

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).

39 Ryder A Dix Hills, N	<mark>Y 11746</mark>	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):		
www.Rainprotection.net			INSURER(S) AFFORDING COVERAGE	NAIC#	
		INSURER A:	Insurance Company Name		
INSURED	SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND	INSURER B:			
	115 PARTICIPATING MEMBERS:	INSURER C:			
Exhibitor Name	INSURER D:				
Street City, State	SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS: Inibitor Name eet y, 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, EXPLISIONS AND CONDITIONS OF SLICH POLICIES LIMITS SHOWN MAY HAVE BEEN BEDLICED BY PAID OF ALMS

	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						GENERAL AGGREGATE \$ 2,000,000				
	COMMERCIAL GENERAL LIABILITY						PRODUCTS - COMP/OP AGG \$ 1,000,000				
	CLAIMS-MADE X OCCUR	x			10/10/2022	10/15/2022	PERSONAL & ADV INJURY \$ 1,000,000				
			Policy Num	Policy Number	12:01 AM	11:59 PM	EACH OCCURRENCE \$ 1,000,000				
					12.017		FIRE DAMAGE (Any one fire) \$ 300,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person) \$ 5,000				
	X POLICY PRO- JECT LOC										
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Fa accident)				
	ANY						DDILY INJURY (Per person) \$				
	ALL SCHEDULED AUTOS						DDILY INJURY (Per accider				
	HIRED AUTO NON-OWNED AUTOS						OPERTY DAMAGE sr accident)				
		1									
	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)						E.L. DISEASE - EA EMPLOYEE \$				
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$				
							AD&D MAXIMUM MEDICAL DEDUCTIBLE				
	CRIPTION OF OREPATIONS / LOCATIONS / VEH						TERMS OF PAYMENT				

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

Additional Insured: Industrial Fabrics Association International, Charlotte Convention Center, and Freeman. As respects to claims arising out of the operations of

Exhibiting Company at the 2022 IFAI Expo - October 12-14, 2022.

CERTIFICATE HOLDER

Industrial Fabrics Association International

1801 County Road B West, Roseville, MN 55113

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

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