

# 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: 01/20/2018 – 01/27/2018

**\*\*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.

	<b>Mail / Fax</b>	<b>Online</b>	ONLINE – go to <a href="http://www.showinsurance.com">www.showinsurance.com</a>
Cost of Insurance	\$125	\$115	MAIL/FAX – Complete the fax form on the next page

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 **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, 2017.**

**Email To:** [info@showinsurance.com](mailto: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 **2018** show including collecting and verifying certificates of insurance. For further information 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)



## GENERAL LIABILITY INSURANCE REGISTRATION

Each exhibitor can register online at [www.showinsurance.com](http://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](mailto:info@showinsurance.com)

<u>Payment Schedule</u>	<u>Online Discount</u>	<u>Mail/Fax</u>
Cost of Insurance	\$115	\$125



### 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<br>Disc-Jockeys or Bands<br>Fireworks, Firearms, Weapons<br>Installation/Service/Repair<br>Medical Testing<br>Tattooing or Piercing<br>Weight-Loss Products | Amusement Devices<br>E-Commerce<br>Health Supplements<br>Massage<br>Motor Sport Activities<br>Time Shares<br>Wholesale Business | Animals<br>Entertainment & Film Industry<br>Hot Wax Impressions<br>Mechanical/Amusement Devices<br>Oxygen / Aromatherapy<br>Tobacco<br>Watercraft Exhibits on Water | Athletic Participation<br>Equipment Rental<br>Inflatables<br>Mazes<br>Storefront Operations<br>Vehicles in Motion<br>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	FAX (A/C, No):	NAIC #
	PHONE (A/C, No, Ext):		
INSURED Subscribed Exhibitors of SI Association  Your Company / Individual Name Your Address	E-MAIL ADDRESS:	<div style="border: 1px solid black; padding: 5px; text-align: center;">           Contact:  <b>SHOW INSURANCE</b>            1-440-349-6650            www.showinsurance.com         </div>	
	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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY	X		Policy Number	01/20/18	01/27/18	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					12:01 am	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 2,000,000
	AUTOMOBILE LIABILITY						PRODUCTS - COMP/OP AGG	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO							\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per person)	\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					BODILY INJURY (Per accident)	\$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					PROPERTY DAMAGE (Per accident)	\$
	DED	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N					E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> N/A					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)

The Certificate Holder is added as an Additional Insured.

**CERTIFICATE HOLDER****CANCELLATION**

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

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