DISCOVER BOATING
NEW ENGLAND BOAT SHOW
PROGRESSIVE

LIABILITY INSURANCE NOTICE

DEADLINE: January 6

EXHIBITOR LIABILITY INSURANCE

As an exhibitor, you are required to carry commercial general liability insurance including products and completed operations, contractor's personal injury and blanket contractual liability insurance at limits of at least $1,000,000 per occurrence and $2,000,000 aggregate. These coverages must be evidenced by a Certificate of Insurance with a 30-day notice of cancellation provision to the holder. Coverage should begin from your first move-in day and last through your last available move-out day (February 5– 16, 2027) and name NMMA, New England Boat Show, and the MCEC as additional insureds. The Certificate of Insurance must be submitted to the NMMA prior to the first day of move-in. You can upload your certificate through the NMMA Portal.

If you prefer to purchase liability insurance for this event, you may do so by accessing the purchase link below:

Copy an paste the link to your web browser: https://domex.undtec.com/?domex=yes

The certificate holder name and address for the certificate should read:

New England Boat Show
c/o NMMA
10 S LaSalle St
Suite 3500
Chicago, IL. 60603

Please refer to your NMMA Exhibit Space Agreement or contact your Sales Manager if you have any questions regarding show requirements.

For questions or concerns regarding insurance, please email:

Monica Puentes at Mpuentes@nmma.org

NOTE: Auto coverage is ***only required if you are driving into the facility or operating an auto on the show floor.***

SCROLL DOWN TO VIEW SAMPLE COI

Client#: 1650851 NATIOMAR7

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 00/00/2026

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	CONTACT NAME:	
Your Agent or Broker Address City, State, Zip	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : ABC Insurance Company	12345
INSURED Your company Name Address City, State,Zip	INSURER B : CDE Insurance Company	67890
	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	
A	X COMMERCIAL GENERAL LIABILITY			Your Policy No.	1/1/27	12/31/27	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$100,000
				Specimen Only			MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$1,000,000
	OTHER:							$
B	AUTOMOBILE LIABILITY			Your Policy No.	1/1/27	12/31/27	COMBINED SINGLE LIMIT (Ea accident)	$500,000
	X ANY AUTO							
	OWNED AUTOS ONLY / SCHEDULED AUTOS							
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY							
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A					E.L. EACH ACCIDENT	$
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

Policy dates must cover show dates including move-in and move-out

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

New England Boat Show - February 6- 16, 2027 including move-in and move-out
National Marine Manufacturers and Thomas M. Menino Convention & Exhibition Center are included as additional insureds under General Liability and auto liability.

CERTIFICATE HOLDER	CANCELLATION
National Marine Manufacturers Association 10 S LaSalle Street, Suite 3500 Chicago, IL 60603	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

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