

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 Rainprotect | tion Insurance | CONTACT NAME: | | | |
|--|--|--------------------------|-------------------------------|-------|--|
| 39 Ryder Av | | PHONE (A/C, No, Ext): | | | |
| Dix Hills, NY 11746 www.Rainprotection.net | | E-MAIL ADDRESS: | | | |
| | | | INSURER(S) AFFORDING COVERAGE | NAIC# | |
| | | INSURER A: | Insurance Company Name | | |
| INSURED | SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND | INSURER B: | | | |
| | ITS PARTICIPATING MEMBERS: | | | | |
| Exhibitor N | <mark>ame</mark> | INSURER D: | | | |
| Street City, State, | Zip Code | INSURER E : | | | |
| Oity, Otato, | <u></u> | INSURER F: | | | |
| COVERAGES | CERTIFICATE NUMBER: | REVISION NUMBER: | | | |
| | CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE | | | | |

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 SLICH POLICIES, LIMITS SHOWN MAY HAVE BEEN PEDITICED 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 | |
|---|--|--------------|---------------|-----------------------------------|----------------------------|----------------------------|---|----------------|
| | GENERAL LIABILITY | | | | | | GENERAL AGGREGATE | \$ 2,000,000 |
| A | X COMMERCIAL GENERAL LIABILITY | | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 |
| | CLAIMS-MADE X OCCUR | | Policy Number | | 06/22/2022 | 06/25/2022 | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | | | | 12:00 AM | 11:59 PM | EACH OCCURRENCE | \$ 1,000,000 | |
| | | | | | 12.00 AW | | FIRE DAMAGE (Any one fire) | \$ 300,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | MED EXP (Any one person) | \$ 5,000 |
| | X POLICY PRO- JECT LOC | | | | | | | |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ (1,000,000) |
| | X ANY AUTO | | | | _ | | BODILY INJURY (Per person) | \$ |
| | ALL OWNED SCHEDULED AUTOS | | | Λ Λ Λ | | | BODILY INJURY (Per accident) | \$ |
| | HIRED AUTO NON-OWNED AUTOS | | | $oldsymbol{A}$ ivi $oldsymbol{P}$ | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | _ | | | | | \$ |
| | X UMBRELLA LIAB OCCUR | | | | | | EACH OCCURRENCE | \$ |
| | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | \$ |
| | DED RETENTION \$ | | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | WC STATU- TORY LIMITS OTH - ER | \$ (5,000,000) |
| ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | | N/A | | | | | E.L. EACH ACCIDENT | \$ (5,000,000) |
| | (Mandatory in NH) | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | \$ |
| | CRIPTION OF OPERATIONS / LOCATIONS / VEH | | | | | | AD&D MAXIMUM MEDICAL DEDUCTIBLE TERMS OF PAYMENT | |

Additional Insured: Florida Dental Association, FDC Exhibits, Gaylord Palms Resort and Convention Center and The Freeman Companies. As

respects to claims arising out of the operations of Exhibiting Company at the Florida Dental Convention June 22-25, 2022.

| CERTIFICATE HOLD | ER |
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Florida Dental Association 545 John Knox Rd., Ste. 200 Tallahassee, FL 32303

CANCELLATION

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

Rainprotection Insurance