



2025 OLYMPIA INSURANCE REQUIREMENTS

Olympia Weekend | Las Vegas Convention Center | Las Vegas, NV | October 9-12, 2025

CERTIFICATE HOLDER

Olympia Productions, LLC
2025 S. Airport Blvd.
Chandler, AZ 85286-1707

ADDITIONAL INSURED

JW Holdings LLC
2025 S. Airport Blvd.
Chandler, AZ 85286-1707

Las Vegas Convention and Visitors Authority/LVCVA
3150 Paradise Road
Las Vegas, NV 89109

Resorts World Las Vegas LLC
3000 Las Vegas Blvd South
Las Vegas, NV 89109

If you are sampling anything consumable at your booth also include:

Sodexo Live!
3150 Paradise Rd.
Las Vegas, NV 89109

COVERAGE AND LIMITS REQUIRED

- a) **Comprehensive general liability*** insurance and/or excess umbrella liability policy with limits not less than \$1,000,000 per occurrence and a \$2,000,000 policy aggregate, which shall contain coverage parts for blanket contractual, broad form property damage, third party property damage, severability of interest, and primary and non-contributory coverage.
- b) **Comprehensive automobile liability** and non-ownership automobile liability insurance with a bodily injury/property damage limit not less than \$1,000,000.
- c) **Workers' compensation insurance** with statutory limits and employer's liability limits not less than \$1,000,000 as required by written law.
- d) **Commercial umbrella insurance** with policy limits not less than \$1,000,000.
- e) **Participant liability coverage.**
- f) **DEADLINE to submit certificate for review by JULY 31, 2025.** Send your COI to: sales@rainprotection.net

*In the event that the general liability policy contains a care, custody or control exclusion Exhibitor shall also include third party property damage coverage with a limit not less than \$2,000,000.

HELPFUL TIPS

- ✓ Make sure that all of the additional insured parties and certificate holder are listed properly (correct spelling and address). You may submit as one certificate of insurance or separate certificates listing each additional insured individually.
- ✓ Make sure that the ADDITIONAL INSURED box is check off on your certificate.
- ✓ The exhibitors parent company and the name you are exhibiting as should both be listed on your certificate of insurance as the insured party.
- ✓ Certificate of Insurance (COI) policy dates should be valid during our event, October 7-12, 2025 depending on when you intend to set up and dismantle your booth. If your policy expires prior to our event, we ask that you submit a new certificate reflecting the active dates of your policy as soon as it is made available.
- ✓ Workers' Comp is required to be included on the certificate if there is staff employed to work at your booth as per your state law. A separate certificate may be submitted showing proof of workers' comp and Olympia Productions LLC must be listed as the certificate holder. If your staff are owners, independent contractors or volunteers, then worker's comp is not needed.
- ✓ The certificate should follow the policy limits as listed in your exhibitor application and referenced on the previous page.
- ✓ Please note that if your certificate is not compliant, you will be contacted to revise and resubmit a compliant certificate of insurance.
- ✓ **Additionally, if you have any consumable items at your booth please refer to the Sodexo Live! sampling form for their insurance requirements and instructions. A COI naming Sodexo Live! and LVCVA as additional insured should be submitted directly to Sodexo Live thirty (30) days prior to the event start date.**

If you have any questions about insurance requirements please contact your Olympia representative.

Thank you for your cooperation!



SAMPLE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/24/2025

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 rights to the certificate holder in lieu of such endorsement(s).

PRODUCER INSURANCE BROKER/AGENT	CONTACT NAME:		
	PHONE (A/C, No, Ext):	()
INSURED PARENT COMPANY AND EXHIBITING AS NAME SHOULD BOTH BE LISTED ADDRESS CITY, STATE, ZIP	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
A	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY			Y		04/01/2025	04/01/2026	EACH OCCURRENCE		\$ 1,000,000		
	<input type="checkbox"/>	<input type="checkbox"/>	CLAIMS-MADE	<input checked="" type="checkbox"/>					OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence)		\$ 300,000	
	<input type="checkbox"/>								MED EXP (Any one person)		\$ 15,000		
	<input type="checkbox"/>								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
	<input type="checkbox"/>	OTHER:									\$		
B	AUTOMOBILE LIABILITY					04/01/2025	04/01/2026	COMBINED SINGLE LIMIT (Ea accident)		\$ 1,000,000			
	<input checked="" type="checkbox"/>	ANY AUTO						BODILY INJURY (Per person)		\$			
	<input type="checkbox"/>	OWNED AUTOS ONLY	<input type="checkbox"/>					SCHEDULED AUTOS	BODILY INJURY (Per accident)		\$		
	<input type="checkbox"/>	HIRED AUTOS ONLY	<input type="checkbox"/>					NON-OWNED AUTOS ONLY	PROPERTY DAMAGE (Per accident)		\$		
	<input type="checkbox"/>	AUTOS ONLY						<input type="checkbox"/>			\$		
C	<input checked="" type="checkbox"/>	UMBRELLA LIAB		<input checked="" type="checkbox"/>	OCCUR	04/01/2025	04/01/2026	EACH OCCURRENCE		\$ 1,000,000			
	<input type="checkbox"/>	EXCESS LIAB		<input type="checkbox"/>	CLAIMS-MADE			AGGREGATE		\$ 1,000,000			
	<input type="checkbox"/>	DED	<input checked="" type="checkbox"/>	RETENTION \$ 0				\$					
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			N/A		04/01/2025	04/01/2026	<input checked="" type="checkbox"/>	PER STATUTE	<input type="checkbox"/>	OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. EACH ACCIDENT		\$ 1,000,000			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE		\$ 1,000,000			
								E.L. DISEASE - POLICY LIMIT		\$ 1,000,000			

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

Re: Joe Weider's Olympia Weekend October 8-12 2025 Las Vegas, NV. Additional insureds as required by written contract:

JW Holdings LLC
2025 S. Airport Blvd.
Chandler, AZ 85286-1707

Las Vegas Convention and Visitors Authority/LVCVA
3150 Paradise Road
Las Vegas, NV 89109

Resorts World Las Vegas LLC
3000 Las Vegas Blvd South
Las Vegas, NV 89109

Sodexo Live!
3150 Paradise Rd
Las Vegas, NV 89109

CERTIFICATE HOLDER

CANCELLATION

Olympia Productions, LLC
2025 S. Airport Blvd.

Chandler

AZ 85286-1707

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

SIGNATURE REQUIRED