

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, November 24-December 1, 2023, naming Greater New York Dental (200 W. 41 Street – Suite 1101 New York City, NY 10036) as the certificate holder. The following must be named as additional insured: Greater New York Dental Meeting Organization Committee, The New York Convention Center Development Corporation, The Empire State Development Corporation, Tri-Borough and Tunnel Authority, Freeman.

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 \$84.

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 \$84

<https://securevendorinsurance.com/RainprotectionGroupVendor/ApplicantInformation?GroupEventKey=a6a684c4cad9>

NON USA EXHIBITORS

When filling in your company information it will ask for a phone number and address.
Please use the following: Address - 655 W. 34th Street, NYC, NY 10001
Phone Number - (800) 528-7975

After reading the above information, if you still decide to use your own insurance, please make it compliant and then submit a copy to: Carla@gnydm.com.

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](#)



Sample

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: <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: right; border: none;">NAIC #</td> </tr> <tr> <td style="border: none;">INSURER A :</td> <td style="border: none;">Insurance Company Name</td> </tr> <tr> <td style="border: none;">INSURER B :</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER C :</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER D :</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER E :</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER F :</td> <td style="border: none;"></td> </tr> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : | Insurance Company Name | INSURER B : | | INSURER C : | | INSURER D : | | INSURER E : | | INSURER F : | |
| INSURER(S) AFFORDING COVERAGE | NAIC # | | | | | | | | | | | | | | |
| INSURER A : | Insurance Company Name | | | | | | | | | | | | | | |
| INSURER B : | | | | | | | | | | | | | | | |
| INSURER C : | | | | | | | | | | | | | | | |
| INSURER D : | | | | | | | | | | | | | | | |
| INSURER E : | | | | | | | | | | | | | | | |
| INSURER F : | | | | | | | | | | | | | | | |
| INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS: 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 | GENERAL LIABILITY | | | Policy Number | 11/24/2023 12:01 AM | 12/01/2023 12:01 AM | 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 | |
| | 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) \$ 5,000 | |
| | | | | | | | | |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ | |
| | <input type="checkbox"/> ANY AUTO | | | | | | 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) \$ | |
| | | | | | | | | |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR | | | | | | EACH OCCURRENCE \$ | |
| | EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE | | | | | | AGGREGATE \$ | |
| | DED RETENTION \$ | | | | | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | WC STATU-TORY LIMITS OTH-ER \$ | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | 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 MAXIMUM MEDICAL DEDUCTIBLE TERMS OF PAYMENT | |

SAMPLE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Additional Insured: Greater New York Dental Meeting Organization Committee, The New York Convention Center Development Corporation, The Empire State Development Corporation, Tri-Borough and Tunnel Authority and Freeman. As respects to claims arising out of the operations of Exhibiting Company at the Greater New York Dental Meeting, November 26-29, 2023.

| | |
|--|--|
| CERTIFICATE HOLDER Greater New York Dental Meeting Organization Committee 200 W. 41 Street – Suite 1101 New York City, NY 10036 | 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 <div style="text-align: right;"><i>Rainprotection Insurance</i></div> |
|--|--|