

## 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 \$1,000,000 aggregate. This insurance must name IAFC - International Association of Fire Chiefs, Charlotte Convention Center, and The Expo Group as additional insureds.

### **Insurance Coverage is not optional and must be received by June 14, 2021**

To make this process easier for you, we have implemented a new program through Rainprotection Insurance. Rainprotection can provide you with compliant insurance for our show, at the cost of just \$69 no matter how big or how many booths you have.

#### **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. Plus, 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.
- **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**

To purchase this insurance instantly online for just \$69, click on the following LINK:

<https://securevendorinsurance.com/RainprotectionGroupVendor/ApplicantInformation?GroupEventKey=e74f0fb0e2a2>

#### **NON USA EXHIBITORS**

When filling in your company information it will ask for a phone number and address.

Please use the following: Address - 501 S College St, Charlotte, NC 28202

Phone Number - (800) 528-7975

This \$69 price is only available until June 14, 2021.

If you do decide to use your own insurance, you must submit your proof of compliant insurance to [Sales@rainprotection.net](mailto:Sales@rainprotection.net) and it must be received prior to **June 14, 2021**.

#### **IMPORTANT NOTE - Deadline Date: June 14, 2021**

If you do not purchase this insurance through Rainprotection or we do not have a copy of your compliant insurance by June 14, 2021 you will be automatically enrolled in the Rainprotection Program and invoiced **\$94 (\$69 + \$25 Late Fee)** by **International Association of Fire Chiefs**.

Once invoiced, you will then need to pay this bill. You will not be allowed to set up your booth if this invoice is not paid. You cannot submit and we will not accept your own insurance past June 14, 2021.

Rainprotection Insurance will be handling the collection, reviewing for compliance, and documentation of all COI's from any exhibitor that chooses to use their own insurance.



# 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).

<b>PRODUCER</b> <b>Rainprotection Insurance</b> <b>39 Ryder Avenue</b> <b>Dix Hills, NY 11746</b> <b>www.Rainprotection.net</b>		<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> _____ <b>FAX (A/C, No):</b> _____ <b>E-MAIL ADDRESS:</b> _____	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>NAIC #</b>	
<b>INSURED</b> SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS:		<b>INSURER A :</b> <b>Insurance Company Name</b>	
<b>Exhibitor Name</b> <b>Street</b> <b>City, State, Zip Code</b>		<b>INSURER B :</b>	
		<b>INSURER C :</b>	
		<b>INSURER D :</b>	
		<b>INSURER E :</b>	
		<b>INSURER F :</b>	

**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 SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b>			<b>Policy Number</b>	07/25/2021 12:01 AM	07/30/2021 12:01 AM	GENERAL AGGREGATE \$ <b>1,000,000</b>
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						PRODUCTS - COMP/OP AGG \$ <b>1,000,000</b>
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		X				PERSONAL & ADV INJURY \$ <b>1,000,000</b>
							EACH OCCURRENCE \$ <b>1,000,000</b>
							FIRE DAMAGE (Any one fire) \$ <b>300,000</b>
							MED EXP (Any one person) \$ <b>5,000</b>
		GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Per accident) \$
	<input type="checkbox"/> ANY AUTO						DAILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OTHER AUTOS						DAILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS						
	<input type="checkbox"/> HIRED AUTO						
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						AGGREGATE \$
	<b>EXCESS LIAB</b>						\$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED    RETENTION \$						
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						WC STATUTORY LIMITS    OTH - ER \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							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: International Association of Fire Chiefs, Charlotte Convention Center and The Expo Group. As respects to claims arising out of the operations of Exhibiting Company at Fire Rescue International - July 28-30, 2021.

**CERTIFICATE HOLDER****CANCELLATION**

**International Association of Fire Chiefs**  
**4795 Meadow Wood Lane, Suite 100**  
**Chantilly, VA 20151**

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

*Rainprotection Insurance*