

## International Bowl Expo 2025 Certificate of Insurance (COI)

## Due by May 16<sup>th</sup>

## 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, June 29-July 3, 2025 naming Bowling Proprietors' Association of America (621 Six Flags Dr. Arlington, TX 76011) as the certificate holder. The following must be named as additional insured:

Bowling Proprietors' Association of America, Bowl Expo, and Gaylord National Resort & Convention Center.

BPAA has requested that Exhibitor Insurance serve as their insurance management company. In addition to being able to provide exhibitors with insurance, we are also collecting and verifying that all insurance certificates, regardless of the insurer, are verified for compliance.

**Already have your COI?** Submit <u>here</u> for them to review. See below for an example of what your COI should look like when submitting.

**Need to purchase insurance?** Click <u>here</u> to purchase through Exhibitor Insurance (recognized Bowl Expo insurance management company.

## ACORD. CERTIFICATE OF LIABILITY INSURANCE

DATE (MMDD/YYYY) Month/Date/Year

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 have ADDITIONAL INSURED provisions or 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 any rights to the certificate holder in lieu of such endorsement(s).										
PRODUCER				CONTA	CT NAME:	Insurance	Agent/Broker Name			
Insurance Agent/Broker,					PHONE (A/C, No, Ext): Phone Number (A/C, No):					
Street Address or P.O. Box, City, State, Zip Code					E-MAIL ADDRESS: Email Address					
					INSURER(S) AFFORDING COVERAGE					
INAL DED					INSURER A: Name of Insurance Company					
INSURED Exhibitor Name					INSURER B :					
Exhibitor Street Address or P.O. Box					INSURER C :					
Vendor City, State & Zip Code					INSURER D :					
					INSURER E:					
COVERAGES CERTIFICATE NUMBER:					INSURER F : REVISION NUMBER:					
	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 TYPE OF INSURANCE INSR WOD POLICY NUMBER					(MMDDYYYY) (MMDDYYYY) LIMITS					
X COMMERCIAL GENERAL LIABILITY	X	~	Enter Policy #		(Must take	(Must Include	EACH OCCURRENCE	- \$1.00(	0.000	
CLAIMS-MADE X OCCUR	<b>^</b>	^			effect by the first move in	all move out dates Jul 3rd,	PREMISES (Each occurrence)	\$300,0	000	
					date Jun 29th, 2025	2025	MED EXP (Any one person) \$			
							PERSONAL & ADV INJURY \$1,000		0,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$2,000		0,000	
POLICY JECT X LOC							PRODUCTS - COMP/OP AGG \$2,000		),000	
OTHER:								\$		
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Each accident) \$			
ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person) \$			
AUTOS ONLY AUTOS HIRED NON-OWNED							BODILY INJURY (Per accident) \$ PROPERTY DAMAGE			
AUTOS ONLY AUTOS ONLY							(Per accident)			
X UMBRELLA LIAB X OCCUR				(Must take		(Mustinciude	S off it o		and the s	
			Enter Policy #	effect by the first move in date Jun 29th,	all move out			pplies		
Control March					date Jun 29th,	dates Jul 3rd, 2025	AGGREGATE SIT IT		pplies	
DED RETENTION \$ WORKERS COMPENSATION			Enter Policy # REQUIRED FOR E	ACTS	2025 (Must take	(Mustinclude	PER OTH- STATUTE ER	*	ED FOR EAC'S	
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			(Exhibitor Appointed Contractors)	~~~	effect by the first move in date Jun 29th,	all move out dates Jul 3rd, 2025	E.L. EACH ACCIDENT	< Minim	um 1 MILLION	
OFFICER/MEMBER EXCLUDED? (Mandatory In NH)	N/A		UNLTO				E.L. DISEASE - EA EMPLOYEE	•		
If yes, describe under DESCRIPTION OF OPERATIONS below				2025	2025				um 1 MILLION	
								-		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
In regards to the insured's operations at International Bowl Expo 2025, at the Gaylord National Resort &										
Convention Center, Jun 29th, 2025 - Jul 03rd, 2025 (including move-in and out dates), it is understood and										
agreed that Gaylord National Resort & Convention Center, Freeman Expo, Bowling Proprietors' Association of										
America Inc. are added as additional insured.										
CERTIFICATE HOLDER CANCELLATION										
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					
Bowling Proprietors & Association of America, Inc.					THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
or America, me.	ACCORDANCE WITH THE POLICY PROVISIONS.									

621 Six Flags Dr. Arlington, TX 76011

AUTHORIZED REPRESENTATIVE