



# **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 22-26, 2024, naming Specialty Foods Association, Inc. (136 Madison Avenue, 12th Floor, New York, NY 10016) as the certificate holder. The following must be named as additional insured: Specialty Foods Association, Inc. its affiliates and their respective directors, officers, employees, and agents, Jacob K. Javits Convention Center, Freeman LLC and Levy Restaurants at Javits Center, dba CULTIVATED.

Specialty Foods Association, Inc. 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.

#### Benefits of using this program:

- No Deductable 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
Pricing starts at \$99 and may slightly increase depending on the state your company is domiciled:
<a href="https://securevendorinsurance.com/RainprotectionGroupVendor/ApplicantInformation?GroupEventKev=41cd3b048b2f">https://securevendorinsurance.com/RainprotectionGroupVendor/ApplicantInformation?GroupEventKev=41cd3b048b2f</a>

After reading the above information, if you still decide to use your own insurance, please make it compliant and then upload your COI to the Map Your Show Exhibitor Dashboard.

### NON USA EXHIBITORS

We can provide compliant insurance for all Non U.S. exhibitors. Please send an email to Sales@rainprotection.net with further instructions.



# 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).

Rainprotection Insurance 39 Ryder Avenue Dix Hills, NY 11746 www.Rainprotection.net		CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	, Ext): FAX (A/C, No):		
			INSURER(S) AFFORDING COVERAGE	NAIC#	
		INSURER A:	Insurance Company Name		
INSURED	SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS:	INSURER B:		I	
	113 PARTICIPATING MEMBERS.	INSURER C:		I	
Exhibitor Name Street City, State, Zip Code		INSURER D:		 	
		INSURER E :			
<b>,</b> ,,		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	1		
						,				
	GENERAL LIABILITY						GENERAL AGGREGATE	\$ 2,000,000		
A	X COMMERCIAL GENERAL LABILITY  CLAIMS-MADE X OCCUR			Policy Number	06/22/2024 12:01 AM	06/26/2024 12:01 AM	PRODUCTS - COMP/OP AGG	\$ 1,000,000		
							PERSONAL & ADV INJURY	\$ 1,000,000		
							EACH OCCURRENCE	\$ 1,000,000		
							FIRE DAMAGE (Any one fire)	\$ 300,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	\$ EXCLUDED		
	X POLICY PRO- JECT LOC									
							COMBINED SINGLE LIMIT			
	AUTOMOBILE LIABILITY						(Ea accident)	\$		
	ANY AUTO						BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED									
		$\mathcal{M}$								
				W						
		.  '								
						ľ	BODILY INJURY (Per accident)			
	AUTOS AUTOS						BODILY INJURY (Per accident)	\$		
	HIRED AUTO NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$		
	AUTOS						,	\$		
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
	DED RETENTION \$ \$									
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- OTH	\$		
	AND EMPLOYERS LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE						E L EACH ACCIDENT			

OFFICER/MEMBER EXCLUDED? N/A

(Mandatory in NH)

If yes, describe under DESCRIPTION OF OPERATIONS below

E.L. EACH ACCIDENT

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)

# **Certificate Holder CANCELLATION** Specialty Food Association SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE 136 Madison Avenue, 12th Floor THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. New York, NY 10016 AUTHORIZED REPRESENTATIVE Rainprotection Insurance ACORD 25 (2010/05) © 1988-2010 ACORD CORPORATION. All rights reserved. The ACORD name and logo are registered marks of ACORD