



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. Insurance Coverage is not optional.

This insurance must be in force during the lease dates of the event, January 4-9, 2022, naming American Baseball Coaches Association (4101 Piedmont Pkwy, Greensboro, NC 27410) as the certificate holder. The following must be named as additional insured: American Baseball Coaches Association, McCormick Place (2301 S Lake Shore Dr, Chicago, IL 60616), Corcoran Expositions, Inc. (200 W. Adams St., Ste. 1000, Chicago, IL 60606) and Freeman Company (8201 West 47th Street, McCook, IL 60525).

American Baseball Coaches 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.

Please submit your certificate of insurance for General Liability to Sales@rainprotection.net by December 1, 2021, or otherwise utilize the Rainprotection Insurance Program below, which will also bring you into compliance with this policy.

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 for only \$94.

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 just \$94

https://securevendorinsurance.com/RainprotectionGroupVendor/ApplicantInformation?GroupEventKey=4fd035da3cf9

NON USA EXHIBITORS

When filling in your company information it will ask for a phone number and address. Please use the following: Address - 2301 S Lake Shore Dr, Chicago, IL 60616 Phone Number - (800) 528-7975

Are you worried about lost, stolen, or damaged merchandise? We also offer 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



CERTIFICATE OF LIABILITY INSURANCE

| 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. | | | | | | | | | | | | | | | CIES BELOW. |
|--|--|---------------------------|--------|---------------|------------|----------------|-------|--------------------------|---|--|--|-----------------------------|----------------------------|---------|----------------------|
| 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). | | | | | | | | | | | | | | | |
| PRO | | | | | | | | | | | ONTACT | | | | |
| | Rainprotection Insurance | | | | | | | | | | NAME: PHONE FAX | | | | |
| 39 Ryder Avenue Dix Hills, NY 11746 | | | | | | | | | | | PHONE FAX (A/C, No, Ext): (A/C, No): E-MAIL (A/C, No): | | | | |
| | | | | | | | | | | | ADDRESS: | | | | |
| www.Rainprotection.net | | | | | | | | | | | INSURER(S) AFFORDING COVERAGE NAIC | | | | |
| | | | | | | | | | | | INSURER A : Insurance Company Name | | | | |
| INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS: | | | | | | | | | | | INSURER B : | | | | |
| | | | | | | | | | | | SURER C : | | | | |
| Ext | ibit | tor N | Jam | P | | | | | | INSURER D : | | | | | |
| Exhibitor Name Street | | | | | | | | | | | | | | | |
| City, State, Zip Code | | | | | | | | | | INSURER E : | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | INSURER F : | | | | |
| CO | /ER | AGE | S | | | CE | RTIF | ICAT | E 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 THI 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. | | | | | | | | | | | | | | | O WHICH THIS |
| INSR | ADDL SUBR | | | | | | | | | | POLICY EFF | POLICY EXP | LIMITS | | |
| LTR | GENERAL LIABILITY | | | | | | | | | | (MM/DD/YYYY) | (MM/DD/YYYY) | GENERAL AGGREGATE | | 1,000,000 |
| | | | | | | | | | | | | 01/09/2022 | PRODUCTS - COMP/OP AGG | | |
| | | | | | | | | | | | 01/04/2022 | | | | 1,000,000 |
| ^ | CLAIMS-MADE X OCCUR | | | | | | x | | Policy Number | | 01/04/2022 | | PERSONAL & ADV INJURY | | 1,000,000 |
| А | | | | | | | | | Policy Number | | 12:01 AM | 11:59 PM | EACH OCCURRENCE | \$ | 1,000,000 |
| | | | | | | | | | | | | | FIRE DAMAGE (Any one fire) | \$ | <mark>300,000</mark> |
| | GEN | I'L AGG | REGA | | | S PER: | | | | | | | MED EXP (Any one person) | \$ | <mark>5,000</mark> |
| | Х | POLIC | Υ | P JI | RO- ECT | LOC | | | | | | | | | |
| | AU | | | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | s | | | | |
| | | | | | | | | DILY INJURY (Per person) | \$ | | | | | | |
| | ALL C SCHEDULED AUTOS | | | | | | | | DILY INJURY (Per accider | | | | | | |
| | | HIREPAUTO NON-OWNED AUTOS | | | | | | | OPERTY DAMAGE er accident) | \$ | | | | | |
| | | | | | | | | | | | | | | | |
| | | UMR | RELL | A LIAB | | OCCUR | | | | | | | EACH OCCURRENCE | \$ | |
| | | | ESS LI | | - | CLAIMS-MADE | | | | | | | AGGREGATE | э \$ | |
| | | DED | | RETEN | | | 1 | | | | | | 100120112 | | |
| | | | | PENSATI | | Ψ | | | | | | | OTH OTH | \$ | |
| | | | | S' LIABI | | Y/N | | | | | | | WC STATU- TORY LIMITS | \$ | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | | | | | | | | | | | | E.L. EACH ACCIDENT | \$ | |
| | | | | | | | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | | |
| | | | | | | | | | | | | | AD&D | | |
| | | | | | | | | | | | | | MAXIMUM MEDICAL | | |
| | | | | | | | | | | | | | DEDUCTIBLE | | |
| DESC | RIPT | | DF OP | ERATIO | NS / L | OCATIONS / VEH | ICLES | (Attac | ch ACORD 101, Additional Remarks Sc | chedule | , if more space is | required) | TERMS OF PAYMENT | | |
| | | | | | | | | | sociation, McCormick Place, Co | | • | | eman Company. | | |
| CFF | | | TF H | IOLDI | ER | | | | | CAN | | | | | |
| | | .5A | | | | | | |] | | | 1 | | | |
| | | | | aseb ont F | | Coaches A | \ssc | ociat | tion | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | |
| - 4 1 | | 1 10 | uill, | | IX VV | y | | | | ACC | ORDANCE WI | | | | |

American Baseball Coaches Association 4101 Piedmont Pkwy Greensboro, NC 27410

AUTHORIZED REPRESENTATIVE

Rainprotection Insurance

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