



MARCH 26-29  
NEW ORLEANS, LOUISIANA

INSURANCE SAMPLE

As a standard requirement for all 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. All dates must include coverage during your move-in, show days, and move-out.

**ACORD** **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY)  
03/01/2025

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 XXXXXXXXX Address City, St Zip	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: XXXXXXXXXXX@XXXXX.COM INSURER(S) AFFORDING COVERAGE INSURER A: XXXXXXXXXXXX NAIC # ##### INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
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INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS:  
**YOUR COMPANY NAME**  
**CONTACT NAME**  
**ADDRESS**  
**CITY, ST ZIP**

COVERAGES CERTIFICATE NUMBER: USS406238 REVISION NUMBER:

INSR LTR	TYPE OF INSURANCE	ADDD INSR	SUBR WUB	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						GENERAL AGGREGATE \$ 2,000,000
X	COMMERCIAL GENERAL LIABILITY						PRODUCTS - COMP/OP AGG \$ 2,000,000
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/>				3/24/2025	3/31/2025	PERSONAL & ADV INJURY \$ 1,000,000
A			X	XXXXXXXXXXXXXXXXXX	12:01 AM	12:01 AM	EACH OCCURRENCE \$ 1,000,000
							FIRE DAMAGE (Any one fire) \$ 300,000
							MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO. JECT	<input type="checkbox"/> LOC				
	AUTOMOBILE LIABILITY						
	ANY AUTO	SCHEDULED AUTOS	NON-OWNED AUTOS				
	OWNED AUTOS						
	HIRED AUTO						
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						
	DED	RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						Y/N
	If yes, describe under DESCRIPTION OF OPERATIONS below						N/A
	AD&D MAXIMUM MEDICAL DEDUCTIBLE TERMS OF PAYMENT						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES: (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Covered Vendor Type: Product or Service Display Exhibits. Certificate Holder is named as additional insured with respect to the operations of the Named Insured.

<b>CERTIFICATE HOLDER</b> HPBExpo 2025 2000 14th Street North, Suite 300 Arlington, VA 22201	<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 XXXXXXXXXXXX
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Insurance Company Issuing this Certificate

Add Names

Exhibitor's company name, subsidiary names, or D.B.A. names and address

Policy Numbers

\*Policy Dates To/From

Policy Limits

Must Be Included: this information should be put in under Other:

Must Be Included

Additionally Insured: Ernest N. Morial Convention Center – New Orleans; Hearth, Patio & Barbecue Association and its entities, subsidiaries, agents, representatives, officers, staff, volunteers, and employees.