



RAINPROTECTION.INSURANCE®

WHERE YOUR EVENT GETS INSURED

Rainprotection is an Authorized Official Insurance Supplier for Association for the United States Army

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 \$1,000,000 aggregate. Insurance coverage is not optional.

This insurance must be in force during the lease dates of the event, March 13-20, 2020, naming Association for the United States Army (2425 Wilson Boulevard, Suite 530, Arlington, VA 22201) as the certificate holder. The following must be listed as additional insured: Association for the United States Army, Von Braun Center and GES.

Program Benefits:

- Coverage for exhibitors who do not have an existing insurance policy
- Coverage for international exhibitors whose liability insurance does not cover them at a U.S. show
- If there is a claim, it will not tarnish your corporate policy and rates
- No deductible

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 you Liability Insurance for just \$84:

<https://securevendorinsurance.com/RainprotectionGroupVendor/ApplicantInformation?GroupEventKey=9ea0a24e7197>

NON USA EXHIBITORS

When filling in your company information it will ask for a phone number and address.

Please use the following: Address - 700 Monroe St SW, Huntsville, AL 35801

Phone Number - (800) 528-7975

Already have coverage? Please submit your proof of insurance to globalforceexhibits@ausa.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

DATE (MM/DD/YYYY)

05/25/2019

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 Insurance Company Underwriter Purchasing Group Any Street Any City, State and Zipcode	CONTACT NAME: Jane Doe PHONE (A/C. No. Ext): 202-555-1212 E-MAIL ADDRESS: jdoe@anydomain.com	FAX (A/C. No.):
	INSURER(S) AFFORDING COVERAGE	
INSURED Named Insured Address City, State, Zip Code	INSURER A: ABC Insurance Company	NAIC # 21354
	INSURER B: ZYX Insurance Company	98126
	INSURER C:	
	INSURER D:	
	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 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
X	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"/> PROJECT <input type="checkbox"/> LOC OTHER:			123CS-999990	3/1/2020	3/1/2021	EACH OCCURRENCE \$1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 100,000.00 GENERAL AGGREGATE \$ 100,000.00 PRODUCTS - COMP/OP AGG \$ 100,000.00 \$
X	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			123CS-999991	3/1/2020	3/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000.00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
X	UMBRELLA LIAB EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$			123CS-999992	3/1/2020	3/1/2021	EACH OCCURRENCE \$ 1,000,000.00 AGGREGATE \$ 1,000,000.00 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	123CS-999993	3/1/2020	3/1/2021	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$100,00.00 E.L. DISEASE - EA EMPLOYEE \$ 100,000.00 E.L. DISEASE - POLICY LIMIT \$ 100,000.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AUSA, its Board, members, staff and representatives, Von Braun Center and GES, all directors, members, officers, agents, employees, affiliates and subsidiaries as additional insureds.

CERTIFICATE HOLDER**CANCELLATION**

Association of the United States Army
 2425 Wilson Boulevard
 Arlington, Virginia 22201

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

Jane Doe