



**RAINPROTECTION INSURANCE**

WHERE YOUR EVENT GETS INSURED

Rainprotection is an Authorized Official  
Insurance Supplier for Bonnier LLC.

## 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, June 21-25, 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 Illinois Department of Agriculture and its officers, employees, agents and directors (655 Executive Drive, Du Quoin, IL 62832).

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=3a9fd65be439>

### **NON USA EXHIBITORS**

When filling in your company information it will ask for a phone number and address. Please use the following: Address - 655 Executive Dr. Du Quoin, IL 62832  
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](mailto: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).

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

**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> | 06/21/2023<br>12:01 AM  | 06/25/2023<br>11:59 PM  | GENERAL AGGREGATE \$ <b>2,000,000</b>        |
|          | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY               |  |          |                      |                         |                         | PRODUCTS - COMP/OP AGG \$ <b>2,000,000</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:<br><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                          |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)    |  |          |                      |                         |                         | OTHER \$                                     |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below                         | Y/N  |          |                      |                         |                         | E.L. EACH ACCIDENT \$                        |
|          |  | <input type="checkbox"/> N/A   |          |                      |                         |                         | 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: Bonnier LLC and their subsidiaries, parent companies and affiliates and Illinois Department of Agriculture and its officers, employees, agents and directors (655 Executive Drive, Du Quoin, IL 62832).**

**CERTIFICATE HOLDER****CANCELLATION**

**Bonnier LLC**  
**517 N. Virginia Avenue,**  
**Winter Park, FL 32789**

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*