



## 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 27-October 1, 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 Cornucopia Foods, LLC, City of Pomona, Los Angeles County Fair Association dba Fairplex, and the County of Los Angeles.

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=da6ec09410d3

#### **NON USA EXHIBITORS**

When filling in your company information it will ask for a phone number and address. Please use the following: Address - 1011 W. McKinley Ave. Pomona, CA 91768 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.															
th	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).														
PRODUCER										CONTACT NAME:					
Rainprotection Insurance 39 Ryder Avenue										PHONE FAX (A/C, No, Ext): (A/C, No):					
Dix Hills, NY 11746										E-MAIL ADDRESS:					
www.Rainprotection.net										INSURER(S) AFFORDING COVERAGE NAIC #					
										INSURERA: Insurance Company Name					
INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS: Exhibitor Name										INSURER B :					
										INSURER C :					
Street										INSURER D :					
City, State, Zip Code										INSURER E :					
									INSURER F :						
COVERAGES CERTIFICATE NUMBER:										REVISION NUMBER:					
INI CE		TED. NO	DTWITH	ISTAI	NDING ANY FUED OR MAY	REQU / PEF POLI	IREM RTAIN CIES.	ENT, TERM OR CONDITION ( , THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE BE	OF AN D BY	BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, N REDUCED BY PAID CLAIMS.					
INSR LTR		TYP	E OF IN	SURA	NCE	ADDL INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	GE	NERAL LIAE	BILITY									GENERAL AGGREGATE	\$	2,000,000	
	X	COMMERCIA	L GENER/		BILITY							PRODUCTS - COMP/OP AGG	\$	2,000,000	
		CLAIMS-MADE X OCCUR							09/27/2023	10/01/2023	PERSONAL & ADV INJURY	\$	1,000,000		
А						X		Policy Number		12:01 AM	11:59 PM	EACH OCCURRENCE	\$	1,000,000	
												FIRE DAMAGE (Any one fire)	\$	<mark>300,000</mark>	
	GEN	I'L AGGREGAT			S PER:							MED EXP (Any one person)	\$	<mark>5,000</mark>	
	Х	POLICY		RO- CT	LOC										
	AU	ТОМОВІІ Е І	IABILIT	Υ								COMBINED SINGLE LIMIT (Fa accident)	\$		
	ANY SCHEDULED									DILY INJURY (Per person)	\$				
	AUTOS AUTOS									DILY INJURY (Per accider					
		HIRED-UTO AUTOS					OPERTY DAMAGE	\$							
									\$						
			CLAIMS-MADE								\$				
	14/0	DED			Þ								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N										\$				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?					N/A							\$		
	(Mandatory in NH)												\$		
	n yes	CRIPTION OF	OPERATIO	ONS be	low								\$		
												AD&D MAXIMUM MEDICAL			
												DEDUCTIBLE			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)															
	Additional Insured: Bonnier LLC and their subsidiaries, parent companies and affiliates and Cornucopia Foods, LLC, City of Pomona, Los Angeles County														
								s Angeles. As respects to clain			•			-	
202	_					unty		S Angeles. As respects to Clain		ICELLATION		Exhibiting Company at OILF	Vd		
		FICATE						1	0.40						
		FICATE		<b>EK</b>					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE						
		<mark>ier LLC</mark>							THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
517 N. Virginia Avenue,															
Winter Park, FL 32789										AUTHORIZED REPRESENTATIVE					
									Rainprotection Insurance						
									Run procedure Insur Mile						