

# INSURANCE EXHIBITOR - REQUIRED

## ALL EXHIBITORS MUST PROVIDE A CERTIFICATE OF INSURANCE FOR THE EVENT BEFORE THEY ARE PERMITTED ONTO THE FLOOR.

### Insurance Requirements per your contract:

Limit of Insurance: \$1,000,000  
Type of Insurance: General Liability including Products Coverage  
Dates of Coverage: 06/05/2012 – 06/09/2012

### **\*\*Additional Insured Clause:**

Questex Media Group, LLC, Sensors Expo and Donald E. Stephens Convention Center  
c/o Show Insurance, Inc.  
30285 Bruce Industrial Parkway, Suite B  
Solon, OH 44139

\*\*MUST include a 30 day notice of cancellation!

### Please choose one of the options below to complete your requirement:

#### **OPTION 1 – COMPLETE USING SHOW INSURANCE**

Complete your requirement in less than 3 minutes using Show Insurance. We will provide the general liability, notify **Questex Media Group, LLC** and send you a confirmation that the requirement has been completed.

	<b>Mail / Fax</b>	<b>Online</b>	
Pay prior to 05/11/2012	\$110	\$100	ONLINE – go to <a href="http://www.showinsurance.com">www.showinsurance.com</a>
Pay after 05/11/2012	\$125	\$115	MAIL/FAX – Complete the fax form on the next page.
Pay after 05/25/2012	\$175	\$150	

To register and pay online please go to [www.showinsurance.com](http://www.showinsurance.com) .

We do all of the work for the lowest cost in the industry. We make exhibitor insurance simple.

#### **OPTION 2 – COMPLETE USING YOUR OWN PROVIDER**

1. Contact your insurance provider to get a certificate of insurance.
2. Make sure the certificate of insurance names **Questex Media Group, LLC, Sensors Expo and Donald E. Stephens Convention Center** as the certificate holder and as an additional insured.
3. Please fax, mail or email one certificate of insurance to the address or number below.
4. After we review the certificate of insurance, we will send you notification that the requirement is completed. **You must provide a certificate by May 7, 2012.**

**Email To:** [questex@showinsurance.com](mailto:questex@showinsurance.com)

**To:** Questex Media Group LLC & Sensors Expo  
c/o Show Insurance, Inc.  
30285 Bruce Industrial Parkway, Suite B  
Solon, OH 44139

**Fax To:** 440-815-2266

Please discuss the cost with your provider for this service. Show Insurance will not charge any fee for this option.

**Questex Media Group, LLC** has asked Show Insurance to handle all insurance issues for **Sensors Expo 2012** including collecting and verifying certificates of insurance. For further questions please visit our website at [www.showinsurance.com](http://www.showinsurance.com).

**Show Insurance, Inc.** • 30285 Bruce Industrial Parkway, Suite B • Solon, OH • 44139  
• P 440.349.6650 • F 440.815.2266 • [www.showinsurance.com](http://www.showinsurance.com)



PRODUCER  
  
Insurance Diversified Agency  
30285 Bruce Ind. Parkway #B  
Solon OH 44139  
  
Andrew J Carson, CIC  
Phone No. 440-349-5700 Fax No. 440-349-5704

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.

**COMPANIES AFFORDING COVERAGE**

COMPANY A Your Insurance Company

COMPANY B

COMPANY C

COMPANY D

**Contact SHOW INSURANCE**  
1-449-349-6650  
www.showinsurance.com

INSURED  
  
Your Company / Individual Name  
Your Address

**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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMPREHENSIVE FORM <input type="checkbox"/> PREMISES/OPERATIONS <input type="checkbox"/> UNDERGROUND EXPLOSION & COLLAPSE HAZARD <input type="checkbox"/> PRODUCTS/COMPLETED OPER <input type="checkbox"/> CONTRACTUAL <input type="checkbox"/> INDEPENDENT CONTRACTORS <input type="checkbox"/> BROAD FORM PROPERTY DAMAGE <input type="checkbox"/> PERSONAL INJURY	POLICY NUMBER	06/05/12	06/09/12	BODILY INJURY OCC \$ 1,000,000
					BODILY INJURY AGG \$ 2,000,000
					PROPERTY DAMAGE OCC \$ 100,000
					PROPERTY DAMAGE AGG \$ 100,000
					BI & PD COMBINED OCC \$ 1,000,000
					BI & PD COMBINED AGG \$ 2,000,000
					PERSONAL INJURY AGG \$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS (Private Pass) <input type="checkbox"/> ALL OWNED AUTOS (Other than Private Passenger) <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY				BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE \$
					BODILY INJURY & PROPERTY DAMAGE COMBINED \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$
					AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>  THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				WC STATUTORY LIMITS OTH-ER \$
					EL EACH ACCIDENT \$
	OTHER				

Sample Certificate

**Contact SHOW INSURANCE**  
1-449-349-6650  
www.showinsurance.com

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS  
Questex Media Group, LLC, Sensors Expo and Donald E. Stephnes Convention Center are named as additional insured.

**CERTIFICATE HOLDER**  
  
SE12  
Questex Media Group, LLC, Sensors Expo and Donald E. Stephnes Convention Center  
c/o Show Insurance, Inc.  
30285 Bruce Industrial Parkway, Suite B  
Solon, OH 44139

**CANCELLATION**  
  
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.  
AUTHORIZED REPRESENTATIVE \_\_\_\_\_