Management Association, Arata Expositions Inc and Baltimore Convention Center. As respects to claims arising out of the

operations of Exhibiting Company at NAFA 2023 Annual Institute & Expo – April 17-19, 2023.

NAFA Fleet Management Association 180 Talmadge Road, IGO Bldg #558, Edison, NJ 08817 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

CANCELLATION

Rainprotection Insurance

CERTIFICATE HOLDER