



MANDATORY

INSURANCE INFORMATION

ALL Exhibitors are required to carry commercial liability insurance. This insurance protects your company from claims that could arise if someone were to injure themselves or someone else while in or around your booth.

E3 and the ESA require that each company hold a general commercial liability policy valued at a minimum of \$1,000,000 per occurrence with a general aggregate valued at a minimum of \$2,000,000.

You must provide specific documentation indicating insurance coverage at or above these levels, or your company will not be allowed to set up a booth at E3.

Exhibitors must provide Show Management with a document called a Certificate of Liability Insurance. This document must be obtained through your company's insurance carrier. When contacting the insurance carrier please be sure to the following information is included on the document:

- ◆ ESA, C/O IDG World Expo, 4025 Fair Ridge Drive, Suite 250, Fairfax, VA 22033 is listed as the certificate holder
- ◆ AEG Management LACC, LLC, the City of Los Angeles, GES Exposition Services, ESA, and Show Management, as well as their respective parents, subsidiaries, affiliates, licensees, lenders, contractors, partners, members, shareholders, officers, agents, representatives, directors, employees, successors and assigns are listed as additional insured
- ◆ Each occurrence is valued at least \$1,000,000
- ◆ The general aggregate is valued at least \$2,000,000
- ◆ The certificate is valid June 5 - June 20, 2016

Please E-Mail a PDF of the Certificate of Liability Insurance, by no later than **April 25, 2016**, to:

mley@idgworldexpo.com / aroberts@idgworldexpo.com

Mariella Ley - Associate Show Director or

Alida Roberts - Senior Operations Manager

IDG World Expo

4025 Fair Ridge Drive, Suite 250

Fairfax, VA 22033

T. 703.383.3976 x 12 or 15

If your company does not hold a general commercial liability insurance policy that is valued at the minimums listed above, Show Management has negotiated rates with an insurance broker who can assist your company in obtaining a policy that will be valid only at E3.

Please contact:

John Buttine Inc., Insurance | Contact: Kendra A. Reilly

T. 212.697.1010 ext. 49 | F. 212.504.8084

E-Mail: kar@buttine.com | Website: www.buttine.com

If you have any questions please contact us at the Exhibitor Hotline: 1.877.216.6264



CERTIFICATE OF LIABILITY INSURANCE

OP ID: KR

DATE (MM/DD/YYYY)

12/21/2015

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 Buttine Underwriter Purchasing Group 33 East 33rd St., 5th Floor New York, NY 10016 John M. Buttine		CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: 7RPGEXH		
INSURED Exhibiting Company Street City, State Zip Code		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A : ABC Company		
		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 #	01/01/2016	01/01/2017	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 1,000,000
							GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC
	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"/> SCHEDULED AUTOS						PROPERTY DAMAGE (PER ACCIDENT) \$
	<input type="checkbox"/> HIRED AUTOS						
	<input type="checkbox"/> NON-OWNED AUTOS						
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> OCCUR						
	<input type="checkbox"/> CLAIMS-MADE						
	DEDUCTIBLE						
	RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$

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

AEG Management LACC, LLC, the City of Los Angeles, GES Exposition Services, ESA, and Show Management, as well as their respective parents, subsidiaries, affiliates, licensees, lenders, contractors, partners, members, shareholders, officers, agents, representatives, directors, employees, successors and assigns are listed as additional insured.

CERTIFICATE HOLDER**CANCELLATION**

IDGWE01 IDG World Expo 4025 Fair Ridge Drive, Suite 250 Fairfax, VA 22033	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 John M. Buttine
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