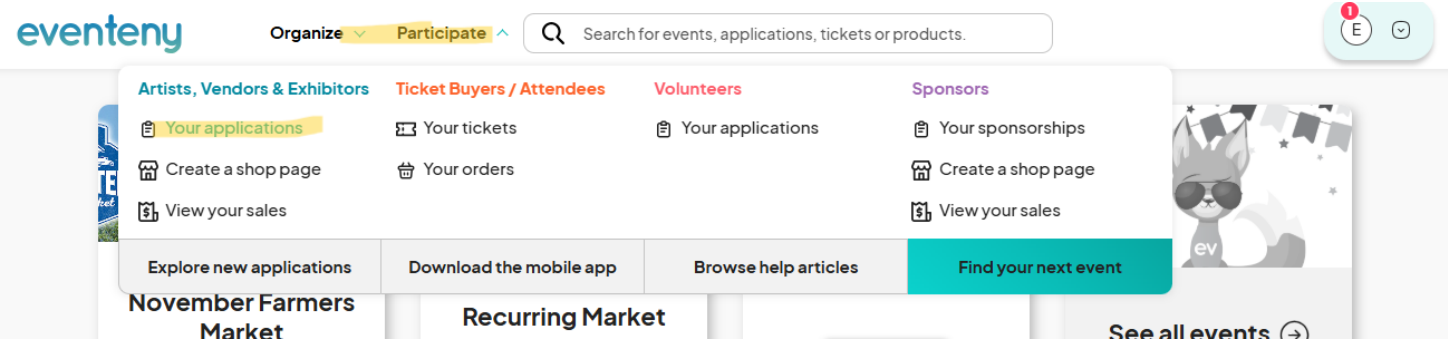


# Upload or Purchase Insurance in Eventeny Software

- 1) Login at [www.eventeny.com](http://www.eventeny.com) to your vendor account.
- 2) On the top header of the website hover over “Participate” > “Your Applications”



- 3) View/Edit the 2025 Great American Duck Vendor Application
- 4) The following page will show the event requires insurance where you can either purchase evCover through the software or manually upload your insurance certificate as shown below.

Your event organizer requires proof of insurance for this event. Please provide your certificate of insurance or purchase a policy on our platform through a third party provider.

Read the [knowledge base article](#) to learn more about purchasing evCover.

## evCover <sup>ⓘ</sup>

We've partnered with ViCoverage to make the process as easy as possible. Simply click “Start now” to generate your custom quote and purchase a policy. If you would prefer to use another insurance provider, you can upload your proof of insurance document below.

**This covers:**

- Artists, vendors, crafters, food vendors/producers, and exhibitors
- \$1,000,000 occurrence / \$2,000,000 aggregate on an occurrence basis
- Added option for liquor liability

The policy is effective from the start and end dates of the event unless the policy is purchased after the event has started, in which case the purchase date and event end date will become the effective date.

## Vi Coverage <sup>ⓘ</sup>

by Vertical Insure

**Benefits include:**

- Instant Approvals: Quick confirmation, no delays.
- Automated collection and validation of insurance details.
- Coverage tailored to meet your event's requirements.

[Learn more](#) ↗

\*Please note: Eventeny is not liable for insurance related matters. Please contact [support@verticalinsure.com](mailto:support@verticalinsure.com) for any questions regarding your policy.

You're almost there! Submit your info and get a quote today.

[Start now](#)

[Manually upload insurance](#)

# Upload or Purchase Insurance in Eventeny Software

Below is a sample insurance certificate where we must be named as additional insured. Please verify that we are listed as the additional insured certificate holder as shown below as well as for the policy event dates of **August 21 – 24, 2025**.



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/23/2024

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).

<b>PRODUCER</b> A W Pollard Insurance Agency [REDACTED]		<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 575-546-2754      FAX (A/C, No): E-MAIL ADDRESS: awpollard@zianet.com	
<b>INSURED</b> SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS: [REDACTED]		<b>INSURER A:</b> Great American Insurance Company      NAIC # 16691	<b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

**COVERAGES**      **CERTIFICATE NUMBER:** GAS151033      **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	GENERAL LIABILITY			PAC 4725036	08/23/2024 12:00 AM	08/26/2024 12:01 AM	EACH OCCURRENCE	\$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$0
	<input checked="" type="checkbox"/> HOST LIQUOR LIABILITY INCLUDED	X					PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			PRODUCTS - COMP/OP AGG	\$1,000,000			
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	<input type="checkbox"/> HIRED AUTO						PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB						EACH OCCURRENCE	
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$							
A	Professional Liability	X		PAC 4725036	08/23/2024 12:00 AM	08/26/2024 12:01 AM	EACH OCCURRENCE	\$1,000,000
							AGGREGATE LIMIT	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Covered Vendor Type: Arts & Crafts Vendors. Certificate Holder is named as additional insured with respect to the operations of the Named Insured. The Certificate Holder is added as an additional insured but only with respect to liability arising out of the named insured during the policy period.  
**Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage**

<b>CERTIFICATE HOLDER</b> Great American Duck Race of Deming PO Box 41 Deming, NM 88031	<b>CANCELLATION</b> 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 A W Pollard Insurance Agency
--	--

# Upload or Purchase Insurance in Eventeny Software

More detailed information can be found on the help article below through the Eventeny Support Portal.

<https://help.eventeny.com/hc/en-us/articles/34260568437787-How-to-Apply-for-evCover-and-Upload-Your-Proof-of-Insurance>

Do you still have questions send a message to Eventeny support to assist you through the process.



Still need help? Send us a message!