SCOTTSDALE 2023 INSURANCE REQUIREMENTS

January 15-31, 2023

Submit all exhibitor insurance documents for this event via email to insurance@barrett-jackson.com and place exhibitor name on the subject line

YOU SHALL FURNISH A CERTIFICATE OF INSURANCE ("COI") AND APPLICABLE ENDORSEMENT TO BARRETT-JACKSON **PRIOR TO THE EVENT** LISTING THE FOLLOWING AS ADDITIONAL NAMED INSUREDS:

- BARRETT-JACKSON HOLDINGS LLC
- BARRETT-JACKSON AUCTION COMPANY LLC
- CRAIG JACKSON INVESTMENTS FLP
- JACKSON PRODUCTIONS INC
- RDK ENTERPRISES INC.

- JACKSON FAMILY FOUNDATION
- WESTWORLD OF SCOTTSDALE
- IMG AUCTION COMPANY, LLC
- CITY OF SCOTTSDALE
- U.S. BUREAU OF RECLAMATION

Barrett-Jackson is not responsible for damage or any consequential loss from accident, fire, theft, and other such causes to Exhibitor's property. Exhibitors must carry insurance and do so at their own expense. All property of an Exhibitor is understood to remain in the Exhibitor's care, custody and control in transit to or from or within the confines of the Show Complex. If you do not currently carry some or all of the following insurance you may obtain a single event coverage policy in order to be an Exhibitor at the event by contacting: *Rain Protection. Net* via the following link, or a carrier of your choice:

https://securevendorinsurance.com/RainprotectionGroupVendor/ApplicantInformation?GroupEventKey=8b50b3f0aeac

You are **required** to obtain and maintain in full force and effect the following insurance:

- 1) <u>General liability insurance</u> commercial general liability including bodily injury, property damage, personal and advertising injury, products/completed operations, contractual and independent contractors with limits of not less than \$1,000,000 each occurrence, \$1,000,000 personal and advertising injury limit, \$2,000,000 general aggregate, \$2,000,000 products completed operations aggregate, \$100,000 damage to rented premises, and \$10,000 medical expenses. The policy must be written on an occurrence basis. *A sample COI is included herewith*.
- Automobile liability insurance automobile liability covering Any Auto and/or Hired and Non-Owned automobiles for a combined single limit of \$150,000. If automobile insurance will not be included on your general liability certificate then you must supply a copy of the insurance declaration page <u>for any vehicle</u> that will be driven onto the site for unloading, loading or display purposes before, during, and after the Event. **You may also obtain auto coverage through Rain Protection** by completing the attached auto application form and submitting it via email to <u>sales@rainprotection.net</u> or calling 800-528-7975. **A sample auto declarations page is included herewith.**
- 3) <u>Worker's compensation insurance</u> statutory worker's compensation and employer's liability insurance as required by applicable State Law for all of your employees and/or temporary event staff involved in any way with the event. Limits should not be less than \$1,000,000 bodily injury by accident, each accident, \$1,000,000 bodily injury by each employee and \$1,000,000 bodily injury by disease, policy limit. *If you are a sole proprietor or an independent contractor or you do not carry workers' compensation insurance you must complete the Workers' Compensation Waiver Form, provided by Barrett-Jackson.*
- 4) <u>Special form causes of loss insurance</u> the exhibitor / event coordinator / event staff shall provide special form damage insurance covering the exhibitor's / event coordinator's exhibits, tools and other property. *If you do not carry special form damage insurance you <u>must</u> complete the Special Form Causes of Loss Insurance Waiver Form, provided by Barrett-Jackson.*

Barrett-Jackson, and the above mentioned additional insureds, shall be named as additional insured under your General, Automobile and, if any, Umbrella Liability policy noted above, each required policy shall provide a waiver of subrogation in favor of Additional Named Insureds, and such coverage shall be primary to any insurance carrier by Barrett-Jackson and the above mentioned additional insureds.

Insurance companies for the policies noted above, shall be holding a "General Policy Rating" of A-8 or better, as set forth in the most current issue of "Best Key Rating Guide".

The certificate must show that the above insurance is in full force throughout the period that your contract requires you to be on site. It should state policy numbers, date of expiration, limits of liability, deductibles or self-insured retentions, and coverages thereunder and further provide confirmation that the insurers will provide Barrett-Jackson with 10 days advance written notice of cancellation and that this provision has been endorsed on to each required policy.

WAIVER FORM – SCOTTSDALE 2023

WORKERS' COMPENSATION WAIVER

I am performing work as a company/sole proprietor/independent contractor at the Barrett-Jackson event;

therefore, neither myself nor any of my event staff are employees of Barrett-Jackson Auction Company LLC and/or any additional insureds as listed;

therefore, for workers' compensation purposes, neither myself nor any of my event staff are entitled to workers' compensation benefits from:

Barrett-Jackson Auction Company LLC Craig Jackson Investments FLP Jackson Family Foundation IMG Auction Company, LLC RDK Enterprises Inc. Barrett-Jackson Holdings LLC Jackson Productions Inc WestWorld of Scottsdale U.S. Bureau of Reclamation City of Scottsdale

I understand that if I have any employees working for me, I must maintain workers' compensation insurance on them.

SPECIAL FORM CAUSES OF LOSS INSURANCE WAIVER

I understand that Barrett-Jackson Auction Company LLC and/or any additional insureds as listed are not responsible for damage by fire, theft or malicious damage to exhibits, tools, and other property that myself and/or any of my event staff have provided for this event.

Therefore, I and/or any of my event staff are not entitled to fire, theft or malicious damage benefits or coverage for these items from:

Barrett-Jackson Auction Company LLC Craig Jackson Investments FLP Jackson Family Foundation IMG Auction Company, LLC RDK Enterprises Inc. Barrett-Jackson Holdings LLC Jackson Productions Inc WestWorld of Scottsdale U.S. Bureau of Reclamation

City of Scottsdale

Please select either or both of the following waivers as appropriate for coverage that will not be included on the certificate of insurance you will be providing.

☐ WORKERS' COMPENSATIO	N WAIVER
☐ SPECIAL FORM CAUSES OF	LOSS INSURANCE WAIVER
(Please Print - Company Name or N	Same of Sole Proprietor/Independent Contractor)
Print Name	
Signature	

A copy of this waiver may be submitted to Barrett-Jackson Auction Company's insurance carrier. Barrett-Jackson Auction Company LLC will maintain a copy of this waiver and make it available for audit purposes.

Submit waiver via email to insurance@barrett-jackson.com





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, January 15-31, 2023, naming Barrett-Jackson Holdings LLC (15555 N. 79th Place, Suite A, Scottsdale, AZ 85260) as the certificate holder. The following must be listed as additional insured: Barrett-Jackson Holdings LLC, Barrett-Jackson Auction Company LLC, Craig Jackson Investments FLP, Jackson Productions, Jackson Family Foundation, IMG Auction Company, LLC, City of Scottsdale, Westworld of Scottsdale and U.S. Bureau of Reclamation RDK Enterprises Inc.

Rainprotection Insurance Program

If you do not have insurance, or you would rather not use your own insurance, (similar to when you rent a car – so that claims would not be filed against your policy), we have set up a program with Rainprotection Insurance through which, you can purchase compliant insurance instantly online for only \$164.

Benefits of using this program:

- No Deductible unlike your corporate policy, Rainprotection's policy has no deductible. Should there be a claim, you will
 have no out of pocket costs and your future rates will not go up since you would not need to submit a claim on your policy.
- No Hassles you will not need to go back and forth with your broker adding additional insureds and making your insurance compliant with show requirements
- Coverage for exhibitors who do not have an existing policy
- Coverage for international exhibitors whose insurance will not cover them in the U.S.A.
- Easy and Inexpensive to purchase instantly online
- Already pre-filled with all the proper show information.
- Submitted to show management for you Once purchased, they automatically receive a copy

Make This Process Simple - Purchase Your Insurance Now and Forget About It

Click the link below to purchase your Liability Insurance for just \$164 https://securevendorinsurance.com/RainprotectionGroupVendor/ApplicantInformation?GroupEventKey=8b50b3f0aeac

NON USA EXHIBITORS

When filling in your company information it will ask for a phone number and address. Please use the following: Address - 16601 N. Pima Road, Scottsdale AZ 85260 Phone Number - (800) 528-7975

Auto Liability Insurance

If automobile insurance will not be included on your certificate then you must supply a copy of the insurance for any vehicle that will be driven onto the site for unloading, loading or display purposes. The auto declarations page must show active policy dates, vehicles covered, and a minimum Bodily Injury/Property damage liability of a combined single limit of \$150,000

If you are interested in adding this coverage for \$290, please complete and return the application on Page 2.

After reading the above information, if you still decide to use your own insurance, please make it compliant and then submit a copy to: Insurance@barrett-jackson.com

Are you worried about lost, stolen, or damaged merchandise?

We also offer Equipment/Merchandise/Display Insurance

All exhibitors are strongly urged to obtain full-coverage temporary insurance for their merchandise and displays while in transit and while at the exposition.

Please complete and return the Enrollment Form below:

Click Here for the Instant Equipment Insurance Enrollment Form



Hired/Non-Owned Auto Application

Coverage and you and any subcontractors you hire are not using any automobiles in conjunction with the event, please click: Yes
If you did not answer "YES" above, please answer the following questions:
 What is the amount being charged to rent or lease the vehicles: Are all drivers at least 25 years of age? Yes No Do all drivers have a valid United States driver licenses? Yes No Do any of the hired vehicles seat more than 12 people? Yes No What will the vehicles be used for?
Please select an Option:
Option 1: \$150,000 Hired/Non-owned Auto Liability Coverage can be added for an additional premium of \$290.00.
Option 2: \$500,000 Hired/Non-owned Auto Liability Coverage can be added for an additional premium of \$550.00
Option 3: \$1,000,000 Hired/Non-owned Auto Liability coverage is available for additional premium subject to a Minimum Premium of \$900.00 and our receipt and approval of our Hired/Non-owned Auto supplemental application. Please note that 12 and 15+ Passenger Vans are excluded.
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly provides false information in an application for insurance may be guilty of a crime and may be subject to civil fines and criminal penalties. It certify that the above information is true and coverage is not applicable until accepted by Rainprotection Insurance.
Name of Applicant Date
I am the Applicant and I choose to use an Electronic Signature by Clicking:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

DATE

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).

	ficate holder in lieu of such endorsement(s).		ndorsement.	A statement on this certi	neute does not conte	rights to the
PRODUC	DER .		CONTACT NAME:			
	Insurance Agent/Company		PHONE (A/C, No, Ext):		FAX (A/C, No):	
	Address		E-MAIL ADDRESS:			
				INSURER(S) AFFORDING CO	VERAGE	NAIC#
			INSURER A :	nsurance Company Nam	ne	
INSURE)		INSURER B:			
	Insured's Name		INSURER C :			
	Address		INSURER D :			
	Addices		INSURER E :			
			INSURER F:			
COVE	RAGES CERTIFICATE	NUMBER:		REVIS	ION NUMBER:	
100000000000000000000000000000000000000	IS TO CERTIFY THAT THE POLICIES OF INSUR CATED. NOTWITHSTANDING ANY REQUIREMEN					
CER	TIFICATE MAY BE ISSUED OR MAY PERTAIN, 1 LUSIONS AND CONDITIONS OF SUCH POLICIES. I	THE INSURANCE AFFORD	ED BY THE PO	OLICIES DESCRIBED HERE		
INSR	TYPE OF INSURANCE ADDL SUBR	POLICY NUMBER	POLIC	Y EFF POLICY EXP	LIMITS	

INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
X	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- POLICY PRO- LOC			XXXX-XXXX	XX/XX/XX	XX/XX/XX	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 1,000,000 \$ 100,000 \$ 10,000 \$ 1,000,000 \$ 2,000,000 \$ 2,000,000 \$
X	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X AUTOMOBILE LIABILITY SCHEDULED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS			XXXX-XXXX	XX/XX/XX	XX/XX/XX	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 150,000 \$ \$ \$ \$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION					VOV.8.0V.8.0V	EACH OCCURRENCE AGGREGATE WC STATU- OTH-	\$ \$ \$
X	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		XXXX-XXXX	XX/XX/XX	XX/XX/XX	TORY LIMITS ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ 1,000,000 \$ 1,000,000 \$ 1,000,000
X	OTHER PROPERTY	4		XXXX-XXXX-XXXX	XX/XX/XX		SPECIAL FORM CAI	USES OF LOSS
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	Attach /	ACORD 101, Additional Remarks Schedule	e, if more space is	required)		

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

Scottsdale 2023 Event: January 15-31, 2023

Additionally Named Insureds:

Barrett-Jackson Holdings LLC;

IMG Auction Company, LLC;

Barrett-Jackson Auction Compnay, LLC; City of Scottsdale;

 Jackson Productions, Inc.;
 WestWorld of Scottsdale;

 Jackson Family Foundation;
 U.S. Bureau of Reclamation;

Craig Jackson Investment FLP; RDK Enterprises Inc.

CERTIFICATE HOLDER	7	CANCELLATION

Barrett-Jackson Auction Company LLC 15555 N. 79th Place, Suite A Scottsdale, AZ 85260 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

Insurance Agent's Signature

Name of Insurance Company Agent Name Address Phone Email

SAMPLE Personal Auto Policy

Personal Auto Policy Declarations

POLICYHOLDER: (Named Insured)

Joe & Jane Smith Street Address

City, State Zip

POLICY NUMBER:

000 00000000

POLICY PERIOD:

FROM: August 1, 2017

TO: February 1, 2018

But only if the required premium for this period has been paid, and for six-month renewal periods if renewal premiums are paid as required. Each period begins and ends at 12:01 A.M. standard time at the address of the policyholder.

INSURED VEHICLES AND SCHEDULE OF COVERAGES

VEHICLE COVERAGES	LIMITS OF INSURANCE	PREMIUM
(
2000 Toyota Corolla	ID #JT2AL21E8B3306553	
Coverage A—Liability:		
Bodily Injury Liability	\$100,000 Each Person	\$110.00
	\$300,000 Each Accident	•
Property Damage Liability	\$ 50,000 Each Accident	\$ 40.00
Coverage B—Medical Payments	\$ 5,000 Each Person	\$ 36.00
Coverage C—Uninsured Motoris	ts:	
Bodily Injury	\$100,000 Each Person	\$ 40.00
	\$300,000 Each Accident	
	TOTAL	\$226.00
	ID #45400001500016016	
2007 Ford Five Hundred	ID #1FABP3OU7GG212619	
Coverage A—Liability:	#400 000 FI- B	04.45.00
Bodily Injury Liability	\$100,000 Each Person	\$145.00
Droporty Domono Liebility	\$300,000 Each Accident	¢ 60.00
Property Damage Liability	\$ 50,000 Each Accident	\$ 60.00
Coverage B—Medical Payments	\$ 5.000 Each Person	\$ 36.00
Coverage C—Uninsured Motoris		Ψ 30.00
Bodily Injury	\$100,000 Each Person	\$ 40.00
Bouny many	\$300.000 Each Accident	Ψ 10.00
Coverage D—Other Than Collision	*,	\$ 50.00
—Collision	Actual Cash Value Less \$500	\$130.00
		,
	TOTAL	\$461.00
LICY FORM AND ENDORSEMENTS:	000 00000000	
UNTERSIGNATURE DATE:		
ENT:	January 2 2018 AGENT NAME and/or Signature	
LIVI,	AGENT NAME and/or Signature	

NOTE

The highlighted items must show the following insureds personal Auto Declarations Page info.

The policy must be an active policy during the event dates. ONLY those vehicles listed on the policy will be permitted on-site.

If renting a
vehicle the
personal auto
declarations page
will still need to
be provided and
limits of insurance
must still be met
prior to the movein/set-up date of
the event. Please
provide the rental
agreement at
check-in.