



## **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. <u>Insurance Coverage is not optional.</u>

This insurance must be in force during the lease dates of the event, July 25-27, 2024, naming the International Fresh Produce Association (1901 Pennsylvania Ave. NW Suite 1100 Washington, DC 20006) as the certificate holder. The following must be listed as additional insured: International Fresh Produce Association, Monterey Conference Center and Portola Hotel & Spa.

## **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.

#### 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 \$99

(Plus any applicable taxes)

https://www.totaleventinsurance.com/app/Customer/ExhibitorAnnual.aspx?eid=Wtu2ZmgsmOA\$

After reading the above information, if you still decide to use your own insurance, please make it compliant and upload your documents here: https://fs12.formsite.com/pmameetingforms/Insurance/index



Sample

DATE (MM/DD/YYYY)

# **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								,		CONTACT						
Rainprotection Insurance										NAME:         FAX           PHONE         FAX           (A/C, No, Ext):         (A/C, No):						
39 Ryder Avenue Dix Hills, NY 11746										(A/C, No, Ext): (A/C, No):						
				n not	•				AD	ADDRESS:						
www.Rainprotection.net										INSURER(S) AFFORDING COVERAGE NAI						
										INSURER A : Insurance Company Name						
INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS:										INSURER B : INSURER C :						
Exhibitor Name																
Street										INSURER D :						
City	/, S	tate, Zip	Code	e					INSURER E :							
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COVERAGES CERTIFICATE NUMBER:										REVISION NUMBER:						
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LTR		TYPE	E OF IN	SURAI	NCE	INSR	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS			
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А						<b>^</b>		Policy Number		12:00 AM	11:59 PM	EACH OCCURRENCE		\$	1,000,000	
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	AND	RKERS COMP EMPLOYERS	S' LIABIL	ITY	Y / N							WC STATU- TORY LIMITS	- ER	\$		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			N/A						E.L. EACH ACCIDENT		\$				
	(Mandatory in NH)										E.L. DISEASE - EA EN	<b>IPLOYEE</b>	\$			
		If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC	CY LIMIT	\$					
												AD&D MAXIMUM MEDIC/ DEDUCTIBLE				
DES	RIP	TION OF OPE	RATIO	NS / LO	OCATIONS / VEH	ICLES	(Attac	 ch ACORD 101, Additional Remarks So	hedule	, if more space is	required)	TERMS OF PAYME				
							•	ociation, Monterey Conference		•	. ,	As respects to cla	ims arisir	<mark>ng o</mark> i	<mark>ut</mark>	
								dservice Conference 2024.						-	_	
		FICATE H							CAN		1					
lr 1	nter 901	national	Fres ylvan	sh Pi lia A	roduce Ass ve. NW St 06				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
									Rainprotection Insurance							

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