



Exhibitor Liability Insurance Program

As a standard requirement for all our show exhibitors, it is necessary for you to carry general liability coverage from an insurance company in good standing with minimum policy limits of \$1,000,000 per occurrence and \$2,000,000 aggregate. Insurance Coverage is not optional.

This insurance must be in force during the lease dates of the event, March 21-April 8, 2026, naming Taffy Event Strategies (2300 Clarendon Blvd, STE 305, Arlington, VA 22201) as the certificate holder. The following must be named as additional insured: Taffy Event Strategies, International Tile Exposition, LLC a Delaware limited liability company t/a Coverings, Las Vegas Convention and Visitors Authority, and Freeman.

Coverings has requested that Rainprotection serve as their insurance management company. In addition to being able to provide exhibitors with insurance, we are also collecting and verifying that all insurance certificates, regardless of the insurer, are verified for compliance.

After reading the above information, if you still decide to use your own insurance, please make it compliant and then submit a copy to: Sales@rainprotection.net

Rainprotection Insurance Program

If you would like to be included in compliant coverage arranged by Show Management please [Click Here](#).

View Page 2 for a Sample COI.



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	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Insurance Company Name	
	INSURER B :	
INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS: Exhibitor Name Street City, State, Zip Code	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 Number	03/21/2026	04/04/2026	GENERAL AGGREGATE	\$ 2,000,000								
	☒ COMMERCIAL GENERAL LIABILITY						PRODUCTS - COMP/OP AGG	\$ 1,000,000								
	☐ CLAIMS-MADE ☒ OCCUR	X					PERSONAL & ADV INJURY	\$ 1,000,000								
			EACH OCCURRENCE				\$ 1,000,000									
			FIRE DAMAGE (Any one fire)				\$ 300,000									
							\$									
GEN'L AGGREGATE LIMIT APPLIES PER:																
	☒ POLICY ☐ PRO-JECT ☐ LOC															
SAMPLE																
									AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Per accident)	\$
									☐ ANY AUTO ☐ ALL OTHER AUTOS ☐ HIRED AUTO	SCHEDULED AUTOS ☐ NON-OWNED AUTOS					ODILY INJURY (Per person)	\$
															ODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$								
UMBRELLA LIAB							EACH OCCURRENCE	\$								
EXCESS LIAB							AGGREGATE	\$								
DED								\$								
RETENTION \$								\$								
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATUTORY LIMITS	OTH - ER \$								
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		Y / N					E.L. EACH ACCIDENT	\$								
If yes, describe under DESCRIPTION OF OPERATIONS below			N / A				E.L. DISEASE - EA EMPLOYEE	\$								
							E.L. DISEASE - POLICY LIMIT	\$								
							AD&D									
							MAXIMUM MEDICAL DEDUCTIBLE									
							TERMS OF PAYMENT									

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

Additional Insureds: Taffy Event Strategies, International Tile Exposition, LLC a Delaware limited liability company t/a Coverings, Las Vegas Convention and Visitors Authority, and Freeman.

As respects to claims arising out of the operations of Exhibiting Company at Coverings 2026.

CERTIFICATE HOLDER

CANCELLATION

Taffy Event Strategies
2300 Clarendon Blvd, STE 305,
Arlington, VA 22201

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