



# Insurance Requirements

January 8-10, 2015 • Orange County Convention Center, Orlando, FL – West Hall

**You must submit your insurance documents online. [Click here](#) to attach your proof of insurance. Be sure the name of the attachment reflects the name of the insured exhibiting company.**

Surf Expo does not provide any type of insurance coverage for the property and/or personnel of exhibiting companies. Exhibitors must maintain insurance that meets the requirements below and provide proof to Surf Expo prior to the show. To protect your property and staff we suggest taking the following steps:

## **PROPERTY INSURANCE**

Contact your insurance broker or carrier to obtain a policy to cover the value of your booth, equipment, product and supplies. If you already have property insurance, confirm that it will extend to your property during shipping and at the show. Many insurance policies only cover property at a listed location or within 1000 feet of that location. If you use an independent contractor for installation or dismantling, review the agreement carefully to determine what insurance may be available if damage occurs as a result of their negligence.

## **COMPREHENSIVE GENERAL LIABILITY INSURANCE**

Confirm that you have adequate coverage to protect your interests from potential claims arising from the injury to a person other than an employee at your booth.

## **WORKERS COMPENSATION INSURANCE**

Exhibiting companies must have a Workers Compensation policy as required by law to insure your employees in the event of a work-related injury.

## **AUTOMOBILE LIABILITY INSURANCE**

Confirm that an automobile liability policy is in place for any company owned vehicles used in connection with the show. Confirm that insurance is provided for any non-owned and/or hired vehicles used in connection with the show, including utility vehicles for loading and unloading.

## **REPORTING**

In the event of damage or loss of property, or an accident or injury, it is your responsibility to contact your insurance broker or carrier immediately.

## **INSURANCE REQUIREMENTS**

As stated in your Exhibitor Space Contract, an exhibitor shall, at their own expense, secure and maintain through the term of this contract, including move-in and move-out days, the insurance listed below. All such insurance shall be primary of any other valid and collectible insurance of the exhibitor and shall be written on an occurrence basis. Claims made policies are not acceptable and do not constitute compliance with exhibitor's obligations under this paragraph. The following three types of insurance are required:

- Workers' Compensation insurance, unless you are the sole proprietor. Sole proprietor is a [business entity](#) that is owned and run by one individual. If you have even one other person in the booth working with you, you will need workers compensation coverage.
- Comprehensive General Liability insurance with limits not less than \$1,000,000 each occurrence, \$2,000,000 aggregate, combined single limit for bodily injury and property damage, including coverage for personal injury, contractual, and operation of mobile equipment, products and liquor liability (if applicable).
- Automobile Liability insurance with limits not less than \$500,000 each occurrence combined single limit for bodily injury and property damage, including coverage for owned, non-owned and hired vehicles, including loading and unloading operators. Auto coverage is only required if there is a vehicle in your booth or if you are using a designated loading/unloading area i.e. POV area.

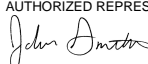
Comprehensive general liability and automobile liability insurance policies shall name as additional insured Emerald Expositions and each of its subsidiaries. If requested, copies of additional insured endorsements, primary coverage endorsements and complete copies of policies satisfactory to Emerald Expositions, shall be furnished to Emerald Expositions sixty (60) days before the first day of the Event. Certified copies of the Certificates of Insurance or policies shall provide that they may not be cancelled without 30 days advance written notice to Emerald Expositions.

**NEED INSURANCE?** [Click here](#) to purchase insurance from Marsh/Total Event insurance.

Certificate Holder Information should be listed as:

Surf Expo  
31910 Del Obispo #200  
San Juan Capistrano, CA 92675

For questions contact [Sandra.lafrance@emeraldexpo.com](mailto:Sandra.lafrance@emeraldexpo.com)

<b>ACORD</b> 1.		<b>CERTIFICATE OF LIABILITY INSURANCE</b>				DATE (MM/DD/YY) 01/01/15	
PRODUCER <b>ABC Insurance Agency</b> <b>1234 Broker Lane</b> <b>New York, NY 10895</b> <b>Attn: Joe Agent (212) 555-6102 ext. 1234</b> <b>Fax: (212) 555-6100</b>				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.  INSUREERS AFFORDING COVERAGE			
INSURED 2. <b>Big Boom Company, Inc.</b> <b>1234 Corporate Lane</b> <b>New York, NY 10895</b> <b>Attn: Joe Smith</b> <b>Phone: (212) 555-5349 Fax: (212) 555-9819</b>				INSURER A: <b>Hartford Insurance Company of Illinois</b> INSURER B: <b>Aetna Casualty &amp; Surety Company</b> INSURER C: <b>Travelers Insurance Company</b> INSURER D: <b>Royal Insurance Company</b> 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		
<b>A</b>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	<b>000P98298-A11</b>	<b>01/01/15</b>	<b>01/01/16</b>	EACH OCCURRENCE		<b>\$1,000,000</b>
					FIRE DAMAGE (Any one fire)		<b>\$ 50,000</b>
					MED EXP (Any one person)		<b>\$ 5,000</b>
					PERSONAL & ADV INJURY		<b>\$1,000,000</b>
					GENERAL AGGREGATE		<b>\$2,000,000</b>
	PRODUCTS-COMP/OP AGG		<b>\$2,000,000</b>				
<b>B</b>	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"/> _____	<b>SKLS-029499S</b>	<b>01/01/15</b>	<b>01/01/16</b>	COMBINED SINGLE LIMIT		<b>\$1,000,000</b>
					(Ea accident)		
					BODILY INJURY		<b>\$</b>
					(Per person)		
					BODILY INJURY		<b>\$</b>
	(Per accident)						
	PROPERTY DAMAGE		<b>\$</b>				
	(Per accident)						
	AUTO ONLY-EA ACCIDENT						
	OTHER THAN		<b>\$</b>				
	AUTO ONLY:		<b>\$</b>				
<b>A</b>	UMBRELLA/EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	<b>XL1234567</b>	<b>01/01/15</b>	<b>01/01/16</b>	EACH OCCURRENCE		<b>\$1,000,000</b>
					AGGREGATE		<b>\$1,000,000</b>
							<b>\$</b>
							<b>\$</b>
							<b>\$</b>
<b>C</b>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<b>A4145-SS-PJ37</b>	<b>01/01/15</b>	<b>01/01/16</b>	<input checked="" type="checkbox"/> WC STATU- ORY LIMITS	OTHER	
	E.L. EACH ACCIDENT				<b>\$1,000,000</b>		
	E.L. DISEASE-EA EMPLOYEE				<b>\$1,000,000</b>		
	E.L. DISEASE -POLICY LIMIT				<b>\$1,000,000</b>		
<b>D</b>	OTHER				Each Occurrence & Aggregate		
5. DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS Global Experience Specialists, Inc. (GES) (Official Service Provider), Emerald Expositions (Show Management), Orange County Convention Center - West Concourse (Facility), and Surf Expo (Show) are hereby named as additional insured, except for Workers' Compensation. Global Experience Specialists, Inc. (GES) and/or the consignor are included as Loss Payee. The insurance provided for the benefit of Global Experience Specialists, Inc. (GES), 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: January 8 - 10, 2015 at city of Orlando.							
CERTIFICATE HOLDER		X ADDITIONAL INSURED; INSURER LETTER: X		CANCELLATION			
6. Surf Expo 31910 Del Obispo #200 San Juan Capistrano, CA 92675				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 Official Services Provider Information (form L-3) in this exhibitor manual).
4. FORM OF COVERAGE: Must be "occurrence" form of coverage.
5. NAME ADDITIONAL INSUREDS:
6. CERTIFICATE HOLDER: Must be Surf Expo
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 #10 on Agreement and Rules and Regulations between GES and EAC (L-4).
10. AUTHORIZED REPRESENTATIVE: Must be signed (not stamped) by an authorized representative of Producer.