

Liability & Insurance

Deadline: April 12th, 2024

LIABILITY INSURANCE REQUIREMENT:

All exhibitors are required to have liability insurance of no less than \$1,000,000 property damage, loss or theft and personal injury, **naming Informa Connect, (parent company of TIDES 2024), Hynes Convention Center, and GES** as additionally insured, must be obtained by the exhibitor at his/her own expense. All exhibiting companies must provide show management with a certificate of insurance. An example of a COI is on the next page for your reference.

Additionally Insured Addresses:

Informa Connect, parent company of TIDES- 240 Blackfriars Road, London, SE1 8BU, UK

GES- National Service Center 80 Concord Street, North Reading MA 01864, USA

Hynes Convention Center- 900 Boylston St, Boston MA 02115

Exhibitors who are using the services of an [Exhibitor Appointed Contractor](#) are further responsible for informing their contractor that they are required to submit a certificate of insurance to show management and [GES](#) no later than **Deadline: April 12, 2024**

The purpose of this insurance is to provide liability coverage for your company as well as for Show Management. You may obtain this insurance from your organization's own insurance company, or from the insurance company of your choice.

Neither Show Management nor their agents are responsible for any loss or injury that may occur to the person or property of exhibitors or their guests, invitees, employees, or agents from any cause whatsoever, including cancellations or impediments to the conduct of the event. The exhibitor agrees to pay for any damage (incurred through carelessness or other cause by the exhibitor, his employee, or agents) to the exhibition facility, its equipment, or to that of another exhibitor. If the exhibitor's material fails to arrive, the exhibitor is still responsible for their space rental.

The exhibitor assumes entire responsibility and agrees to protect, indemnify, defend, save, and hold harmless Informa Connect and its agents, officers, and employees against all claims, losses and damages, including attorney's fees arising out of or caused by exhibitor's installation, removal, maintenance, occupancy, or use of exhibition premises or a part thereof.

CHILDREN:

Due to insurance and safety considerations, **no one under the age of 18 will be permitted in the Exhibit Hall** at any time prior to, during or after the event, including infants. For everyone's safety and security, your cooperation with the enforcement of these regulations is appreciated.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 have ADDITIONAL INSURED provisions or 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).

| | | | |
|-------------------------------|--|----------------|--------|
| CONTACT NAME: | | FAX (A/C, No): | |
| PHONE (A/C, No, Ext): | | | |
| E-MAIL ADDRESS: | | | |
| INSURER(S) AFFORDING COVERAGE | | | NAIC # |
| INSURER A : | | | |
| 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 INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|---|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER: | | | | | | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ |
| B | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 | | | | | | EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ |
| B | <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER 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 / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence of Insurance

CERTIFICATE HOLDER**CANCELLATION**

| | |
|---|---|
| Informa Connect – parent company of TIDES 240 Blackfriars Road London, SE1 8BU, UK GES Manchester Grand Hyatt San Diego | 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 |
|---|---|

© 1988-2015 ACORD CORPORATION. All rights reserved.