



ICML

International Conference
On Machine Learning



RAINPROTECTION INSURANCE

WHERE YOUR EVENT GETS INSURED

Rainprotection is an Authorized Official Insurance Supplier
for International Conference on Machine Learning.

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, July 11-19, 2025, naming International Conference on Machine Learning (1269 Law St. San Diego, CA 92109) as the certificate holder. The following must be named as additional insured: International Conference on Machine Learning (ICML), Terri Aurrichio and the Vancouver Convention Center.

Rainprotection Insurance Program

If you do not have insurance, or you would rather not use your own insurance, (similar to when you rent a car – so that claims would not be filed against your policy), we have set up a program with Rainprotection Insurance.

Please fill out the application on Page 2 and email it to Sales@rainprotection.net.
Once your policy is provided to you please email a copy to Stephanie@eventhosts.cc.

Benefits of using this program:

- No Hassles – you will not need to go back and forth with your broker adding additional insureds and making your insurance compliant with show requirements.
- Coverage for exhibitors who do not have an existing policy.
- Coverage for international exhibitors whose insurance will not cover them in the U.S.A.
- Easy and Inexpensive to purchase instantly online.
- Already pre-filled with all the proper show information.
- Submitted to show management for you - Once purchased, they automatically receive a copy.

Make This Process Simple - Purchase Your Insurance Now and Forget About It

Please complete and return the application on Page 2
to purchase your Liability Insurance for just \$275

After reading the above information, if you still decide to use your own insurance,
please make it compliant and then send a copy to: Stephanie@eventhosts.cc

EXHIBITOR INSURANCE APPLICATION, CANADA

APPLICANT INFORMATION	Phone:	Fax:
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Name of Business: _____

Mailing address: _____ City _____ Province/State _____ Postal Zip Code _____ Country _____

REQUIRED - Email address : _____

Describe products/services to be sold/displayed at event: _____

EVENT INFORMATION

Name of Event Organizer (to be shown on certificate of insurance): International Conference on Machine Learning	Event Name: ICML 2025
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Address Of Event Organizer: 1269 Law St.	Event Address:
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City _____ Province/State _____ Postal/Zip Code _____ San Diego, CA 92109	City _____ Province/State _____ Postal/Zip Code _____ 1055 Canada Pl, Vancouver, BC, V6C 0C3
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Additional Insured: International Conference on Machine Learning, Terri Aurrichio and Vancouver Convention Center	Booth Number:
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EVENT DATES (Including Move In and Move Out):	FROM	DD 11	MM / 07	YYYY / 2025	TO	DD 19	MM / 07	YYYY / 2025
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SCHEDULE OF COVERAGES * Higher limits available

\$2,000,000 Liability Limits: General Liability (Per Occurrence and Aggregate Limit), Products and Completed Operations, Personal and Advertising Injury, Fire Damage Limit - \$250,000. Medical Expense not included. Subject to \$1,000 BI, PD and Expenses Deductible.

\$25,000 Inland Marine limit – covers your property while in transit to and from the Event Location (three days before and three days after the Event), and while on the Event premises. Subject to \$1,000 deductible.

Coverage is subject to underwriting review. Ineligible Risks: Food & Beverages, Alcohol, Amusement Devices, Athletic performances and stunts, Body piercing and permanent tattooing on site, Chemicals, E-Commerce selling on site, Fertilizers, Firearms, Fireworks Sales & Displays, Pyrotechnics, Games, Installation, Services or Repairs of products on Site, Live Animals, Medical Testing, On-site Equipment Sales/Rentals, Oxygen/Aromatherapy Bars, Pesticides, Pharmaceuticals, Nutraceuticals, Vitamins, Health or Dietary Supplements, Skin Care Products/Cosmetics, Time Share Sales, Tobacco Products, Licensed or Unlicensed Motorized Vehicles, Watercraft exhibits in water. **Note: There is no Liability coverage for Vehicles in Motion. Property excluded:** EDP (Electronic Data Processing), audio & video equipment, watches, jewellery made of precious or semi precious stones and/or precious metals, money, bullion, securities, stamps, antiques, furs, and fine arts.




I hereby appoint Brokers Trust Insurance Group Inc. as my authorized representative for this program. I am applying for insurance based on the information provided above. I hereby declare that all of the above is true and correct. With respect to this application or any change in coverages, I authorize you to collect, use and disclose information as permitted by law for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, and analyzing business results.

Please Print Your Name:	Signature:	DD	MM	YYYY
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The above insurance program will only be offered if the application form is signed and completed in full, and the payment and the application form are received in our offices prior to the opening show date. Completion of this application does not automatically bind coverage. We reserve the right to review all risks following online binding for underwriting compliance. **Premium and fee are minimum, retained and fully earned.** No refunds. Coverage is void if payment is returned N.S.F. NSF fee of \$50 will apply. A full copy of this policy is available upon request or online at www.exhibitorinsurance.com. A copy of the certificate is available to your Show Organizer upon their request.

PAYMENT INFORMATION:

Please Select One In USD Funds ▶	<input checked="" type="checkbox"/> Liability Only	<input type="checkbox"/>
	Premium \$46 + Fee \$225.32 + RST = \$275	Plus a 4% Credit Card Fee




 Card #, CVC _____
 & Expiration Date _____

Card Holder's Name: _____

Fill in your **credit card billing address** if it is different from mailing address above, to process your payment:

Date: _____ **Cardholder Signature** _____

I agree to pay above total according to my card issuer agreement.



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 INSURANCE AGENT LISTING	CONTACT NAME:	
	PHONE (A/C, No. Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Exhibitor/Sponsor Name and Information	INSURER A:	INSURANCE COMPANY INFORMATION
	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
	GENERAL LIABILITY <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			Policy Number	July 11th 12:00 am	July 17 11:59 pm	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

SAMPLE

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

Exhibiting Company Name & Booth number**Additional Insured: International Conference on Machine Learning c/o Terri Auricchio and Vancouver Convention Center 1055 Canada Pl, Vancouver, BC V6C 0C3, Canada****CERTIFICATE HOLDER****CANCELLATION****ICML and Terri Auricchio 1269 Law St. San Diego, CA 92109**

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