



# EXHIBITOR LIABILITY NOTICE

## General Information

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## 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 15, 2025) and last through your last available move-out day (September 23, 2025) 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:

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

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](mailto:Mpuentes@nmma.org)

**TO VIEW A SAMPLE OF THE CERTIFICATE OF INSURANCE, SCROLL DOWN TO PAGE 2.**

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. 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 any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>Your Agent or Broker</b> <b>Address</b> <b>City, State, Zip</b>	<b>CONTACT NAME:</b> <b>PHONE</b> (A/C, No, Ext): <b>E-MAIL ADDRESS:</b>	<b>FAX</b> (A/C, No):
	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	<b>INSURER A : ABC Insurance Company</b>	<b>12345</b>
<b>INSURED</b> <b>Your company Name</b> <b>Address</b> <b>City, State, Zip</b>	<b>INSURER B : CDE Insurance Company</b>	<b>67890</b>
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	

## 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			<b>Your Policy No.</b>  <b>Specimen Only</b>	<b>1/1/25</b>	<b>1/1/26</b>	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>1,000,000</b> \$
<b>B</b>	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			<b>Your Policy No.</b>	<b>1/1/25</b>	<b>1/1/26</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>500,000</b>
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

**RE: Norwalk Boat Show - September 18-21, 2025 Norwalk Cove Marina; Including Move-in September 15 and Move-out September 23, 2025.**

**National Maine Manufacturers Association and Norwalk Cove Marina are included as additional insureds under General Liability and auto liability.**

## CERTIFICATE HOLDER

## CANCELLATION

**National Marine Manufacturers Association**  
**10 S LaSalle Street, Suite 3500**  
**Chicago, IL 60603**

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

*Barry S. B.*