



### **Exhibitor Liability Insurance Program**

As a standard requirement for all of 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.

This insurance must be in force during the lease dates of the event, August 27-31, 2018, naming Show Winners Corp dba The Water Expo (8900 SW 107 Ave., Ste 313, Miami FL 33176) as the certificate holder. The following must be named as additional insured: Show Winners Corp dba The Water Expo and the Doubletree by Hilton Miami Airport Convention Center.

The Water Expo 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. If you have your own insurance, please submit a copy to [Sales@rainprotection.net](mailto:Sales@rainprotection.net). See page 2 of this form for a Sample Certificate of Insurance of what is required.

### **Purchase your Insurance Now**

Simply purchase your insurance, which is already pre-filled with all of the proper show information, directly online using a credit card.

Click the link below to Purchase you Liability Insurance for just \$94:

<https://tinyurl.com/TheWaterExpo>

### **NON USA EXHIBITORS - Address and Phone Number instructions:**

When filling in your company information it will ask for a phone number and address. Please use the following:

Address - 711 NW 72 Ave., Miami, FL 33126

Phone Number - (800) 528-7975

### **This program is valuable for:**

- \*Exhibitors who do not have any insurance.
- \*International Exhibitors whose liability insurance will not cover them at a U.S Show.
- \*Companies who do not have the time to deal with all of the certificate arrangements, and need coverage now.
- \*Exhibitors who find it easier or advantageous to use this program, rather than their corporate insurance; Similar to when you rent a car and do not want to use your own auto insurance.
- \*Should there be a claim, it will not tarnish your policy and rates. And, unlike most corporate policies, there is no deductible.

### **Are you worried about lost, stolen or damaged merchandise?**

#### **We also offer affordable short term 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](#)



Sample

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

### 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>	08/27/2018 12:00 AM	08/31/2018 12:01 AM	GENERAL AGGREGATE	\$ 2,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						PRODUCTS - COMP/OP AGG	\$ 2,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X					PERSONAL & ADV INJURY	\$ 1,000,000	
	GENL AGGREGATE LIMIT APPLIES PER:						EACH OCCURRENCE	\$ 1,000,000	
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						FIRE DAMAGE (Any one fire)	\$ 300,000	
							MED EXP (Any one person)	\$ 5,000	
	<b>AUTOMOBILE LIABILITY</b>			<b>SAMPLE</b>			COMBINED SINGLE LIMIT (Ea accident)	\$	
<input type="checkbox"/> ANY AUTO			BODILY INJURY (Per person)				\$		
<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per accident)				\$		
<input type="checkbox"/> HIRED AUTO	<input type="checkbox"/> NON-OWNED AUTOS		PROPERTY DAMAGE (Per accident)				\$		
							\$		
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR			EACH OCCURRENCE	\$				
	<b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE			AGGREGATE	\$				
	DED _____ RETENTION \$ _____				\$				
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						WC STATUTORY LIMITS	OTHER	\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / N	<input type="checkbox"/> N / A				E.L. EACH ACCIDENT		\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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: Show Winners Corp dba The Water Expo and the Doubletree by Hilton Miami Airport Convention Center. As respects to claims arising out of the operations of Exhibiting Company at The Water Expo August 29-30, 2018.

### CERTIFICATE HOLDER

### CANCELLATION

**Show Winners Corp dba The Water Expo**  
**8900 SW 107 Ave., Ste 313**  
**Miami FL 33176**

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*