



# 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. Insurance Coverage is not optional.

This insurance must be in force during the lease dates of the event, September 13-17, 2023, naming Bonnier LLC (517 N. Virginia Avenue, Winter Park, FL 32789) as the certificate holder. The following must be named as additional insured: Bonnier LLC and their subsidiaries, parent companies and affiliates and Indiana State Fairgrounds, Indiana State Fair Commission and State of Indiana.

Bonnier LLC 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 \$94.

#### 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 \$94

https://securevendorinsurance.com/RainprotectionGroupVendor/ApplicantInformation?GroupEventKey=d95c39e94ac8

#### **NON USA EXHIBITORS**

When filling in your company information it will ask for a phone number and address. Please use the following: Address - 1202 E. 38th Street, Indianapolis, IN 46205 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

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).															
PRO	DUC	ER						,		CONTACT NAME:					
Rainprotection Insurance									PHONE FAX (A/C, No, Ext): (A/C, No):						
Dix Hills, NY 11746										E-MAIL ADDRESS:					
www.Rainprotection.net										INSURER(S) AFFORDING COVERAGE					
										INSURERA : Insurance Company Name					
INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS:  Exhibitor Name Street										INSURER B :					
										INSURER C :					
										INSURER D :					
										INSURER E :					
City, State, Zip Code															
									IN	INSURER F :					
		RAGES						E 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 PERIC INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH TH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERM EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.															
						ADDL	SUBR			POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS			
LIK	GENERAL LIABILITY					INSK				(MM/DD/YYYY)		GENERAL AGGREGATE	\$	2,000,000	
	X											PRODUCTS - COMP/OP AGG	\$	2.000.000	
		CLAIMS-MADE X OCCUR				x		Policy Number	(	<mark>09/13/2023</mark> 12:01 AM	09/17/2023	PERSONAL & ADV INJURY	\$	1,000,000	
Α												EACH OCCURRENCE	\$	1,000,000	
		]								12.017.00	11.001 11	FIRE DAMAGE (Any one fire)	\$	<mark>300,000</mark>	
	GEI	N'L AGGREGAT	E LIMIT AP	PLIES	PER:							MED EXP (Any one person)	\$	<mark>5,000</mark>	
	Х	POLICY	PR JEC		LOC										
												COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY CO ALL CALLS SCHEDULED AUTOS NON OWNED										DDILY INJURY (Per person)	\$			
					ros							DDILY INJURY (Per accider OPERTY DAMAGE			
	HIRED AUTO							er accident)	\$						
		UMBRELLA	ŀ	_								EACH OCCURRENCE \$ AGGREGATE \$			
	EXCESS LIAB         CLAIMS-MADE           DED         RETENTION \$		-						AGGREGATE	ծ Տ					
	wo	RKERS COMP										WC STATU- OTH			
	AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE											TORY LIMITS ER	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					N/A						E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	\$ \$		
	If yes, describe under DESCRIPTION OF OPERATIONS below											E.L. DISEASE - POLICY LIMIT	\$ \$		
	DES	CRIPTION OF C	JPERATIO	NS Del	ow							AD&D	Ű		
												MAXIMUM MEDICAL			
												DEDUCTIBLE TERMS OF PAYMENT			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)															
Ad	litio	nal Insure	d: Bon	nier	LLC and th	neir s	subsid	diaries, parent companies an	nd affi	liates and Inc	<mark>liana State Fa</mark>	airgrounds, Indiana State F	-air	Commission and	
Additional Insured: Bonnier LLC and their subsidiaries, parent companies and affiliates and Indiana State Fairgrounds, Indiana State Fair Commission and State of Indiana. As respects to claims arising out of the operations of Exhibiting Company at 4 Wheel Jamboree Indianapolis 2023.															
								Г	CANCELLATION						
CERTIFICATE HOLDER Bonnier LLC 517 N. Virginia Avenue,									SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
W	nte	er Park,	FL 3	278	8 <mark>9</mark>			ľ	AUTHORIZED REPRESENTATIVE						
										Rainprotection Insurance					