LAS VEGAS 2018 INSURANCE REQUIREMENTS

September 24 - 30, 2018

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

- BARRETT-JACKSON HOLDINGS LLC
- BARRETT-JACKSON AUCTION COMPANY LLC
- JACKSON PRODUCTIONS INC
- JACKSON FAMILY FOUNDATION

- CRAIG JACKSON INVESTMENTS FLP
- MANDALAY RESORT GROUP
- MANDALAY CORP

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/Rainprotection/ApplicantInformation?GroupEventKey=df97a67ac0a4

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*.

2) <u>Automobile liability insurance</u> – 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. The auto declarations page must show active policy dates, vehicles covered, and the minimum amount of coverage as mentioned above for Bodily Injury per person/per accident liability. *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. NOTE: Please notify Barrett-Jackson if you are renting a vehicle for further information.*

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 <u>must</u> 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 <u>throughout the period that your contract requires you to</u> <u>be on site</u>. 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 – LAS VEGAS 2018

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 Mandalay Corp Barrett-Jackson Holdings LLC Jackson Productions Inc Mandalay Resort Group

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 Mandalay Corp Barrett-Jackson Holdings LLC Jackson Productions Inc Mandalay Resort Group

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.



THE WORLD'S GREATEST COLLECTOR CAR AUCTIONS®

Exhibitor Liability Insurance

As a standard requirement for all 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.

This insurance must be in force during the move in/move out dates of the event, September 25-30, 2018, naming Barrett-Jackson Auction Company LLC (7400 E. Monte Cristo Avenue Scottsdale, AZ 85260) as the certificate holder. The additional insureds must read as follows: Barrett-Jackson Holdings LLC, Barrett-Jackson Auction Company LLC, Craig Jackson Investments FLP, Jackson Productions, Jackson Family Foundation, Mandalay Corporation and Mandalay Resort Group.

If you already have compliant coverage, please forward your proof of insurance to ahernandez@barrett-jackson.com along with your business name and booth space, if available.

Purchase your Insurance Now

Simply purchase your insurance, which is already pre-filled with all of the proper show information, directly online using a credit card.

Click the link below to Purchase you Liability Insurance for just \$84: https://securevendorinsurance.com/Rainprotection/ApplicantInformation?GroupEventKey=df97a67ac0a4

This program is valuable for:

*Exhibitors who do not have any insurance.

*International Exhibitors whose liability insurance will not cover them at a U.S Show.

*Companies who do not have the time to deal with all of the certificate arrangements, and need coverage now.

*Exhibitors who find it easier or advantageous to use this program, rather than their corporate insurance; Similar to when you rent a car and do not want to use your own auto insurance.

*Should there be a claim, it will not tarnish your policy and rates. And, unlike most corporate policies, there is no deductible.

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 \$250, please complete and return the application on Page 2.

We also offer affordable short term 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



Supplemental Hired/Non-Owned Auto Application

If the Contract with the Event Venue requires Hired/Non-Owned Automobile 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:

- 1) What is the amount being charged to rent or lease the vehicles:
- 2) Are all drivers at least 25 years of age? Yes No
- 3) Do all drivers have a valid United States driver licenses? Yes No
- 4) Do any of the hired vehicles seat more than 12 people? Yes No
- 5) What will the vehicles be used for?

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. I 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: Yes

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AC	OR	D
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A I CERTIFICATE DOES NOT AFFIRMATI BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, AN IMPORTANT: If the certificate holder	VELY O URANCI ND THE (R NEGATIVELY AMEND, E DOES NOT CONSTITU CERTIFICATE HOLDER.	EXTEND OR ALT TE A CONTRACT	ER THE CO BETWEEN	OVERAGE AFFORDED BY TH THE ISSUING INSURER(S), A	e policies Uthorized		
the terms and conditions of the policy,	certain	policies may require an e	ndorsement. A sta	tement on th	nis certificate does not confer	rights to the		
certificate holder in lieu of such endors	sement(s).	CONTACT NAME:					
			PHONE FAX					
Insurance Agent & Address			(A/C, No, Ext): (A/C, No): E-MAIL ADDRESS:					
			INSURER(S) AFFORDING COVERAGE NAIC #					
		the first state of the second state of the sec	INSURER A : Insurance Company Name					
INSURED		INSURER B :						
Insured's Name and Address			INSURER C :					
			INSURER D :					
			INSURER E :	-				
COVERAGES CER	TIFICAT	E NUMBER:	INSURER F :		REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES	OF INSU	RANCE LISTED BELOW HAT	VE BEEN ISSUED TO	THE INSURE	ED NAMED ABOVE FOR THE POL	ICY PERIOD		
INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY I EXCLUSIONS AND CONDITIONS OF SUCH		ENT, TERM OR CONDITION	OF ANY CONTRACT	OR OTHER	DOCUMENT WITH RESPECT TO	WHICH THIS		
	ADDL SUB	र	POLICY EFF (MM/DD/YYYY)		LIMITS			
X GENERAL LIABILITY		XXXX-XXXX-XXX	100	XX/XX/XX	EACH OCCURRENCE \$ 1,0	00,000		
X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1	00,000		
CLAIMS-MADE X OCCUR					MED EXP (Any one person) \$	10,000		
					PERSONAL & ADV INJURY \$ 1,0	00,000		
					and the second	00,000		
					PRODUCTS - COMP/OP AGG \$ 2,0	00,000		
X AUTOMOBILE LIABILITY		XXXX-XXXX-XXXX	XX/XX/XX	XX/XX/XX	COMBINED SINGLE LIMIT			
X ANY AUTO		~~~~~~~~			(Ea accident) \$ 15 BODILY INJURY (Per person) \$	50,000		
ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident) \$			
HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE \$			
					\$			
UMBRELLA LIAB OCCUR	1				EACH OCCURRENCE \$			
EXCESS LIAB CLAIMS-MADE					AGGREGATE \$			
VORKERS COMPENSATION		XXXX-XXXX-XXXX	~~/~~	VVIVVIVV	WC STATU- OTH-			
		*****	~~~~~			00,000		
OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT \$ 1,0 E.L. DISEASE - EA EMPLOYEE \$ 1,0	and the second		
If yes, describe under DESCRIPTION OF OPERATIONS below	1				10 m	00,000		
X OTHER PROPERTY			NY AV AV		Description of the second second second	Contraction of		
PROPERIN		XXXX-XXXX-XXXX	XX/XX/XX	XX/XX/XX	SPECIAL FORM CAUSES	OF LOSS		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (Attach	ACORD 101, Additional Remarks	Schedule, if more space is	required)				
Additional Insureds: Barrett-Jackson Auction Co			FLP; Jackson Production	on Inc; Barrett	-Jackson Holdings LLC;			
Jackson Family Foundation; Mandalay Resort Gr	oup; Man	dalay Corp.						
CERTIFICATE HOLDER			CANCELLATION					
Barrett-Jackson Auction Company LLC			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
7400 E. Monte Cristo Avenue			ACCORDANCE WITH THE POLICY PROVISIONS.					
Scottsdale, AZ 85260								
A			AUTHORIZED REPRESENTATIVE Agents Signature					
1			Agents Signa	lure				
			© 19	88-2010 ACC	ORD CORPORATION. All righ	ts reserved		

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SAMPLE

PERSONAL AUTO POLICY

Personal Auto Policy Declarations					NOTE The highlighted	
POLICYHOLDER: (Named Insured)	Joe & Jane Smith Street Address City, State Zip				ems must show the following sureds personal	
POLICY NUMBER:	000 00000000				to Declarations	
POLICY PERIOD:	•	ust 1, 2017 ruary 1, 2018			Page info.	
premiums are paid as requir		s been paid, and for six-month rest and ends at 12:01 A.M. standard			e policy must be n active policy	
holder.					iring the event	
INSURED VEHICLES AN SCHEDULE OF COVER					dates. ONLY hose vehicles	
VEHICLE COV	ERAGES	LIMITS OF INSURANCE	PREMIUM		listed on the	
				- 1	policy will be	
1 2000 Toyota Corol Coverage A—Lia		ID #JT2AL21E8B3306553		per	rmitted on-site.	
	ry Liability	\$100,000 Each Person	\$110.00		If renting a	
Property D	amage Liability	\$300,000 Each Accident \$ 50,000 Each Accident	\$ 40.00		vehicle the	
Coverage B—Me		\$ 5,000 Each Person	\$ 36.00	1	personal auto	
Coverage C—Uni Bodily Inju	insured Motorists: ry	\$100,000 Each Person \$300,000 Each Accident	\$ 40.00		clarations page ill still need to	
			TOTAL \$226.00		e provided and its of insurance	
2 2007 Ford Five Hu	Indred A—Liability:	ID #1FABP3OU7GG21261	9		ust still be met	
	ry Liability	\$100,000 Each Person \$300,000 Each Accident	\$145.00		or to the move-	
Property D	amage Liability	\$ 50,000 Each Accident	\$ 60.00		/set-up date of e event. Please	
	insured Motorists:	\$ 5,000 Each Person	\$ 36.00	pro	ovide the rental	
Bodily Inju	ry	\$100,000 Each Person \$300,000 Each Accident	\$ 40.00		agreement at check-in.	
Coverage D—Oth —Coll	er Than Collision lision	Actual Cash Value Less \$ Actual Cash Value Less \$				
			TOTAL \$461.00			
POLICY FORM AND EN COUNTERSIGNATURE AGENT:		000 00000000 January 2 2018 AGENT NAME and/or Sign	ature			