



Exhibitor Liability Insurance Program

As a standard requirement for all of 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.

This insurance must be in force during the lease dates of the event, September 17-22, 2019, naming the American Association of Oral and Maxillofacial Surgeons (9700 W. Bryn Mawr Ave., Rosemont, IL 60018) as the certificate holder. The following must be named as additional insured: American Association of Oral and Maxillofacial Surgeons and 2019 AAOMS Annual Meeting, Boston Convention and Exhibition Center (415 Summer St, Boston, MA 02210) and Global Experience Specialists, Inc (7000 Lindell Road, Las Vegas, NV 89118).

AAOMS 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. If you have your own insurance, please submit a copy to Sales@rainprotection.net.

Purchase your Insurance Now

Simply purchase your general liability, which does not include equipment coverage. If you need equipment coverage please see the link at the bottom of the page. The general liability link is already pre-filled with all of the proper show information, directly online using a credit card.

Click the link below to Purchase your Liability Insurance for just \$94:

<https://securevendorinsurance.com/RainprotectionGroupVendor/ApplicantInformation?GroupEventKey=0b92a452cb9a>

Workers Compensation/Employers Liability

As a standard requirement based in the state you are domiciled in, you are required to provide proof of Workers Compensation insurance with limits not less than \$1,000,000 for each occurrence. This insurance cannot be purchased from Rainprotection Insurance. Please submit a copy to Sales@rainprotection.net.

NON USA EXHIBITORS - Address and Phone Number instructions:

When filling in your company information it will ask for a phone number and address. Please use the following:

Address - 415 Summer St, Boston, MA 02210

Phone Number - (800) 528-7975

This program is valuable for:

- *Exhibitors who do not have any insurance.
- *International Exhibitors whose liability insurance will not cover them at a U.S Show.
- *Companies who do not have the time to deal with all of the certificate arrangements, and need coverage now.
- *Exhibitors who find it easier or advantageous to use this program, rather than their corporate insurance; Similar to when you rent a car and do not want to use your own auto insurance.
- *Should there be a claim, it will not tarnish your policy and rates. And, unlike most corporate policies, there is no deductible.

Are you worried about lost, stolen or damaged merchandise?

We also offer affordable short term 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 exhibition.

Please complete and return the Enrollment Form below:

[Click Here for the Instant Equipment Insurance Enrollment Form](#)



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	
	INSURER A: Insurance Company Name	
	INSURER B:	
INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS: Exhibitor Name Street City, State, Zip Code	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	
	INSURER G:	
	INSURER H:	

SAMPLE

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	09/17/2019 12:01 AM	09/22/2019 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
D	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTO						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB						AGGREGATE	\$
	DED							\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT	\$ 1,000.00
	If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A				E.L. DISEASE - EA EMPLOYEE	\$ 1,000.00
							E.L. DISEASE - POLICY LIMIT	\$ 1,000.00
							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 Association of Oral and Maxillofacial Surgeons and 2019 AAOMS Annual Meeting, Boston Convention and Exhibition Center and Global Experience Specialists, Inc. As respects to claims arising out of the operations of Exhibiting Company at 2019 AAOMS Annual Meeting - September 16-21, 2019.

CERTIFICATE HOLDER American Association of Oral and Maxillofacial Surgeons 9700 W. Bryn Mawr Ave., Rosemont, IL 60018	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 <i>Rainprotection Insurance</i>