

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 per occurrence
\$2,000,000 aggregate
Type of Insurance: General Liability
Dates of Coverage: 4/28/2014 – 5/01/2014

****Additional Insured Clause:**

Questex Media Group, LLC and Response Expo

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 **Response Expo** and send you a confirmation that the requirement has been completed.

| | Mail / Fax | Online | |
|------------------------|-------------------|---------------|---------------------------------------------------------------------------------|
| Pay prior to 3/28/2014 | \$110 | \$100 | ONLINE – go to www.showinsurance.com |
| Pay after 3/28/2014 | \$125 | \$115 | MAIL/FAX – Complete the fax form on the next page. |
| Pay after 4/14/2014 | \$175 | \$150 | |

To register and pay online please go to <http://www.showinsurance.com/re14.html>

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 and Response Expo** 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 March 28, 2014.**

Email To: info@showinsurance.com

Fax To: 440-815-2154

To: Questex Media Group, LLC & Response Expo

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.

Questex Media Group / Response Expo has asked Show Insurance, Inc. to handle all insurance issues for the **Response Expo 2014** show including collecting and verifying certificates of insurance. For further questions 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 440.815.2154 • www.showinsurance.com



GENERAL LIABILITY INSURANCE REGISTRATION FORM

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



| | Mail / Fax | Online |
|------------------------|------------|--------|
| Pay prior to 3/28/2014 | \$110 | \$100 |
| Pay after 3/28/2014 | \$125 | \$115 |
| Pay after 4/14/2014 | \$175 | \$150 |

COMPANY INFORMATION

Exhibiting Company Name: _____ 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 ☐ Beauty Exhibitor
☐ 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: (circle 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: _____

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

INSURED

Your Company / Individual Name
Your Address

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
1-440-349-6650
www.showinsurance.com

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 | |
|--------|--------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------|-----------------------------------|------------------------------|---------------|
| X | GENERAL LIABILITY | POLICY NUMBER | 04/28/2014 | 05/01/2014 | BODILY INJURY OCC | \$ 1,000,000A |
| | <input type="checkbox"/> COMPREHENSIVE FORM | | | | BODILY INJURY AGG | \$ 2,000,000 |
| | <input type="checkbox"/> PREMISES/OPERATIONS | | | | PROPERTY DAMAGE OCC | \$ 100,000 |
| | <input type="checkbox"/> UNDERGROUND EXPLOSION & COLLAPSE HAZARD | | | | PROPERTY DAMAGE AGG | \$ 100,000 |
| | <input type="checkbox"/> PRODUCTS/COMPLETED OPER | | | | BI & PD COMBINED OCC | \$ 1,000,000 |
| | <input type="checkbox"/> CONTRACTUAL | | | | BI & PD COMBINED AGG | \$ 2,000,000 |
| | <input type="checkbox"/> INDEPENDENT CONTRACTORS | | | | PERSONAL INJURY AGG | \$ 1,000,000 |
| | <input type="checkbox"/> BROAD FORM PROPERTY DAMAGE | | | | | |
| | <input type="checkbox"/> PERSONAL INJURY | | | | | |
| | | | | | | |
| | AUTOMOBILE LIABILITY | | | | BODILY INJURY (Per person) | \$ |
| | <input type="checkbox"/> ANY AUTO | | | | BODILY INJURY (Per accident) | \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS (Private Pass) | | | | | \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS (Other than Private Passenger) | | | | | \$ |
| | <input type="checkbox"/> HIRED AUTOS | | | | | \$ |
| | EXCESS LIABILITY | | | | EACH OCCURRENCE | \$ |
| | <input type="checkbox"/> UMBRELLA FORM | | | | AGGREGATE | \$ |
| | <input type="checkbox"/> OTHER THAN UMBRELLA FORM | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | WC STATUTORY LIMITS | OTH-ER |
| | THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL | | | | EL EACH ACCIDENT | \$ |
| | OTHER | | | | | |

Sample Certificate

Contact SHOW INSURANCE
1-440-349-6650
www.showinsurance.com

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Questex Media Group, LLC and Response Expo are named as additional insured.

CERTIFICATE HOLDER

Questex Media Group, LLC and Response Expo
c/o Show Insurance
30285 Bruce Industrial Parkway, Suite 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

Andrew J Carson, CIC