

CERTIFICATE OF INSURANCE

Exhibitors are required to carry general liability insurance with limits of at least \$1,000,000 per occurrence, \$2,000,000 aggregate.

Motorcycle Industry Council and the *Las Vegas Convention Center* must be named as additionally insured and should be in force February 6-8, 2024.

Please submit your Certificate of Insurance as soon as possible but no later than February 1, 2024.

You may submit your COI by email, fax or mail to:

Email: bfiner@mic.org

Fax: (949) 517-7519

AIMExpo / MIC Events
Attn: Bonni Finer
2 Jenner, Suite 150 Irvine, CA 92618

A sample certificate is located on page 2 to show the proper placement of the required information.

Your insurance company should be able to provide you with this information, however, if you need to purchase show-specific insurance, you can contact John Buttine Insurance (see page 3 for additional information).



CERTIFICATE OF LIABILITY INSURANCE

OP ID: KR

DATE (MM/DD/YYYY)

06/15/2023

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 Buttine Underwriter Purchasing Group 33 East 33rd St., 5th Floor New York, NY 10016 John M. Buttine		CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: 7RPGEXH		FAX (A/C, No):
INSURED Exhibiting Company & Booth # Street City, State Zip Code	INSURER(S) AFFORDING COVERAGE			NAIC #
	INSURER A: ABC Company			
	INSURER B:			
	INSURER C:			
	INSURER D:			
	INSURER E:			
	INSURER F:			

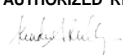
COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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	GENERAL LIABILITY			POLICY #	02/6/2024	2/8/2024	EACH OCCURRENCE		
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>					DAMAGE TO RENTED	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						PREMISES (Ea occurrence)	\$ 100,000	
	GENL AGGREGATE LIMIT APPLIES PER:							MED EXP (Any one person)	\$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							PERSONAL & ADV INJURY	\$ 1,000,000
								GENERAL AGGREGATE	\$ 2,000,000
								PRODUCTS - COMP/OP AGG	\$ 1,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (PER ACCIDENT)	\$	
	<input type="checkbox"/> HIRED AUTOS							\$	
	<input type="checkbox"/> NON-OWNED AUTOS							\$	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$	
	DEDUCTIBLE							\$	
	RETENTION \$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS	OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	<input type="checkbox"/> N/A				E.L. EACH ACCIDENT	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$	
							E.L. DISEASE - POLICY LIMIT	\$	

Additional Insured as respects to claims arising out of the operations of (NAMED INSURED EXHIBITING COMPANY) at American International Motorcycle Expo, 2/15-2/17/2023: Motorcycle Industry Council and the Las Vegas Convention Center.

CERTIFICATE HOLDER**CANCELLATION**

MPE0001 Motorcycle Industry Council 2 Jenner Suite 150 Irvine, CA 92618	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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EXHIBITOR GENERAL LIABILITY INSURANCE

Motorcycle Industry Council requires that all Exhibitors carry Commercial General Liability Insurance with limits of at least \$1,000,000 per occurrence, \$2,000,000 aggregate. Motorcycle Industry Council and the Las Vegas Convention Center shall be named as Additional Insured. This Insurance must be in force during the lease dates of the event, February 4-10, 2024.

Our insurance:

- Protects exhibitors who do not have Commercial General Liability Insurance or who do not want to use their own insurance
- Protects foreign exhibitors whose insurance will not pay claims brought in U.S. courts
- Cost is \$80 per exhibiting company - regardless of booth size

IF YOU HAVE YOUR OWN INSURANCE

Certificate Holder:

Motorcycle Industry Council
2 Jenner suite 150
Irvine, CA 92618

Additional Insured:

Motorcycle Industry Council and the Las Vegas Convention Center

IF YOU NEED TO PURCHASE INSURANCE -IT'S EASY TO APPLY...

- Apply online here – [Exhibitor Application](#)

QUESTIONS?

Please Contact:

Buttine Underwriters Purchasing Group, LLC

Kendra Reilly Monahan at +1 212-867-3642 or kmonahan@risk-strategies.com

Deadline to apply for these insurance programs is February 1, 2024