



Exhibitor Liability Insurance Requirements

Required Coverage

As an exhibitor, you are required to carry commercial general liability insurance including products and completed operations, contractor's personal injury, and blanket contractual liability insurance at limits of at least \$1,000,000 per occurrence. Coverage should begin from your first move-in day and last through your final move-out day, both of which will vary from exhibitor-to-exhibitor. Please refer to the Target Maps in the [Exhibitor Service Kit](#) for more information.

Exhibitors must name the following entities as additionally insured: Energy Trade Shows, Solar Energy Industries Association, Smart Electric Power Alliance, GES, and the Las Vegas Convention Center **OR** Westgate (depending on where your booth is located).

Exhibitors must name Solar Power International 2016 as the **Certificate Holder**.

What You Need to Send Us

Liability Insurance is mandatory for all exhibitors. Separate insurance is also required if you hire an Exhibitor Appointed Contractor (EAC). Read below for more information.

Exhibitor Liability Insurance: All exhibitors must carry liability insurance and **submit a copy of their policy** to Show Management via the [Exhibitor Liability Insurance Form](#).

The deadline to submit forms and insurance is July 8, 2016. Please review the Show Management Important Dates and Deadlines document under the Show Information tab in the [Exhibitor Service Kit](#) for more information.

Exhibitor Appointed Contractor Insurance: All exhibitors who hire labor other than GES, SPI's official contractor, must submit a **Notice of Intent to Hire form** and a **Certificate of Insurance for EACs form** via the [Exhibitor Service Kit](#). These forms can be found on the Exhibitor Appointed Contractors (EACs) and Third Parties tab. Exhibitor Appointed Contractors who have not been approved by GES will not be permitted by security to enter the exhibit hall during setup and breakdown times, and you may be required to hire GES labor at your own expense.

How to Purchase Liability Insurance if You Do Not Already Have It

If you do not have a preferred insurance vendor we have made arrangements with [ShowGuard](#) to make an inexpensive policy available to exhibitors who need it. If you choose to purchase your policy with ShowGuard you are still required to submit a copy via email or mail. This policy has all the coverages you need to meet the obligations in your space contract. Please buy your insurance using the same name you gave us on your exhibit space contract. Note that this insurance option is included solely as a convenience and is not an endorsement for ShowGuard.

The following page is an example of a certificate of insurance with the correct format.

Client#:

ACORDTM CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 04/27/09
PRODUCER Wachovia Insurance Serv-AT, GA 4401 Northside Pkwy, Suite 400 Atlanta, GA 30327-3078 770 850-0050		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.
INSURED COMPANY NAME ADDRESS CITY, STATE, ZIP		
INSURERS AFFORDING COVERAGE		NAIC #
INSURER A: Liberty Mutual Fire Insurance Company		23035
INSURER B: North River Insurance Company		21105
INSURER C:		
INSURER D:		
INSURER E:		

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE. THE POLICY NUMBER, EFFECTIVE DATE, AND LIMITS ARE SHOWN. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO THE COVERAGE, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO THE POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSURANCE TYPE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	DATE (MM/DD/YYYY)	LIMITS
A GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BI/PP Ded: 25000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. AGT <input type="checkbox"/> LOC	EB265	04/19/09	04/19/10	Minimum \$1,000,000 EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMPOSPAG \$2,000,000 Gen Agg Cap \$10,000,000
A AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	AS265	04/19/09	04/19/10	COMBINED SINGLE LIMIT (Ea accidnt) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accidnt) \$ PROPERTY DAMAGE (Per accidnt) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ ADD \$
B EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$	SS301	04/19/09	04/19/10	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$ \$
A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	WC265 WA265	04/19/09 04/19/09	04/19/10 04/19/10	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

Description of Operations/Locations:

Solar Power International 2016, Solar Energy Trade Shows (SETS), Solar Energy Industries Association (SEIA), Smart Electric Power Alliance (SEPA), Global Experience Specialists (GES) are named as additional insured under General Liability for all aspects of the Show Dates, 9/9/16 - 9/17/16 (includes installation and dismantle) in Las Vegas, NV at the Las Vegas Convention Center and Westgate.

CERTIFICATE HOLDER Certificate Holder: Solar Power International 2016 Attn: Jac Brueneman 1737 King St., Suite 600 Alexandria, VA 22314	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE For WIS by: <i>Dagon Carney</i>
--	---

MMK01 © ACORD CORPORATION 1988