



Sample

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/15/2013 7:12  
AM

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 #**

**INSURED** SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS:

**INSURER A:** Insurance Company Name  
**INSURER B:**  
**INSURER C:**  
**INSURER D:**  
**INSURER E:**  
**INSURER F:**

**Exhibitor Name**  
**Street**  
**City, State, Zip Code**

### 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        | <b>GENERAL LIABILITY</b>                                                       |                                                                                                                                                |                                                               | Policy Number | 05/23/2023<br>12:00 AM  | 05/25/2023<br>11:59 PM  | GENERAL AGGREGATE \$ 2,000,000                                                   |
|          | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY               |                                                                                                                                                |                                                               |               |                         |                         | PRODUCTS - COMP/OP AGG \$ 2,000,000                                              |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | X                                                                                                                                              |                                                               |               |                         |                         | PERSONAL & ADV INJURY \$ 1,000,000                                               |
|          |                                                                                |                                                                                                                                                |                                                               |               |                         |                         | EACH OCCURRENCE \$ 1,000,000                                                     |
|          |                                                                                |                                                                                                                                                |                                                               |               |                         |                         | FIRE DAMAGE (Any one fire) \$ 300,000                                            |
|          |                                                                                |                                                                                                                                                |                                                               |               |                         |                         | MED EXP (Any one person) \$ 5,000                                                |
|          |                                                                                | GENL AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |                                                               |               |                         |                         |                                                                                  |
|          | <b>AUTOMOBILE LIABILITY</b>                                                    |                                                                                                                                                |                                                               |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$                                           |
|          | <input type="checkbox"/> ANY AUTO                                              |                                                                                                                                                |                                                               | <b>SAMPLE</b> |                         |                         | BODILY INJURY (Per person) \$                                                    |
|          | <input type="checkbox"/> ALL OWNED AUTOS                                       | <input type="checkbox"/> SCHEDULED AUTOS                                                                                                       |                                                               |               |                         |                         | BODILY INJURY (Per accident) \$                                                  |
|          | <input type="checkbox"/> HIRED AUTO                                            | <input type="checkbox"/> NON-OWNED AUTOS                                                                                                       |                                                               |               |                         |                         | PROPERTY DAMAGE (Per accident) \$                                                |
|          |                                                                                |                                                                                                                                                |                                                               |               |                         |                         | \$                                                                               |
|          |                                                                                |                                                                                                                                                |                                                               |               |                         |                         | \$                                                                               |
|          | <b>UMBRELLA LIAB</b>                                                           | <input type="checkbox"/>                                                                                                                       | <input type="checkbox"/> OCCUR                                |               |                         |                         | EACH OCCURRENCE \$                                                               |
|          | <b>EXCESS LIAB</b>                                                             | <input type="checkbox"/>                                                                                                                       | <input type="checkbox"/> CLAIMS-MADE                          |               |                         |                         | AGGREGATE \$                                                                     |
|          | DED                                                                            |                                                                                                                                                | RETENTION \$                                                  |               |                         |                         | \$                                                                               |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>                           |                                                                                                                                                |                                                               |               |                         |                         | <input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER \$ |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)    |                                                                                                                                                | <input type="checkbox"/> Y / N <input type="checkbox"/> 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<br>MAXIMUM MEDICAL DEDUCTIBLE<br>TERMS OF PAYMENT                           |

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

Additional Insured: American Clean Power Association (ACP) and Cleanpower Conference & Exhibition, Ernest N. Morial Convention Center and GES. As respects to claims arising out of the operations of Exhibiting Company at Cleanpower 2023 May 22-25, 2023

### CERTIFICATE HOLDER

### CANCELLATION

American Clean Power Association (ACP)  
1501 M St. NW, Suite 900  
Washington, DC 20005

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