



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 naming National Association of Broadcasters (1 M Street SE, Washington DC 20003) as the certificate holder. The following must be named as additional insured: National Association of Broadcasters, Las Vegas Convention Center and Freeman.

NAB 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 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 covering April 13-17, 2024

Pricing starts at \$94 and may slightly increase depending on the state your company is domiciled:

https://securevendorinsurance.com/RainprotectionGroupVendor/ApplicantInformation?GroupEventKey=2b1e1f56710f

Click the link below to purchase your Liability Insurance covering April 8-19, 2024

Pricing starts at \$134.50 and may slightly increase depending on the state your company is domiciled:

https://securevendorinsurance.com/RainprotectionGroupVendor/ApplicantInformation?GroupEventKey=b4fe64fe4145

After reading the above information, if you still decide to use your own insurance, please make it compliant and then submit a copy to: sales@rainprotection.net.

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:		FAX (A/C, No):	
www.Kamp	ToteCtion.net		INSURER(S) AFFORDING COVERAGE	E	NAIC #
		INSURER A:	Insurance Company Name		
INSURED	SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND	INSURER B:			
	ITS PARTICIPATING MEMBERS:	INSURER C:			
Exhibitor Name Street City, State, Zip Code		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.

ΕX	CLUSIONS AND CONDITIONS OF SUCH			LIMITS SHOWN MAY HAVE BEEN	REDUCED BY PA	ID CLAIMS.		
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						GENERAL AGGREGATE	\$ 2,000,000
	COMMERCIAL GENERAL LIABILITY						PRODUCTS - COMP/OP AGG	\$ 1,000,000
A	CLAIMS-MADE X OCCUR			Policy Number	01/01/2024	01/01/2025	PERSONAL & ADV INJURY	\$ (1,000,000)
					12:01 AM	12:01 AM	EACH OCCURRENCE	\$ 1,000,000
							FIRE DAMAGE (Any one fire)	\$ 300,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					MED EXP (Any one person)	\$	
	X POLICY PRO- JECT LOC							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Fa accident)	\$
	ANY						DILY INJURY (Per person)	\$
	ALL SCHEDULED AUTOS						DDILY INJURY (Per accider	
	HIRED AUTO NON-OWNED AUTOS						OPERTY DAMAGE er accident)	\$
		\						
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						WC STATU- TORY LIMITS OTH - ER	\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?						E.L. EACH ACCIDENT	\$
	(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE	\$
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
							AD&D MAXIMUM MEDICAL	
							DEDUCTIBLE	
DEC	CRIPTION OF OPERATIONS / LOCATIONS / VEH	ICI EC	/8445	h ACORD 404 Additional Rame 1 - 2 - 1 - 1	ula lifemana amaza la	ua acciua d\	TERMS OF PAYMENT	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Additional Insured: National Association of Broadcasters, Las Vegas Convention Center and Freeman. As respects to claims arising out of the operations of

Exhibiting Company at NAB Show – April 14-17, 2024.

CERTIFICATE HOLDE	3
-------------------	---

National Association of Broadcasters -1 M Street SE, Washington DC 20003

CANCELLATION

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