



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.

American Podiatric Medical 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.

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.

Benefits of using this program:

- No Deductible unlike your corporate policy, Rainprotection's policy has no deductible. Should there be a claim, you will Å ٠ 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 Acompliant with show requirements E
- Coverage for exhibitors who do not have an existing policyÈ •
- 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 copyE •

Make This Process Simple - Purchase Your Insurance Now and Forget About It

Click the link below to purchase your Liability Insurance Ú¦æðj * Áa^*ðj • ÁæÁJI Áæj åÁj æÂj ấ @ĵÁðj &'^æ^Áàæ^^åÁj} Á@Acær^Á[č ¦Áðj {] æjˆÁā Áåj { æð∱åK https://securevendorinsurance.com/RainprotectionGroupVendor/ApplicantInformation?GroupEventKey=69075db8dcb5

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

BCBI G5 9L<=6 +HCFG

We can provide compliant insurance for all Non U.S. exhibitors. Please send an email to Sales@rainprotection.net with further instructions.

Sales@rainprotection.net



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).															
PRODUCER CONTACT															
Rainprotection Insurance									PHONE FAX (A/C, No, Ext): (A/C, No):						
Dix Hills, NY 11746										E-MAIL					
www.Rainprotection.net										ADDRESS: INSURER(S) AFFORDING COVERAGE					
										INSURERA: Insurance Company Name				NAIC #	
INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS: Exhibitor Name									INSURER B :						
									INSURER C :						
Street										INSURER D :					
City, State, Zip Code										INSURER E :					
										INSURER F :					
COVERAGES CERTIFICATE NUMBER:										REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVI INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEI										OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS D BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EN 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	6				
	GE	NERAL LIA	BILITY									GENERAL AGGREGATE	\$	2,000,000	
												PRODUCTS - COMP/OP AGG	\$	1,000,000	
	CLAIMS-MADE X OCCUR					v				08/07/2024	08/10/2024	PERSONAL & ADV INJURY	\$	1,000,000	
А						X		Policy Number		12:01 AM	11:59 PM	EACH OCCURRENCE	\$	1,000,000	
]										FIRE DAMAGE (Any one fire)	\$	<mark>300,000</mark>	
	GE	N'L AGGREGA ⁻			S PER:							MED EXP (Any one person)	\$		
	Х	POLICY	PR JE	RO- CT	LOC										
	AUTOMOBILE LIABILITY									COMBINED SINGLE LIMIT	s				
	ANY ALL SCHEDULED											DILY INJURY (Per person)	\$		
	AUTOS AUTOS							DDILY INJURY (Per accider OPERTY DAMAGE							
		HIRED UTO AUTOS								er accident)	\$				
	UMBRELLA			$\left - \right $	OCCUR							EACH OCCURRENCE \$			
	EXCESS LIAB			CLAIMS-MADE							AGGREGATE	\$			
	14/0	DED			Φ	\vdash	\vdash					OTH OTH	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N								WC STATU- TORY LIMITS ER	\$					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?					N / A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under											E.L. DISEASE - EA EMPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below						\vdash					E.L. DISEASE - POLICY LIMIT	\$		
												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 Podiatric Medical Association, APMA, its trustees, directors, officers and employees, Walter E. Washington Convention Center and															
												-			
GE	S. A	s respect	s to cla	Ims	arising out of	the o	perati	ions of Exhibiting Company at	the A	PMA 2024 An	nual Scientific	Meeting (The National) –	Augu	ist 8-10, 2024.	
CE	RTI		IOLDE	R					CAN	CANCELLATION					
11	American Podiatric Medical Association 11400 Rockville Pike, Suite 220 Rockville, MD 20852									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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