

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 \$1,000,000 aggregate. This insurance must name IAFC - International Association of Fire Chiefs, Peppermill Casinos, Inc. and all allied entities and The Expo Group as additional insureds.

Insurance Coverage is not optional and must be received by October 19, 2021.

To make this process easier for you, we have implemented a new program through Rainprotection Insurance. Rainprotection can provide you with compliant insurance for our show, at the cost of just \$69 no matter how big or how many booths you have.

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. Plus, 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.
- **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

To purchase this insurance instantly online for just \$69, click on the following LINK:

<https://securevendorinsurance.com/RainprotectionGroupVendor/ApplicantInformation?GroupEventKey=170ca9f716fd>

NON USA EXHIBITORS

When filling in your company information it will ask for a phone number and address.

Please use the following: Address - 2707 S Virginia St, Reno, NV 89502

Phone Number - (800) 528-7975

This \$69 price is only available until October 19, 2021.

If you do decide to use your own insurance, you must submit your proof of compliant insurance to Sales@rainprotection.net and it must be received prior to **October 19, 2021**.

IMPORTANT NOTE - Deadline Date:

If you do not purchase this insurance through Rainprotection or we do not have a copy of your compliant insurance by October 19, 2021 you will be automatically enrolled in the Rainprotection Program and invoiced **\$94 (\$69 + \$25 Late Fee) by International Association of Fire Chiefs.**

Once invoiced, you will then need to pay this bill. You will not be allowed to set up your booth if this invoice is not paid. You cannot submit and we will not accept your own insurance past October 19, 2021.

Rainprotection Insurance will be handling the collection, reviewing for compliance, and documentation of all COI's from any exhibitor that chooses to use their own insurance.



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).

PRODUCER Rainprotection Insurance 39 Ryder Avenue Dix Hills, NY 11746 www.Rainprotection.net		CONTACT NAME: PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A : Insurance Company Name	
INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS: Exhibitor Name Street City, State, Zip Code		INSURER B : _____ INSURER C : _____ INSURER D : _____ INSURER E : _____ 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	GENERAL LIABILITY			Policy Number	11/14/2021 12:01 AM	11/15/2021 12:01 AM	GENERAL AGGREGATE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						PRODUCTS - COMP/OP AGG \$ 1,000,000
	<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
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Per accident) \$
	<input type="checkbox"/> ANY AUTO						ODDILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OTHER AUTOS						ODDILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTO						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						
	<input type="checkbox"/> NON-OWNED AUTOS						
	<input type="checkbox"/> HIRE AUTO						
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						AGGREGATE \$
	EXCESS LIAB						\$
	<input type="checkbox"/> CLAIMS-MADE						
	DED						
	RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N					\$
		<input type="checkbox"/> N/A					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)

Additional Insured: International Association of Fire Chiefs, Peppermill Casinos, Inc. and all allied entities and The Expo Group. As respects to claims arising out of the operations of Exhibiting Company at Wildland-Urban Interface - November 14-15, 2021.

CERTIFICATE HOLDER**CANCELLATION**

International Association of Fire Chiefs
4795 Meadow Wood Lane, Suite 100
Chantilly, VA 20151

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