EXHIBITOR REQUIREMENTS

Exhibitor must submit a Certificate of Insurance, executed by a duly authorized representative set forth below, to the ATA on or before September 1, 2019. The Certificate of Insurance shall provide for limits of liability coverage of not less than One Million Dollars ($1,000,000) and list the Archery Trade Association, PO Box 70, New Ulm, MN 56073 and the Indiana Convention Center, 100 S. Capitol Ave., Indianapolis, IN 46225 (“Owner”) as additional insureds. The Certificate of Insurance shall be submitted to Sarah Haala by emailing sarahhaala@archerytrade.org or faxed to 507-233-8140.

OFFICIAL SERVICE PROVIDERS

The following companies are Insurance Providers who can assist with your liability Insurance.

**Hobson Insurance**  
Kristy Longfellow, VP  
104 Central  
Hobson, MT  59452  
Phone: (800) 296-7985  
Cell: (616) 340-9327  
Fax: (406) 423-5532  
kristy@businessquote.com  
www.businessquote.com

**Rainprotection**  
Catherine Cammareri  
39 Ryder Ave  
Dix Hills, NY  
Phone: (800) 528-7975  
Fax: (800) 913-2711  
sales@rainprotection.net

**The Craft Agency, Inc.**  
2533 Spring Arbor Road  
PO Box 1187  
Jackson, MI 49204  
Phone: (800) 866-1702  
archery@craftagency.com  
www.craftagency.com/archery
CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERRS 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
Insurance Agent
Agent Address
Agent Address
Agent Address XX 99999

INSURED
Exhibitor
Exhibitor Address
Exhibitor Address XX 99999

CONTACT
Agency Contact
Name: (999) 999-9999
Phone: (999) 999-9999
Fax: (999) 999-9999
Email:

INSURER(S) AFFORDING COVERAGE NAIC #
INSURER A: Insurance Company 99999
INSURER B:
INSURER C:
INSURER D:
INSURER E:
INSURER F:

COVERAGE NUMBER: CL175313192

COVERAGE

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 IN 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.

<table>
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<tr>
<th>INSURER LTR</th>
<th>TYPE OF INSURANCE</th>
<th>ADDL SUBRO</th>
<th>POLICY NUMBER</th>
<th>POLICY DATES</th>
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<td>X</td>
<td>COMMERCIAL GENERAL LIABILITY</td>
<td>CLAIMS-MADE</td>
<td>EACH OCCURRENCE</td>
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<td>A</td>
<td>CLAIMS-MADE</td>
<td>OCCUR</td>
<td>DAMAGE TO RENTED PREMISES (Ac occurrence)</td>
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<td>MED EXP (Any one person)</td>
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<td>GENERAL AGGREGATE</td>
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AUTOMOBILE LIABILITY

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<tr>
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<th>ALL OWNED</th>
<th>HIRED AUTOS</th>
<th>UMBRELLA LIABILITY</th>
<th>EXCESS LIABILITY</th>
<th>WORKERS COMPENSATION</th>
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<td>SCHEDULED</td>
<td>AUTOS</td>
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<td>OCCUR</td>
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<tr>
<td>E. L. EACH ACCIDENT</td>
<td>E. L. DISEASE - EA EMPLOYEE</td>
<td>E. L. DISEASE - POLICY LIMIT</td>
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</table>

AUTHORIDADE REPRESENTATIVE

Agency Contact

Archery Trade Association, PO Box 70, New Ulm, MN 56073 ("Sponsor") and the Indiana Convention Center, 100 S. Capitol Ave., Indianapolis, IN 46225 ("Owner") are additional insured for the event 2020 Trade Show scheduled January 9-11, 2020.

CERTIFICATE HOLDER

(507) 233-8140 sarahhaala@archerytrade.org
Archery Trade Association
PO Box 70
New Ulm, MN 56073

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.

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ACORD 25 (2014/01)
INS025 (201401)

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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, January 7-12, 2020, naming Archery Trade Association (P.O. Box 70 New Ulm, MN 56073) as the certificate holder. The additional insureds must read as follows: Archery Trade Association and Indiana Convention Center.

If you already have compliant coverage, please forward your proof of insurance to sarahhaala@archerytrade.org.

Purchase your Insurance Now

Simply purchase your insurance, which 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 $84:
https://securevendorinsurance.com/RainprotectionGroupVendor/ApplicantInformation?GroupEventKey=cbf3eaca26ab

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.

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 exposition.

Please complete and return the Enrollment Form below:
Click Here for the Instant Equipment Insurance Enrollment Form