

January 28th - February 1st, 2026

CERTIFICATE OF INSURANCE REQUIREMENTS MUST BE MET FOR PARTICIPATION IN THE SHOW

All exhibitors are required to submit a certificate of insurance prior to move-in. All certificates of insurance must be uploaded to the [exhibitor portal](#) with the **Company Name/Show Name** specified in the **subject line**.

Please provide the below sample certificate of insurance reflecting required coverage to your insurance agent. Policy effective and expiration dates must be inclusive of the show dates of **01/18/2026-02/02/2026 including move-in and move-out**.

If your company name is different from the Named Insured on the policy, be sure your company name and relationship to the Named Insured such as affiliate or subsidiary is indicated on the COI. Further documentation may be requested in these cases.

The Certificate of Insurance must meet the following requirements:

National Marine Manufacturers Association Inc, 10 S. LaSalle St. Ste 3500, Chicago, IL, 60603

- **The General Liability - Commercial General Liability should be checked.**
- **The General Liability - Each Occurrence should be checked.**
- **The General Liability - General Aggregate Limit Applies Per Policy should be checked.**
- **The General Liability - Each Occurrence Limit Amount should be greater than or equal to 1,000,000.**
- **The General Liability - Damage to Rented Premises Each Occurrence Limit Amount should be greater than or equal to 100,000.**
- **The General Liability - Personal and Advertising Injury Limit Amount should be greater than or equal to 1,000,000.**
- **The General Liability - General Aggregate Limit Amount should be greater than or equal to 2,000,000.**
- **The General Liability - Products and Completed Operations Aggregate Limit Amount should be greater than or equal to 1,000,000.**
- **The Vehicle - Combined Single Limit Each Accident Amount should be greater than or equal to 500,000.**

Description of Operations –

Must include the name of the show, move-in, show and move-out dates.

NMMA and Facility are included as additionally insured under General Liability and Auto Liability

Certificate Holder -

National Marine Manufacturers Association

10 South LaSalle Street, Suite 3500

Chicago, Illinois 60603-1025

Policy Number and Policy Dates – must fall within the show move-in – show and move-out dates.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/22/2025

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).

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

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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <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:			Your Policy No. Specimen Only	1/18/26	2/02/26	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <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 <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			Your Policy No.	1/18/26	2/02/26	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ \$ \$ PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			

Policy dates must cover show dates including move-in and move-out

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Discover Boating Louisville Boat RV & Sportshow - January 18th to February 2nd, 2026 including move-in and move-out dates National Marine Manufacturers Association and Kentucky Exposition Center are included as additional insureds under General Liability and auto liability.

CERTIFICATE HOLDER National Marine Manufacturers Association 10 South LaSalle Street, Suite 3500 Chicago, Illinois 60603-1025	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
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