



# 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).

<b>PRODUCER</b> <b>Rainprotection Insurance</b> <b>39 Ryder Avenue</b> <b>Dix Hills, NY 11746</b> <b>www.Rainprotection.net</b>	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> _____ <b>FAX (A/C, No):</b> _____ <b>E-MAIL ADDRESS:</b> _____ <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; text-align: center;"><b>INSURER(S) AFFORDING COVERAGE</b></td> <td style="width: 20%; text-align: center;"><b>NAIC #</b></td> </tr> <tr> <td><b>INSURER A:</b> <b>Insurance Company Name</b></td> <td></td> </tr> <tr> <td><b>INSURER B:</b></td> <td></td> </tr> <tr> <td><b>INSURER C:</b></td> <td></td> </tr> <tr> <td><b>INSURER D:</b></td> <td></td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </table>	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>	<b>INSURER A:</b> <b>Insurance Company Name</b>		<b>INSURER B:</b>		<b>INSURER C:</b>		<b>INSURER D:</b>		<b>INSURER E:</b>		<b>INSURER F:</b>	
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<b>INSURER F:</b>															
<b>INSURED</b> <b>SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS:</b>  <b>Exhibitor Name</b> <b>Street</b> <b>City, State, Zip Code</b>															

**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		
<b>A</b>	<b>GENERAL LIABILITY</b>			<b>Policy Number</b>	<b>10/06/24 12:01 AM</b>	<b>10/10/2024 11:59 PM</b>	GENERAL AGGREGATE      \$ <b>2,000,000</b>		
	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>						<b>X</b>	PRODUCTS - COMP/OP AGG      \$ <b>2,000,000</b>	
	<input type="checkbox"/> <b>CLAIMS-MADE</b> <input checked="" type="checkbox"/> <b>OCCUR</b>							PERSONAL & ADV INJURY      \$ <b>1,000,000</b>	
	GENL AGGREGATE LIMIT APPLIES PER:								EACH OCCURRENCE      \$ <b>1,000,000</b>
	<input checked="" type="checkbox"/> <b>POLICY</b>	<input type="checkbox"/> <b>PRO-JECT</b>	<input type="checkbox"/> <b>LOC</b>						FIRE DAMAGE (Any one fire)      \$ <b>300,000</b>
									MED EXP (Any one person)      \$ <b>5,000</b>
	<b>AUTOMOBILE LIABILITY</b>							COMBINED SINGLE LIMIT (Ea accident)      \$	
	<input type="checkbox"/> <b>ANY AUTO</b>						BODILY INJURY (Per person)      \$		
	<input type="checkbox"/> <b>ALL OWNED AUTOS</b>						BODILY INJURY (Per accident)      \$		
	<input type="checkbox"/> <b>HIRED AUTO</b>						PROPERTY DAMAGE (Per accident)      \$		
	<input type="checkbox"/> <b>SCHEDULED AUTOS</b>								
	<input type="checkbox"/> <b>NON-OWNED AUTOS</b>								
	<input type="checkbox"/> <b>UMBRELLA LIAB</b>						EACH OCCURRENCE      \$		
	<input type="checkbox"/> <b>EXCESS LIAB</b>						AGGREGATE      \$		
	<input type="checkbox"/> <b>OCCUR</b>								
	<input type="checkbox"/> <b>CLAIMS-MADE</b>								
	<b>DED</b> <b>RETENTION \$</b>								
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						<input type="checkbox"/> <b>WC STATUTORY LIMITS</b> <input type="checkbox"/> <b>OTH - ER</b> \$		
	<b>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)</b>						E.L. EACH ACCIDENT      \$		
	<b>If yes, describe under DESCRIPTION OF OPERATIONS below</b>						E.L. DISEASE - EA EMPLOYEE      \$		
							E.L. DISEASE - POLICY LIMIT      \$		
							<b>AD&amp;D</b>		
							<b>MAXIMUM MEDICAL DEDUCTIBLE</b>		
							<b>TERMS OF PAYMENT</b>		

S A M P L E

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
**Additional Insured: National Association of Broadcasters, Jacob K. Javits Convention Center and Freeman. As respects to claims arising out of the operations of Exhibiting Company at the NAB Show New York 2024 - October 6-10, 2024**

**CERTIFICATE HOLDER**                                      **CANCELLATION**

<b>National Association of Broadcasters</b> <b>1 M Street SE</b> <b>Washington DC 20003</b>	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>  <b>AUTHORIZED REPRESENTATIVE</b> <div style="text-align: right; font-style: italic; font-size: 1.2em;">Rainprotection Insurance</div>
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