

## **PALM BEACH 2020 INSURANCE REQUIREMENTS**

**April 13 – 19, 2020**

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

- BARRETT-JACKSON HOLDINGS LLC
- BARRETT-JACKSON AUCTION COMPANY LLC
- JACKSON PRODUCTIONS INC
- SOUTH FLORIDA FAIR AND PALM BEACH COUNTY EXPOSITIONS INC.
- JACKSON FAMILY FOUNDATION
- CRAIG JACKSON INVESTMENTS FLP

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=a8df2b342cd9>

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 (p. 5).***
- 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 completing the attached auto application form and submitting it via email to [sales@rainprotection.net](mailto:sales@rainprotection.net) or calling 800-528-7975 (p. 4). ***A sample auto declarations page is included herewith (p. 6). NOTE: Please notify Barrett-Jackson if you are renting a vehicle for further information***
- 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 (p. 2).***
- 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 (p. 2).***

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 – PALM BEACH 2020

## 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**  
**South Florida Fair and Palm Beach County Expositions Inc**

**Barrett-Jackson Holdings LLC**  
**Jackson Productions Inc**  
**Jackson Family Foundation**

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**  
**South Florida Fair and Palm Beach County Expositions Inc**

**Barrett-Jackson Holdings LLC**  
**Jackson Productions Inc**  
**Jackson Family Foundation**

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.

## Exhibitor Liability Insurance Program

As a standard requirement for all of 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, April 13-19, 2020, 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, South Florida Fairgrounds, Palm Beach County Expositions, Inc. and RDK Enterprises Inc.

If you already have compliant coverage, please forward your proof of insurance to [AHernandez@barrett-jackson.com](mailto:AHernandez@barrett-jackson.com) .

*Please include the Exhibitor Name in the "Subject Line" of the email.*

### Program Benefits:

- Coverage for exhibitors who do not have an existing insurance policy
- Coverage for international exhibitors whose liability insurance does not cover them at a U.S. show
- If there is a claim, it will not tarnish your corporate policy and rates
- No deductible

## 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/RainprotectionGroupVendor/ApplicantInformation?GroupEventKey=a8df2b342cd9>

## NON USA EXHIBITORS

When filling in your company information it will ask for a phone number and address.

Please use the following: Address - 9067 Southern Blvd. West Palm Beach, FL 33411

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.**

## 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](#)



## Supplemental Auto Application

Legal Name of Insured: \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_

1. Does your organization own or lease (long term) vehicles?:    Yes    No  
*(If yes, you must obtain a Business Auto Policy elsewhere)*

### Non-Owned Vehicles

2. Do employees or volunteers regularly use their autos for company business?    Yes    No

If yes, please explain usage: \_\_\_\_\_  
\_\_\_\_\_

3. Do you verify that insurance is in place with limits of at least \$300,000 before employees or volunteers can use their vehicle?    Yes    No

a. Number of volunteers driving person autos: \_\_\_\_\_

b. Total number of employees: \_\_\_\_\_

### Hired Auto Liability

4. Do you hire or rent vehicles during your fair/festival/event?:    Yes    No

If yes, please describe vehicle types, estimated number, duration and usage: \_\_\_\_\_  
\_\_\_\_\_

Pertaining to #4, are any of these vehicles 12 or 15 passenger vans?:    Yes, How many: \_\_\_\_\_    No

5. Are any vehicles provided/donated for your use as part of a sponsorship or promotional agreement?:    Yes    No

If yes, please include a copy of the agreement and describe vehicle types, estimated number, duration and usage: \_\_\_\_\_  
\_\_\_\_\_

6. Do vehicle owners in either #3 or #4 above require you to provide primary liability?:    Yes    No

If yes, please provide owner names: \_\_\_\_\_

Policyholder name: \_\_\_\_\_

Date: \_\_\_\_\_

I am the Applicant and I choose to use an Electronic Signature by Clicking:    Yes



# 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).

<b>PRODUCER</b>  Insurance Agent/Company Address	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE INSURER A : Insurance Company Name	
<b>INSURED</b>  Insured's Name Address	INSURER B :	NAIC #
	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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
X	<b>GENERAL LIABILITY</b> <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		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
X	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		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) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
X	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	XXXX-XXXX-XXXX	XX/XX/XX	XX/XX/XX	WC STATUTORY 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
X	<b>OTHER</b> PROPERTY		XXXX-XXXX-XXXX	XX/XX/XX	XX/XX/XX	SPECIAL FORM CAUSES OF LOSS

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

Palm Beach 2020 Event: April 13-19, 2020  
 Additionally Named Insureds:

- ~ Barrett-Jackson Holdings LLC;                                      ~ Jackson Family Foundation;
- ~ Barrett-Jackson Auction Company, LLC;                                      ~ Craig Jackson Investment FLP;
- ~ Jackson Productions, Inc.;                                      ~ South Florida Fair and Palm Beach County Expositions, Inc.

<b>CERTIFICATE HOLDER</b>  Barrett-Jackson Auction Company LLC 15555 N. 79th Place, Suite A Scottsdale, AZ 85260	<b>CANCELLATION</b>  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		
	Coverage A—Liability:			
	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	
		Coverage A—Liability:		
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.