

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, August 7-10, 2024, naming American Podiatric Medical Association (11400 Rockville Pike, Suite 220 Rockville, MD 20852) as the certificate holder. The following must be named as additional insured: American Podiatric Medical Association, APMA, its trustees, directors, officers and employees, Walter E. Washington Convention Center (801 Allen Y. Lew Pl., NW, Washington, D.C. 20001), and GES (7000 S Lindell Rd., #4702, Las Vegas, NV 89118).

American Podiatric Medical Association 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 for \$109
(Plus any applicable taxes)

[https://www.totaleventinsurance.com/app/Customer/ExhibitorAnnual.aspx?eid=EZNUz3smScw\\$](https://www.totaleventinsurance.com/app/Customer/ExhibitorAnnual.aspx?eid=EZNUz3smScw$)

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.



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	
			NAIC #	
			INSURER A: Insurance Company Name	
INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS:			INSURER B: _____	
Exhibitor Name			INSURER C: _____	
Street			INSURER D: _____	
City, State, Zip Code			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	08/07/2024 12:01 AM	08/10/2024 11:59 PM	GENERAL AGGREGATE \$ 2,000,000	
	<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) \$	
	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"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$	
	<input type="checkbox"/> HIRED-AUTO							
	UMBRELLA LIAB						EACH OCCURRENCE \$	
	EXCESS LIAB						AGGREGATE \$	
	DED RETENTION \$							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS	OTHS - ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		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: American Podiatric Medical Association, APMA, its trustees, directors, officers and employees, Walter E. Washington Convention Center and GES. As respects to claims arising out of the operations of Exhibiting Company at the APMA 2024 Annual Scientific Meeting (The National) – August 8-10, 2024.

CERTIFICATE HOLDER **CANCELLATION**

American Podiatric Medical Association 11400 Rockville Pike, Suite 220 Rockville, MD 20852	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p style="text-align: right;"><i>Rainprotection Insurance</i></p>
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