

| <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="display: flex; align-items: center;"> <div> <b>CERTIFICATE OF LIABILITY INSURANCE</b> </div> </div> <div style="text-align: right; font-size: 0.8em;">DATE (MM/DD/YYYY)</div> </div> |                                                                                                                                                                                                                                                                                                                                                                                |                             |        |            |  |            |  |            |  |            |  |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------|------------|--|------------|--|------------|--|------------|--|------------|--|
| PRODUCER<br><br><b>“YOUR INSURANCE PROVIDERS INFORMATION”</b>                                                                                                                                                                                                                      | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.                                                                                                                                                                    |                             |        |            |  |            |  |            |  |            |  |            |  |
| INSURED<br><br><b>“YOUR COMPANY INFORMATION HERE”</b>                                                                                                                                                                                                                              | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:80%;">INSURERS AFFORDING COVERAGE</th> <th style="width:20%;">NAIC #</th> </tr> <tr><td>INSURER A:</td><td></td></tr> <tr><td>INSURER B:</td><td></td></tr> <tr><td>INSURER C:</td><td></td></tr> <tr><td>INSURER D:</td><td></td></tr> <tr><td>INSURER E:</td><td></td></tr> </table> | INSURERS AFFORDING COVERAGE | NAIC # | INSURER A: |  | INSURER B: |  | INSURER C: |  | INSURER D: |  | INSURER E: |  |
| INSURERS AFFORDING COVERAGE                                                                                                                                                                                                                                                        | NAIC #                                                                                                                                                                                                                                                                                                                                                                         |                             |        |            |  |            |  |            |  |            |  |            |  |
| INSURER A:                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                |                             |        |            |  |            |  |            |  |            |  |            |  |
| INSURER B:                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                |                             |        |            |  |            |  |            |  |            |  |            |  |
| INSURER C:                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                |                             |        |            |  |            |  |            |  |            |  |            |  |
| INSURER D:                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                |                             |        |            |  |            |  |            |  |            |  |            |  |
| INSURER E:                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                |                             |        |            |  |            |  |            |  |            |  |            |  |

**COVERAGES**

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                                                                                                                                                                                                                                                                                                                                                                                                      | ADD'L INSRD                         | SUBR WVD                            | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|---------------|------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|          | <b>GENERAL LIABILITY</b><br><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><div style="border: 1px solid black; padding: 2px; margin-top: 5px;">           GEN'L AGGREGATE LIMIT APPLIES PER:<br/> <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC         </div> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |               | xx/xx/xxxx                         | xx/xx/xxxx                          | EACH OCCURRENCE \$ <span style="color: red;">1,000,000</span><br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <span style="color: red;">50,000</span><br>MED EXP (Any one person) \$ <span style="color: red;">5,000</span><br>PERSONAL & ADV INJURY \$ <span style="color: red;">1,000,000</span><br>GENERAL AGGREGATE \$ <span style="color: red;">2,000,000</span><br>PRODUCTS-COMP/OP AGG \$ <span style="color: red;">1,000,000</span> |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS                                                                                                                                                                           | <input type="checkbox"/>            | <input type="checkbox"/>            |               |                                    |                                     | COMBINED SINGLE LIMIT (Ea occurrence) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$                                                                                                                                                                                                                                                                                           |
|          | <b>GARAGE LIABILITY</b><br><input type="checkbox"/> ANY AUTO                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/>            | <input type="checkbox"/>            |               |                                    |                                     | AUTO ONLY - EA ACCIDENT \$<br>OTHER THAN AUTO ONLY <div style="display: flex; justify-content: space-between; font-size: 0.7em;">EA ACC AGG</div> \$                                                                                                                                                                                                                                                                                        |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS MADE<br>DEDUCTIBLE <input type="checkbox"/> RETENTION \$                                                                                                                                                                                                                                                     | <input type="checkbox"/>            | <input type="checkbox"/>            |               |                                    |                                     | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$                                                                                                                                                                                                                                                                                                                                                                                                    |
|          | WORKERS COMPENSATION AND EMPLOYER'S LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N<br><small>(Mandatory in NH)<br/>If yes, describe under SPECIAL PROVISIONS below</small>                                                                                                                                                                                        | N/A                                 | <input type="checkbox"/>            |               |                                    |                                     | <div style="display: flex; justify-content: space-between; font-size: 0.7em;">WC STATUTORY LIMITS OTH-ER</div> \$<br>E.L. EACH ACCIDENT \$ <span style="color: red;">100,000</span><br>E.L. DISEASE - EA EMPLOYEE \$ <span style="color: red;">100,000</span><br>E.L. DISEASE - POLICY LIMIT \$ <span style="color: red;">500,000</span>                                                                                                    |
|          | OTHER                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>            | <input type="checkbox"/>            |               |                                    |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                             |

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

CERTIFICATE HOLDER IS ALSO LISTED AS ADDITIONALLY INSURED regarding:

2026 Tampa Bay Fall RV Show, Florida State Fairgrounds, Tampa, FL

Dates of Set Up/Tear Down & Show Dates: November 1, 2026 - November 9, 2026

IN REGARDS TO GENERAL LIABILITY, CERTIFICATE HOLDER IS LISTED AS AN ADDITIONAL INSURED. POLICY ALSO PROVIDES WAIVER OF SUBROGATION AND IS PRIMARY AND NON-CONTRIBUTORY. ALL REQUESTED FORMS ARE ATTACHED.

**CERTIFICATE HOLDER**

**CANCELLATION**

|                                                                  |                                                                                                                                                                                                 |
|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Florida RV Trade Association<br>5407 Boran Pl<br>Tampa, FL 33610 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE |
|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

# INSURANCE REQUIREMENTS

Each Exhibitor shall be liable for the safety of it's exhibits and other property against robbery, fire, accident or any other hazard whatsoever, without limitation. No right or claim whatsoever shall be asserted against the Association or the owners and/or managers of the exhibit buildings and exhibit areas by any Exhibitor for the loss of or damage to any exhibits, articles of merchandise or other personal property owned, rented, or leased by the Exhibitor, arising from any cause whatsoever.

**Supplier/Vendors are NOT allowed to demonstrate or allow a consumer to operate ANY motorized or rideable unit.**

No Exhibitor shall allow any article, thing, display, amusement device and/or unapproved item to be brought into, or any act to be done on the premises which will increase the premium, liability, or exposure that may or would create a cause for any policy or policies of insurance to be cancelled.

EXHIBITOR must provide "THE ASSOCIATION" with a Certificate of Comprehensive General Liability with Liability limits of no less than \$1,000,000 Per Occurrence and \$2,000,000 in General Aggregate, Automobile Insurance Liability Limits of \$1,000,000 per occurrence minimum, Workers Compensation as provided by the statutory limits of \$100,000 for Bodily Injury, \$100,000 Per Employee, \$500,000 limit for Bodily Injury by disease for each accident.

"THE ASSOCIATION" is to be listed as additional insured under General Liability and Automobile Liability in relation to show participation.

Certificates are required with submission of contract of show space rental. Exhibitor will at all times protect, indemnify and save and hold harmless "THE ASSOCIATION" against and from any and all loss, cost, claim, liability, penalty or damages or charges imposed for any violations of any law or ordinance, whether or not occasioned by neglect of Exhibitor or its employees, agents, and/or volunteers; and from any and all loss, cost, claim, damage, or expenses arising out of or related to any accident or any other occurrence in connection with Exhibitor's participation and/or exhibit area in said show to whomsoever or whatsoever.

**THE BURDEN OF LIABILITY FOR THEFT OR VANDALISM OF FURNISHINGS AND ARTICLES CONTAINED THEREIN WILL REST WITH THE EXHIBITORS.**

***A COMPLETED CERTIFICATE OF  
LIABILITY INSURANCE  
MUST BE RECEIVED IN ORDER  
TO PROCESS YOUR CONTRACT.***