

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: 01/20/2017 – 01/28/2017

****Additional Insured Clause:**

West Coast Art & Frame Expo and The National Conference, and Hobby Pubco, LLC
c/o Show Insurance, Inc.
30285 Bruce Industrial Parkway, Suite B
Solon, OH 44139

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 **West Coast Art & Frame Expo** and send you a confirmation that the requirement has been completed.

	Mail / Fax	Online	ONLINE – go to www.showinsurance.com
Cost of Insurance	\$115	\$115	MAIL/FAX – Complete the fax form on the next page

To register and pay online please go to 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 **West Coast Art & Frame Expo and The National Conference, and Hobby Pubco, LLC** as an additional insured and the certificate holder.
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 December 21, 2016.**

Email To: info@showinsurance.com

Fax To: 440-815-2154

**To: West Coast Art & Frame Expo,
Hobby Pubco, LLC**
c/o Show Insurance, Inc.
30285 Bruce Industrial Parkway, Suite B
Solon, OH 44139

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

West Coast Art & Frame Expo has asked Show Insurance to handle all insurance issues for the 2017 show including collecting and verifying certificates of insurance. For further information please visit our website at 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



**WEST COAST
ART & FRAME
EXPO**
THE NATIONAL
CONFERENCE

GENERAL LIABILITY INSURANCE REGISTRATION

Each exhibitor can register online at www.showinsurance.com or mail* / fax this form with payment to: Show Insurance, Inc. 30285 Bruce Industrial Parkway, Suite B, Solon, OH 44139. Phone: 440-349-6650, Fax: 440-815-2154; Email: info@showinsurance.com

Payment Schedule
Cost of Insurance

Online Discount
\$115

Mail/Fax
\$115



COMPANY INFORMATION

Exhibiting Company / Insured: _____ Booth Numbers: _____
 Address: _____
 City: _____ State/Zip _____
 Country: _____ Contact: _____
 Telephone: _____ Email: _____

VENDOR INFORMATION

Please indicate vendor type:

Product or Service Display Exhibitor Product Demo Static Exhibitor without Sales Art / Artist
 Other; if other please specify _____

Does your exhibit or business involve any of the excluded activities below? YES NO

- | | | | |
|------------------------------|------------------------|-------------------------------|------------------------|
| Alcohol Serving | Amusement Devices | Animals | Athletic Participation |
| Disc-Jockeys or Bands | E-Commerce | Entertainment & Film Industry | Equipment Rental |
| Fireworks, Firearms, Weapons | Health Supplements | Hot Wax Impressions | Inflatables |
| Installation/Service/Repair | Massage | Mechanical/Amusement Devices | Mazes |
| Medical Testing | Motor Sport Activities | Oxygen / Aromatherapy | Storefront Operations |
| Tattooing or Piercing | Time Shares | Tobacco | Vehicles in Motion |
| Weight-Loss Products | Wholesale Business | Watercraft Exhibits on Water | Water Activities |

If yes, please specify _____

METHOD OF PAYMENT

BY SIGNING BELOW YOU AUTHORIZE SHOWINSURANCE.COM TO CHARGE YOUR CREDIT CARD

Company Check Payable to: Show Insurance Inc. Checks must be in U.S. funds drawn against a U.S. Bank.

Payment Form: (select one) Check American Express MasterCard Visa

Card Number _____

Expiration Date _____ CVV/CVC/CID Code _____

Cardholder Name (Print): _____

Cardholder Address if different than above: _____

TERMS and CONDITIONS

Coverage is only provided for law suits brought in the U.S and events held in the United States. I understand that the insurance company, in determining whether to provide insurance coverage, will rely on the information contained in this form and all other information being submitted. I hereby warrant, represent, and confirm that to the best of my knowledge all information provided is complete, true and correct. Signing this application does not bind the Applicant or the Company to complete the insurance, but it is understood and agreed that the information contained herein shall be the basis of the contract should a policy be issued. If any of the above questions have been answered fraudulently or in such a way as to conceal or misrepresent any material fact or circumstance concerning this insurance or the subject thereof, the entire policy shall be void. I understand that this policy includes an Agency fee which is not charged by the insurance company. I also understand all fees and charges are not refundable once they are incurred.

I accept and understand the terms and conditions:

Authorized Signature (type name): _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/21/14

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.

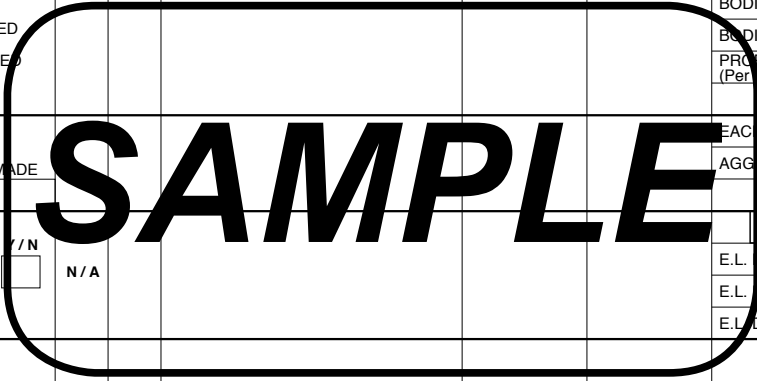
IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Your Insurance Company	CONTACT NAME: Your Insurance Company	Contact: SHOW INSURANCE 1-440-349-6650 www.showinsurance.com	NAIC #	
	PHONE (A/C, No, Ext):			FAX (A/C, No):
	E-MAIL ADDRESS:			
	ADDRESS:			
	INSURER A :			
	INSURER B :			
INSURED Subscribed Exhibitors of SI Association Your Company / Individual Name Your Address	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	GENERAL LIABILITY	<input checked="" type="checkbox"/>		Policy Number	01/20/17	01/28/17	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					12:01 am	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A				<input type="checkbox"/> WC STATUS- STATUTORY LIMITS E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$



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

The Certificate Holder is added as an Additional Insured.

CERTIFICATE HOLDER West Coast Art & Frame Expo and The National Conference, and Hobby Pubco, LLC c/o Show Insurance, Inc. 30285 Bruce Industrial Parkway #B Solon, OH 44139	CANCELLATION 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 Your Insurance Representative
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