



IWF General Liability Insurance

January 2024

Dear IWF Exhibitor,

IWF assumes no responsibility or liability for loss, damage, or theft of items in your exhibit. As an Exhibitor, you are responsible for your property at all times.

Exhibitor shall purchase commercial general liability insurance, placed with a financially stable insurance carrier, which insures Exhibitor's operations and obligations under this agreement. Said policy shall have limits of no less than \$1,000,000 per occurrence. Exhibitor shall cause Management to be named as an Additional Insured under the foregoing policy. The foregoing insurance is a minimum requirement and shall in no way limit the liability of Exhibitor. Exhibitor shall furnish evidence satisfactory to Management that Exhibitor has secured and is maintaining the foregoing insurance policy.

We have enclosed additional insurance information from an independent carrier for your convenience.

Thank you,

IWF Show Management

ACORD 1. CERTIFICATE OF LIABILITY INSURANCE					DATE (MM/DD/YY) 01/01/24																
PRODUCER ABC Insurance Agency Fax: (212) 555-6100 1234 Broker Lane New York, NY 10895 Attn: Joe Agent (212) 555-6102 ext. 1234			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 2. Big Boom Company, Inc. 1234 Corporate Lane New York, NY 10895 Attn: Joe Smith Phone: (212) 555-5349 Fax: (212) 555-9819			INSURER A: Hartford Insurance Company of Illinois INSURER B: Aetna Casualty & Surety Company INSURER C: Travelers Insurance Company INSURER D: Royal Insurance Company INSURER E:																		
COVERAGES																					
3. THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OF 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	4. TYPE OF INSURANCE	POLICY NUMBER	7. POLICY EFFECTIVE DATE (MM/DD/YY)	8. POLICY EXPIRATION DATE (MM/DD/YY)	9. LIMITS																
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	000P98298-A11	01/01/24	01/01/25	EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS-COMP/OP AGG \$2,000,000																
	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 <input type="checkbox"/> _____ <input type="checkbox"/> _____	SKLS-029499S	01/01/24	01/01/25	COMBINED SINGLE LIMIT \$1,000,000 (Ea accident) BODILY INJURY \$ (Per person) BODILY INJURY \$ (Per accident) PROPERTY DAMAGE \$ (Per accident) AUTO ONLY-EA ACCIDENT OTHER THAN \$ \$ AUTO ONLY: \$ \$																
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$ \$ \$																
	UMBRELLA/EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	XL1234567	01/01/24	01/01/25	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$ \$ \$																
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	A4145-SS-PJ37	01/01/24	01/01/25	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">X</td> <td style="width: 15%;">WC STATU- ORY LIMITS</td> <td style="width: 10%;">OTHER</td> <td style="width: 80%;"></td> </tr> <tr> <td></td> <td>E.L. EACH ACCIDENT</td> <td></td> <td>\$1,000,000</td> </tr> <tr> <td></td> <td>E.L. DISEASE-EA EMPLOYEE</td> <td></td> <td>\$1,000,000</td> </tr> <tr> <td></td> <td>E.L. DISEASE -POLICY LIMIT</td> <td></td> <td>\$1,000,000</td> </tr> </table>		X	WC STATU- ORY LIMITS	OTHER			E.L. EACH ACCIDENT		\$1,000,000		E.L. DISEASE-EA EMPLOYEE		\$1,000,000		E.L. DISEASE -POLICY LIMIT	
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	E.L. DISEASE-EA EMPLOYEE		\$1,000,000																		
	E.L. DISEASE -POLICY LIMIT		\$1,000,000																		
D	OTHER				Each Occurrence & Aggregate																
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS																					
5. Global Experience Specialists, Inc. (GES) (Official Service Provider), International Woodworking Fair, LLC (Show Management), Georgia World Congress Center (Facility), and International Woodworking Fair (Show) are hereby named as additional insured, except for Workers' Compensation. Global Experience Specialists, Inc. (GES), International Woodworking Fair, LLC, Georgia World Congress Center and International Woodworking Fair and/or the consignor are included as Loss Payee. The insurance provided for the benefit of Global Experience Specialists, Inc. (GES), International Woodworking Fair, LLC, Georgia World Congress Center and International Woodworking Fair shall be primary insurance as respects any claim, loss, or liability, arising out of the Named Insured's operations for which the Named Insured is liable. Any other insurance maintained by GES shall be excess and non-contributory. Show date(s) are: August 16 - September 1, 2022 at city of Atlanta.																					
CERTIFICATE HOLDER		X ADDITIONAL INSURED; INSURER LETTER: X		CANCELLATION																	
Global Experience Specialists, Inc. (GES) (Official Service Provider) Exhibitor Services 885 Douglas Hill Road, Ste 200 Lithia Springs, GA 30122 Georgia World Congress Center(Facility) 285 Andrew Young Int'l Blvd NW Atlanta, GA 30313		International Woodworking Fair, LLC (Show Management) 3520 Piedmont Road, NE Suite 120 Atlanta, GA 30305 International Woodworking Fair, LLC International Woodworking (Show) 3520 Piedmont Road, NE Atlanta, GA 30305		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 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 OF REPRESENTATIONS AUTHORIZED REPRESENTATIVE																	

1. **Producer:** Insurance Agent / Broker who issues certificate.
2. **Name of Insured:** Must be the legal name of contracting party.
3. **Types of Insurance:** Must include types required by contract. See General Information form in this Exhibitor Services Manual.
4. **Form of Coverage:** Must be "occurrence" form of coverage.
5. **Name of Additional Insureds:**
6. **Certificate Holder:** Must be Global Experience Specialists, Inc. (GES) (Official Service Provider), International Woodworking Fair, LLC (Show Management), International Woodworking Fair 2022 (Show) and Georgia World Congress Center (Facility)

7. **Policy Effective Date:** Must be prior to or coincidental with the first day of Exhibitor Move-In.
8. **Policy Expiration Date:** Must be on or after the last day of Exhibitor Move-Out.
9. **Limits of Insurance:** Must be the same or greater than required by contract. See #11 on Agreement and Rules and Regulations between GES and EAC.
10. **Authorized Representative:** Must be signed (not stamped) by an authorized representative of Producer.



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