



**Official Meeting Vendor** 

# 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, January 24-28, 2024, naming Massachusetts Dental Society (Two Willow Street, Southborough, MA 01745) as the certificate holder. The following must be named as additional insured: Massachusetts Dental Society, Boston Convention and Exhibition Center, and 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.

#### 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

Pricing starts at \$91 and runs to \$108.72 depending on the state your company is domiciled:

https://securevendorinsurance.com/RainprotectionGroupVendor/ApplicantInformation?GroupEventKey=d7fcbf3d2c3f

### **NON USA EXHIBITORS**

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

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

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).															
PRODUCER CONTACT															
Rainprotection Insurance										PHONE FAX					
39 Ryder Avenue Dix Hills, NY 11746										(A/C, No, Ext): (A/C, No):					
www.Rainprotection.net										ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #					
														NAIC #	
INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS:										INSURERA: Insurance Company Name					
										INSURER B : INSURER C :					
															Exhibitor Name Street
City, State, Zip Code										INSURER E :					
		,	•						INSURER F :						
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 CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BE										THE POLICIE	S DESCRIBED				
INSR LTR		TYPE OF INSURANCE			NCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	;		
	GENERAL LIABILITY											GENERAL AGGREGATE	\$	2,000,000	
	X	COMMERC	IAL GENERA	AL LIAE	BILITY							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	CLAIMS-MADE X OCCUR									01/24/2024	01/28/2024	PERSONAL & ADV INJURY	\$	1,000,000	
А						x		<b>Policy Number</b>		12:01 AM	11:59 PM	EACH OCCURRENCE	\$	1,000,000	
										12.017.00	11.001 11	FIRE DAMAGE (Any one fire)	\$	300,000	
	GEN	I'L AGGREG	ATE LIMIT A	PPLIE	S PER:							MED EXP (Any one person)	\$	<mark>5,000</mark>	
	x	POLICY	PF	RO- ECT	LOC										
										COMBINED SINGLE LIMIT (Fa accident)	s				
												DILY INJURY (Per person)	\$		
	ALL SCHEDULED AUTOS				HEDULED							DILY INJURY (Per accider			
		HIRED AUTO NON-OWNED AUTOS								OPERTY DAMAGE er accident)	\$				
	UMBRELLA LIAB			OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$				
		DED	RETENT	FION 3	\$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY									WC STATU- TORY LIMITS	\$				
	ANY PROPRIETOR/PARTNER/EXECUTIVE					N/A						E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)											E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below											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: Massachusetts Dental Society, Boston Convention and Exhibition Center and Freeman. As respects to claims arising out of															
							-				man. As respe	ects to claims arising out of	,		
the	ope	rations o	of Exhibi	ting	Company at Y	Yanke	e De	ntal Congress 2024  – Januar	y 25-2	27, 2024.					
CE	RTIF	ICATE	HOLDE	R					CANCELLATION						
Tv	vo V	Willow	v Stree	et,	tal Society 01745	/			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						