

Exhibitor Insurance for NYSSBA 2022

All exhibitors must submit their proof of insurance as per the Liability Insurance section of the 2022 Exhibitor/Sponsor Terms & Conditions by August 31, 2021.

Please forward this document, with the attached sample COI, to your insurance broker or agent.

Specific requirements by letter notations on the attached sample Certificate of Insurance:

A: Exhibitor name

This name should be the same as the name of your company that will be onsite at NYSSBA 2022. Please include DBAs on a separate page as “additional remarks if needed.”

B: General Liability insurance with limits not less than \$1,000,000 for each occurrence, \$2,000,000 aggregate.

C: Automobile Insurance with limits not less than \$1,000,000 each accident. This is only needed when driving a vehicle to the event and typically covers employees’ personal vehicles used for business purposes.

D: Umbrella Liability with limits not less than \$1,000,000. Umbrella Liability insurance is a supplement to General Liability insurance that helps cover gaps in other insurance types. Exemption from this requirement can be made for sole proprietors.

E: Workers’ Compensation, protects your employees in the event of a work-related injury. Required by all states for all types of companies except sole proprietors.

F: Description of operations/location/vehicle must contain the text: “NYSSBA, its directors, officers, employees, and volunteers as additional insured on a primary and noncontributory basis. A waiver of subrogation is included.”

G: Certificate Holder should be listed as:

New York State School Boards Association, Inc.
Attn: Expo Manager
24 Century Hill Drive, Suite 200
Latham, NY 12110

Why does NYSSBA need a Certificate of Insurance from my company?

While the likelihood of an incident happening is low, they can happen. Insurance is required to protect your company and employees as well as NYSSBA, its directors, officers, employees, and volunteers.

We don’t have some/any of this insurance. How much would it cost to obtain it?

Most of these insurance requirements, such as general liability and umbrella, are standard business expenses. Purchasing any additional requirements typically costs less than \$200.

Questions can be directed to Anna O’Hara, Expo Manager, at anna.ohara@nyssba.org.



SAMPLE -- To Be Shared with Exhibitor's Agent/Broker.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 Broker or Agent's full name and address	CONTACT NAME: BROKER/AGENT CONTACT INFORMATION	
	PHONE (A/C, No. Ext):	FAX (A/C, No):
E-MAIL ADDRESS:		
PRODUCER CUSTOMER ID #:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED A Full name and address of exhibitor. This name should be the same as the name of your company that will be on site at NYSSBA's Expo. Please include DBAs on a separate page as "additional remarks, if needed."	INSURER A :	
	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	
B	A GENERAL LIABILITY			POLICY NUMBER			EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	<input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000
C	A CONTRACTUAL LIABILITY			POLICY NUMBER			PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG	\$ 2,000,000
	A AUTOMOBILE LIABILITY			POLICY NUMBER			Emp. Benefits	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
D	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> NON-OWNED AUTOS							\$
E	A UMBRELLA LIAB			POLICY NUMBER			EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>				AGGREGATE	\$ 1,000,000
	<input checked="" type="checkbox"/> DEDUCTIBLE	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/>					\$
F	<input checked="" type="checkbox"/> RETENTION \$ 10,000							\$
	A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			POLICY NUMBER			<input checked="" type="checkbox"/> W/C STATUTORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below	Y/N <input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>			E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
						E.L. DISEASE - POLICY LIMIT	\$ 500,000	

F DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
New York State School Boards Association, Inc., its directors, officers, employees and volunteers are named as additional insured on a primary and non-contributory basis. A waiver of subrogation is included when required by written contract.

CERTIFICATE HOLDER

CANCELLATION

G NEW YORK STATE SCHOOL BOARDS ASSOCIATION, INC. ATTN: EXPO MANAGER 24 CENTURY HILL DR., SUITE 200 LATHAM, NY 12110	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