SCOTTSDALE 2019 INSURANCE REQUIREMENTS

January 7-21, 2019

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
- CANVAS UNLIMITED

- JACKSON FAMILY FOUNDATION
- WESTWORLD OF SCOTTSDALE
- CITY OF SCOTTSDALE
- U.S. BUREAU OF RECLAMATION
- BA TENTS

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=0e5ece794c40

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. **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 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 2019

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 Barrett-Jackson Holdings LLC** Craig Jackson Investments FLP **Jackson Productions Inc Jackson Family Foundation** WestWorld of Scottsdale City of Scottsdale U.S. Bureau of Reclamation **Canvas Unlimited BA** Tents 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 Barrett-Jackson Holdings LLC** Craig Jackson Investments FLP **Jackson Productions Inc Jackson Family Foundation** WestWorld of Scottsdale City of Scottsdale U.S. Bureau of Reclamation **Canvas Unlimited BA** Tents 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)

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.

Date

Print Name

Signature





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, January 7-21, 2019, 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, BA Tents, Canvas Unlimited, Craig Jackson Investments FLP, Jackson Productions, Jackson Family Foundation, City of Scottsdale, Westworld of Scottsdale, U.S. Bureau of Reclamation and RDK Enterprises Inc.

If you already have compliant coverage, please forward your proof of insurance to Ahernandez@barrett-jackson.com.

Please include the Exhibitor name in the "Subject Line" of the e-mail.

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 \$149: https://securevendorinsurance.com/Rainprotection/ApplicantInformation?GroupEventKey=0e5ece794c40

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.

If you are purchasing Auto Liability Insurance, please complete the "Supplemental Hired/Non-Owned Auto Application" on Page 4 directly to sales@rainprotection.net

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	e following q	uestions:		
1) What is the amount being charged to rent or le	ease the vel	nicles:		
2) Are all drivers at least 25 years of age?	Yes N	0		
3) Do all drivers have a valid United States driver	licenses?	Yes	No	
4) Do any of the hired vehicles seat more than 12	2 people?	Yes	No	
5) What will the vehicles be used for?				
Any person who knowingly presents a false or fraudulent cl	aim for navm	ent of a loca or h	onofit or knowingly provi	doc folc
information in an application for insurance may be guilty of	a crime and	may be subject t	o civil fines and criminal p	enalties
I certify that the above information is true and coverage is	пот аррисари	e until accepted i	by Rainprotection Insuran	ce.
Name of Applicant			Date	
I am the Applicant and I choose to use an Electronic S	Signature by	, Clicking:	Yes	
I am the Applicant and I choose to use an Electronic s	Jighatare by	Chicking.	103	



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).

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PRO	DUCER			CONTACT NAME:	30-1		
	Insurance Agent/Company			PHONE (A/C, No, Ext):		FAX (A/C, No):	
	Address			E-MAIL ADDRESS:	4		
				INS	SURER(S) AFFOR	RDING COVERAGE	NAIC#
				INSURER A: Insura	nce Compar	ny Name	
INSL	IRED			INSURER B:			1007
	Inquired's Name			INSURER C :			17
	Insured's Name Address			INSURER D :			
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	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	A STATE OF THE PARTY OF THE PAR			E.L. EACH ACCIDENT \$	1,000,000
	(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYEE \$	
	DÉSCRIPTION OF OPERATIONS below	- >				E.L. DISEASE - POLICY LIMIT \$	1,000,000
X	OTHER	1	XXXX-XXXX-XXXX	XX/XX/XX	XX/XX/XX	ODEOLAL FORM CALL	
	PROPERTY	AZ				SPECIAL FORM CAUS	SES OF LOSS
	VS.						
	cription of operations / Locations / Vehicle ottsdale 2019 Event: January 7 - 21,		ACORD 101, Additional Remarks S	chedule, if more space is	required)		
		The same of the sa	off Jackson Haldings II O	Jacks	on Production	Inc: BA Ten	ts:
Ac	Iditionally Named Insureds:	1	ett-Jackson Holdings LLC;			11101	Unlimited
		V	g Jackson Investment FLP;	E-70	f Scottsdale;	I was to a second	
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		Barr	ett-Jackson Auction Compa	any LLC; U.S. E	Bureau of Rec	clamation	

CERTIFICATE HOLDER

CANCELLATION

Barrett-Jackson Auction Company LLC 7400 E Monte Cristo Avenue 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 Motorists:		
Bodily Injury	\$100,000 Each Person	\$ 40.00
	\$300,000 Each Accident	
	TOTAL	\$226.00
	ID #45400001000010010	
2007 Ford Five Hundred	ID #1FABP3OU7GG212619	
Coverage A—Liability:	0400 000 FI- B	04.45.00
Bodily Injury Liability	\$100,000 Each Person	\$145.00
Dranarty Damara Liability	\$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 Motorists:	+ -,	Ψ 30.00
Bodily Injury	\$100,000 Each Person	\$ 40.00
Dodny mjary	\$300.000 Each Accident	ψ 10.00
Coverage D—Other Than Collision	Actual Cash Value Less \$250	\$ 50.00
—Collision	Actual Cash Value Less \$500	\$130.00
		,
	TOTAL	\$461.00
LICY FORM AND ENDORSEMENTS:	000 0000000	
UNTERSIGNATURE DATE:	000 00000000 January 3 2018	
ENT:	January 2 2018	
ENI.	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.