

EXHIBITOR  
LIABILITY  
INSURANCE

---

# LIABILITY INSURANCE NOTICE

**DEADLINE: DECEMBER 16**

National Marine Manufacturers Association requires each exhibitor to submit a current version of their Certificate of Insurance as part of the contract requirements.

Please have your insurance agent or broker provide a current Certificate of Insurance within thirty (30) business days to avoid any issues.

**The Certificate of Insurance must meet the highlighted SPECIFIC requirements documented in the [SAMPLE CERTIFICATE](#).** This is the only document we will accept. All other documents will be returned. You will not have access to order Digital Credentials or Be My Guest Tickets until it is corrected.

**You can upload your certificate through the NMMA Portal.**  
**If you have not received your individual link to the portal, please contact Monica Puentes at [mpuentes@nmma.org](mailto:mpuentes@nmma.org)**

**NOTE:** Auto coverage is *only required if you are driving into the facility or operating an auto on the show floor.*

Should you have any questions, please contact Monica Puentes at [mpuentes@nmma.org](mailto:mpuentes@nmma.org)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/24/2024

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 have ADDITIONAL INSURED provisions or 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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER <b>Your Agent or Broker</b> Address City, State, Zip	CONTACT NAME: PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS:  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width:20%;">NAIC #</th> </tr> <tr> <td>INSURER A : ABC Insurance Company</td> <td>12345</td> </tr> <tr> <td>INSURER B : CDE Insurance Company</td> <td>67890</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : ABC Insurance Company	12345	INSURER B : CDE Insurance Company	67890	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : ABC Insurance Company	12345														
INSURER B : CDE Insurance Company	67890														
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															
INSURED  Your company Name Address City, State,Zip															

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				
<b>A</b>	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			Your Policy No.  Specimen Only	1/1/25	1/1/26	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>1,000,000</b> \$				
<b>B</b>	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY  <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____			Your Policy No.	1/1/25	1/1/26	COMBINED SINGLE LIMIT (Ea accident) \$ <b>500,000</b>  <table border="1" style="width:100%; border-collapse: collapse; background-color: yellow;"> <tr> <td colspan="2" style="text-align: center;">Policy dates must cover show dates including move-in and move-out</td> </tr> </table> EACH OCCURRENCE \$ AGGREGATE \$ \$ <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">PER STATUTE</td> <td style="width:50%;">OTH-ER</td> </tr> </table> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	Policy dates must cover show dates including move-in and move-out		PER STATUTE	OTH-ER
Policy dates must cover show dates including move-in and move-out											
PER STATUTE	OTH-ER										
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. DISEASE - POLICY LIMIT \$				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**New England Boat Show - January 4th to January 14th, 2025 including move-in and move-out**  
**National Marine Manufacturers and Boston Convention & Exhibition Center are included as additional insureds under General Liability and auto liability.**

<b>CERTIFICATE HOLDER</b>  National Marine Manufacturers Association 10 S LaSalle Street, Suite 3500 Chicago, IL 60603	<b>CANCELLATION</b>  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 
--	--