

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.

DATE (MM/DD/YYYY)
03/01/2025

ACORD® 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.

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: XXXXXXXXXX@XXXXX.COM INSURER(S) AFFORDING COVERAGE <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>INSURER A</th> <th>NAIC #</th> </tr> <tr> <td>XXXXXXXXXXXX</td> <td>#####</td> </tr> <tr><td>INSURER B:</td><td></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 A	NAIC #	XXXXXXXXXXXX	#####	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER A	NAIC #														
XXXXXXXXXXXX	#####														
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS:
YOUR COMPANY NAME
CONTACT NAME
ADDRESS
CITY, ST ZIP

COVERAGE	CERTIFICATE NUMBER: USS406238	REVISION NUMBER:
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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	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			XXXXXXXXXXXXXX	12:01 AM	12:01 AM	GENERAL AGGREGATE \$ 2,000,000
	☒ COMMERCIAL GENERAL LIABILITY						PRODUCTS - COMP/OP AGG \$ 2,000,000
	☐ CLAIMS-MADE ☒ OCCUR						PERSONAL & ADV INJURY \$ 1,000,000
							EACH OCCURRENCE \$ 1,000,000
							FIRE DAMAGE (Any one fire) \$ 300,000
							THEFT EXP (Any one person) \$ 5,000
GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	☐ ANY AUTO						BODILY INJURY (Per person) \$
	☐ OWNED AUTOS						BODILY INJURY (Per accident) \$
	☐ HIRED AUTO						PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
							ADD: 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.

CERTIFICATE HOLDER	CANCELLATION
Hearth, Patio & Barbecue Association 2000 14th Street North, Suite 300 Arlington, VA 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 XXXXXXXXXXXX

ACORD 25 (2010/05)

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Contact us with questions:

Hearth, Patio & Barbecue Association | exhibits@hpba.org | 703-522-0086

Additionally Insured: Music City Center – Nashville and Hearth, Patio & Barbecue Association (HPBA), including its officers, directors, employees, agents, volunteers, affiliates, subsidiaries, and representatives.