



# CERTIFICATE OF LIABILITY INSURANCE

—MANDATORY FOR ALL EXHIBITORS—

**DUE: JULY 15, 2013**

Each exhibitor is required, by contract, to carry \$1,000,000 minimum of General Liability to cover exhibit space occupied at the show for the safety and security of other exhibitors, the attending public, the show producer, and yourself.

## **Option 1: Your Own Insurance Company**

*(The following must be included on the Insurance Certificate)*

**Insured:** Your full Company Name as listed on your contract

**Valid Certificate:** Must show insurance is valid through August 12, 2013

**Additional Insured:** Maine Boats, Homes & Harbors, Inc.

**General Liability:** A minimum Commercial General Liability of \$1,000,000 per occurrence and \$2,000,000 general aggregate as well as applicable auto and workman's compensation.

**Boats in the Water:** Exhibitors who are displaying boats in the water must provide proof of **Protection & Indemnity coverage with a minimum limit of \$1,000,000.**

**Description section:** Please include the following-- Certificate holder is listed as Additional Insurance on General Liability coverage \* related to the Maine Boats, Homes & Harbors Inc. Boat Show August 8 - August 12, 2013 (which includes check-in and load-out dates).

*\*boats in the water should include "and Protection & Indemnity"*

**Certificate Holder:** Maine Boats, Homes & Harbors Inc. PO Box 566, Rockland ME 04841

**Workman's Comp and Automobile insurance:** please see sample certificate for details.

**A sample certificate, containing our legal name and the dates of the event, is included in this packet to forward to your broker and streamline the process.**

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## **Option 2: K&K Insurance**

*(An independent company providing short-term liability insurance –land and booth exhibits only)*

If you do not have insurance you may contact **K & K Insurance** who provides short-term liability insurance for businesses that don't have their own (available for **land and booth exhibitors only**). If you are interested, please contact them directly:

**K & K Insurance, Tel: 800-328-2317. Website: [www.eventinsurance-kk.com](http://www.eventinsurance-kk.com).** You can complete an application over the phone or download an application from our website: [www.maineboats.com/forms-downloads](http://www.maineboats.com/forms-downloads) or their website.

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**All certificates should be faxed to 207-593-0026 or emailed to [showinfo@maineboats.com](mailto:showinfo@maineboats.com)**



BOAT IN THE WATER

# CERTIFICATE OF LIABILITY INSURANCE

TESTRO1

OP ID: RO

DATE (MM/DD/YYYY)

09/26/12

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).

<b>PRODUCER</b> Allen Insurance Rockland P O Box 749 22 School Street Rockland, ME 04841 Peter M. Williams, CIC		<b>800-439-4425</b>	<b>CONTACT NAME:</b> <b>PHONE</b> (A/C, No, Ext): <b>E-MAIL</b> ADDRESS: <b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Your Ins Company name <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	<b>FAX</b> (A/C, No): <b>NAIC #</b>
<b>INSURED</b>	Your Name and address (should match the contract) ME			

## 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 SUBR INSR WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</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 type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	X	EXAMPLE	10/15/12	10/15/13	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <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		EXAMPLE	10/15/12	10/15/13	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	EXAMPLE	10/15/12	10/15/13	WC STATUS: <input type="checkbox"/> TORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>Protection &amp; Indem</b>		EXAMPLE	10/01/12	10/01/13	P&I INCL any crew 1,000,000

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

Certificateholder is listed as Additional Insured on both General Liability, and Protection & Indemnity coverages related to the Maine Boats Homes & Harbors Inc. Boat Show August 08, 2013 to August 12, 2013

BOAT IN THE WATER EXHIBITORS

## CERTIFICATE HOLDER

## CANCELLATION

<b>BOATS-1</b>  Maine Boats, Homes & Harbors, Inc. 218 S. Main St. PO Box 566 Rockland, ME 04841	<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.</b>  <b>AUTHORIZED REPRESENTATIVE</b> Peter M. Williams, CIC
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BOOTH + LAND EXHIBITORS  
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<b>INSURED</b> Your Name and address (should match the contract) ME		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
		<b>INSURER A : Your Ins Company name</b>		
		<b>INSURER B :</b>		
		<b>INSURER C :</b>		
		<b>INSURER D :</b>		
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<input type="checkbox"/>	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
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	GEN'L AGGREGATE LIMIT APPLIES PER:					
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	<b>AUTOMOBILE LIABILITY</b>					
<input checked="" type="checkbox"/>	ANY AUTO		EXAMPLE	10/15/12	10/15/13	COMBINED SINGLE LIMIT (Ea accident) \$
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<input type="checkbox"/>	HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b>	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	<b>EXCESS LIAB</b>	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>					
<input checked="" type="checkbox"/>	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	EXAMPLE	10/15/12	10/15/13	WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

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