DISCOVER EXHIBITOR LIABILITY NOTICE





As an exhibitor, you are required to carry commercial general liability insurance including products and completed operations, contractor's personal injury and blanket contractual liability insurance at limits of at least \$1,000,000 per occurrence and \$2,000,000 aggregate. These coverages must be evidenced by a Certificate of Insurance with a 30-day notice of cancellation provision to the holder. Coverage should begin from your first move-in day (September 16, 2024) and last through your last available move-out day (September 24, 2024) and name NMMA, Norwalk Boat Show, and the Norwalk Cove Marina as additional insureds. The Certificate of Insurance must be submitted to the NMMA prior to the first day of move-in.

If you prefer to purchase liability insurance for this event, you may do so by accessing the purchase link below:

General Information

Copy and paste the link to your web browser: https://domex.undtec.com/?domex=yes

The certificate holder name and address for the certificate should read:

Norwalk Boat Show c/o NMMA

10 S LaSalle St Suite 3500

Chicago, IL. 60603

Liability Notice

Please refer to your NMMA Exhibit Space Agreement or contact your Sales Manager if you have any questions regarding show requirements.

For questions or concerns regarding insurance, please email:

Monica Puentes:

Mpuentes@nmma.org

Phone: 646-370-3660

CERTIFICATE OF LIABILITY INSURANCE $ACORD_{\scriptscriptstyle{\sqcap}}$

DATE (MM/DD/YYYY) 04/15/2024

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 have ADDITIONAL INSURED provisions or be endorsed.

	f SUBROGATION IS WAIVED, subject t his certificate does not confer any righ				f such	endorsemen		iire an endorsement. A s	statem	ent on	
PRODUCER						CONTACT NAME:					
Your Agent or Broker						PHONE FAX (A/C, No, Ext): (A/C, No):					
Address City, State, Zip INSURED						E-MAIL ADDRESS:					
						INSURER(S) AFFORDING COVERAGE INSURER A : ABC Insurance Company				NAIC #	
						INSURER B : CDE Insurance Company					
Your company Name						INSURER C :					
Address					INSURER D :						
City, State,Zip					INSURER E :						
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:					
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				Specimen Only				MED EXP (Any one person)	\$		
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	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		0,000	
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	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
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	DED RETENTION \$								\$		
	WORKERS COMPENSATION							PER OTH- STATUTE ER			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?							E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under DESCRIPTION OF OPERATIONS below										
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Ge	eneral Liability and auto liability.										
CERTIFICATE HOLDER						CANCELLATION					
National Marine Manufacturers Association						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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10 S LaSalle Street, Suite 3500

Chicago, IL 60603

AUTHORIZED REPRESENTATIVE