

# **NEW ORLEANS 2023 INSURANCE REQUIREMENTS**

**September 25 – October 1, 2023**

**Submit all exhibitor insurance documents** for this event via email to [insurance@barrett-jackson.com](mailto:insurance@barrett-jackson.com) and place exhibitor name on the subject line

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

- BARRETT-JACKSON HOLDINGS LLC
- BARRETT-JACKSON AUCTION COMPANY LLC
- IMG AUCTION COMPANY, LLC
- CITY OF NEW ORLEANS
- AEX/TEXAS XPO
- JACKSON FAMILY FOUNDATION
- JACKSON PRODUCTIONS INC
- NEW ORLEANS PUBLIC FACILITY MANAGEMENT, INC.
- NEW ORLEANS ERNEST N. MORIAL CONVENTION CENTER

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=d487a8b2d305>

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

- 1) **General liability insurance** – 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.**
- 2) **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 **for any vehicle** 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 emailing [sales@rainprotection.net](mailto:sales@rainprotection.net) or calling 800-528-7975. **A sample auto declarations page is included herewith.**
- 3) **Worker's compensation insurance** – 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) **Special form causes of loss insurance** – 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 must 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.

**IT IS THE EXHIBITORS RESPONSIBILITY TO CONFIRM THAT ALL INSURANCE DOCUMENTS HAVE BEEN RECEIVED AND REVIEWED BY BARRETT-JACKSON, AND THAT THE EXHIBITOR IS IN COMPLIANCE WITH ALL INSURANCE REQUIREMENTS PRIOR TO THE CHECK-IN DATE.**

## WAIVER FORM – NEW ORLEANS 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  
Jackson Family Foundation  
City of New Orleans  
New Orleans Public Facility Management, Inc.  
AEX/Texas XPO**

**Barrett-Jackson Holdings LLC  
Jackson Productions Inc  
IMG Auction Company, LLC  
New Orleans Ernest N. Morial Convention Center**

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  
Jackson Family Foundation  
City of New Orleans  
New Orleans Public Facility Management, Inc.  
AEX/Texas XPO**

**Barrett-Jackson Holdings LLC  
Jackson Productions Inc  
IMG Auction Company, LLC  
New Orleans Ernest N. Morial Convention Center**

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' COMPENSATION WAIVER**
- ☐ **SPECIAL FORM CAUSES OF LOSS INSURANCE WAIVER**

\_\_\_\_\_  
(Please Print - Company Name or Name of Sole Proprietor/Independent Contractor)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

A copy of this waiver will 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](mailto:insurance@barrett-jackson.com)**

*You must write the exhibitor/business name in the subject line of the email.*

## 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, naming the Barrett-Jackson Auction Company 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, Jackson Productions, Jackson Family Foundation, IMG AUCTION COMPANY, LLC, AEX / Texas Xpo and New Orleans Ernest N. Morial Convention Center, New Orleans Public Facility Management, Inc. and City of New Orleans.

## 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.

### 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

*\*Please choose the option for Medial Coverage during the application to satisfy requirements*

Click the link below to purchase your insurance covering September 25-October 1, 2023  
Pricing starts at \$129.50 and runs to \$162.94 depending on the state your company is domiciled:

<https://securevendorinsurance.com/RainprotectionGroupVendor/ApplicantInformation?GroupEventKey=d487a8b2d305>

### NON USA EXHIBITORS

When filling in your company information it will ask for a phone number and address.  
Please use the following: Address - 900 Convention Center Blvd, New Orleans, LA 70130  
Phone Number - (800) 528-7975

**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](mailto: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](#)



# 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).

PRODUCER  Insurance Agent/Company Address	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
INSURED  Insured's Name Address	INSURER A:	Insurance Company Name
	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
X	GENERAL LIABILITY			XXXX-XXXX-XXXX	XX/XX/XX	XX/XX/XX	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
X	AUTOMOBILE LIABILITY			XXXX-XXXX-XXXX	XX/XX/XX	XX/XX/XX	COMBINED SINGLE LIMIT (Ea accident) \$ 150,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS						
	<input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						
	RETENTION \$						
X	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			XXXX-XXXX-XXXX	XX/XX/XX	XX/XX/XX	WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> Y <input checked="" type="checkbox"/> N/A					
X	OTHER			XXXX-XXXX-XXXX	XX/XX/XX	XX/XX/XX	SPECIAL FORM CAUSES OF LOSS
	PROPERTY						

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

New Orleans Event: September 25 - October 1, 2023

Additionally Named Insureds:

Barrett-Jackson Holdings LLC;

IMG Auction Company, LLC;

Barrett-Jackson Auction Company, LLC;

City of New Orleans

Jackson Productions, Inc.;

New Orleans Public Facility Management, Inc.

Jackson Family Foundation;

New Orleans Ernest N. Morial Convention Center

AEX/Texas XPO

## CERTIFICATE HOLDER

## 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

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Name of Insurance Company  
Agent Name  
Address  
Phone  
Email

# SAMPLE PERSONAL AUTO POLICY

## Personal Auto Policy Declarations

**POLICYHOLDER:** Joe & Jane Smith  
**(Named Insured)** 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
1	2000 Toyota Corolla	ID #JT2AL21E8B3306553	
	<b>Coverage A—Liability:</b>		
	Bodily Injury Liability	\$100,000 Each Person \$300,000 Each Accident	\$110.00
	Property Damage Liability	\$ 50,000 Each Accident	\$ 40.00
	Coverage B—Medical Payments	\$ 5,000 Each Person	\$ 36.00
	Coverage C—Uninsured Motorists:		
	Bodily Injury	\$100,000 Each Person \$300,000 Each Accident	\$ 40.00
	<b>TOTAL</b>		\$226.00
2	2007 Ford Five Hundred	ID #1FABP3OU7GG212619	
	<b>Coverage A—Liability:</b>		
	Bodily Injury Liability	\$100,000 Each Person \$300,000 Each Accident	\$145.00
	Property Damage Liability	\$ 50,000 Each Accident	\$ 60.00
	Coverage B—Medical Payments	\$ 5,000 Each Person	\$ 36.00
	Coverage C—Uninsured Motorists:		
	Bodily Injury	\$100,000 Each Person \$300,000 Each Accident	\$ 40.00
	Coverage D—Other Than Collision	Actual Cash Value Less \$250	\$ 50.00
	—Collision	Actual Cash Value Less \$500	\$130.00
	<b>TOTAL</b>		\$461.00

**POLICY FORM AND ENDORSEMENTS:** 000 00000000  
**COUNTERSIGNATURE DATE:** January 2 2018  
**AGENT:** 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 move-in/set-up date of the event. Please provide the rental agreement at check-in.