

CERTIFICATE OF INSURANCE (COI) Instructions

General Insurance Requirements

- Exhibitor shall, at its own expense, secure and maintain at all times during the event, 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 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 section.
- CONDITIONS Workers' compensation and employer's liability insurance complying with the laws of the state in which the Event is being held.
- 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.
- The Exhibitor's Comprehensive General Liability and Automobile Liability insurance policies shall name as additional insureds (i) Informa Exhibitions LLC and its affiliates, *Revised as of 7/18/2017* and each of their direct and indirect subsidiaries and (ii) the Event Facility.
- If requested, copies of additional insured endorsements, primary coverage endorsements and complete copies of policies, satisfactory to IE, shall be promptly furnished to IE. Certified copies of the Certificates of Insurance or policies shall provide that they may not be cancelled without 30 days' advance written notice to IE.
- The Exhibitor shall obtain a waiver of subrogation from the carrier of each policy described above and the carrier of each other policy that provides fire, explosion or any other risk coverage insuring the Exhibitor's property, in each case releasing in full such carrier's subrogation rights.

*IE = Informa Exhibitions

Domestic Exhibitors

All exhibitors must carry and maintain insurance. DO NOT send a copy of your certificate of insurance to Show Management. These requirements are stated in the terms and conditions section of the booth contract. Our requirements are as follows:

1. Exhibitor shall **carry and maintain** during the period of the Expo, including move-in and move-out days, and at its sole cost and expense, personal injury and proper damage coverage under policy of general public liability insurance.
2. If you need to purchase Insurance for SupplySide West 2018, please contact [K&K Insurance](#).
3. If you already have a Certificate of Insurance, please upload it at exhibitorinsurance.com, click on "Upload Certificate".

4. If you hire an EAC, you no longer fill out a form as you have in the past. Please send your EAC the instructions below on how to upload their information to exhibitorinsurance.com.

International Exhibitors

All International exhibitors must carry and maintain insurance. **NOTE: *please reference your booth space contact to see if Insurance was included**.** If it is not included in your contact, please contact exhibitorinsurance.com to purchase Insurance for our event.

DO NOT send a copy of your certificate of insurance to Show Management. These requirements are stated in the terms and conditions section of the booth contract. Our requirements are as follows:

1. Exhibitor shall **carry and maintain** during the period of the Expo, including move-in and move-out days, and at its sole cost and expense, personal injury and proper damage coverage under policy of general public liability insurance.
2. If you need to purchase Insurance for SupplySide West 2018 (if it was not included in your contract), please contact exhibitorinsurance.com.
3. If you already have a Certificate of Insurance, please upload it at exhibitorinsurance.com, click on "Upload Certificate".
4. If you hire an EAC, you no longer fill out a form as you have in the past. Please send your EAC the instructions below on how to upload their information to exhibitorinsurance.com.

* *Insurance is included in contacts for these areas: India and the Asian Theater.*

Exhibitor Appointed Contractors

EAC General Insurance Requirements

EACs providing services at Mandalay Bay Convention Center must provide Show Management with a COI including the following:

- Coverage of \$3,000,000 per occurrence on carpet and \$5,000,000 per occurrence on concrete. If your company works in Mandalay Bay multiple times in a year, an annual COI is acceptable. It should span yearly (ex. April 2016 to April 2017). Any contractor / vendor that does not have a current COI on file with Show Management is not authorized to work on the premises.
- Worker's Compensation insurance in the amounts required by statutory worker's compensation requirements. Employer's liability limits of \$100,000 each accident.
- Comprehensive general liability insurance providing at least \$1,000,000 in coverage and naming Informa Media Inc, Informa Business Media Inc, and their respective affiliates, Mandalay Bay Convention Center and Freeman as additional insured.

How to Submit Your EAC Insurance

1. Go to exhibitorinsurance.com
 - a. Click "**Upload Certificate**"
 - i. **Event Name:** SupplySide West 2018
 - ii. **Event City:** Las Vegas
 - iii. **Organizer Name:** Informa Exhibitions
 - iv. **Complete the questions online and upload your COI**



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Month/Date/Year

PRODUCER Insurance Agent/Broker Name Insurance Agent/Broker Street Address or P.O. Box Insurance Agent/Broker City, State & Zip Code Contact & Phone Number	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.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Exhibitor Name Address	INSURER A: Name of Insurance Company	Enter NAIC#
	INSURER B: Name of Insurance Company (if applicable)	Enter NAIC#
	INSURER C: Name of Insurance Company (if applicable)	Enter NAIC#
	INSURER D: Name of Insurance Company (if applicable)	Enter NAIC#
	INSURER E: Name of Insurance Company (if applicable)	Enter NAIC#

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	<input checked="" type="checkbox"/>	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"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE	\$1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
						MED EXP (Any one person)	\$N/A
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
						PRODUCTS - COMP/OP AGG	\$1,000,000
							\$
A	<input type="checkbox"/>	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> _____	Enter Policy #	Enter Effective Date	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Occurrence)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
A	<input type="checkbox"/>	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
A	<input checked="" type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$Enter Amount	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE	\$Enter Limit
						AGGREGATE	\$Enter Limit
							\$
							\$
A	<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	Enter Policy #	Enter Effective Date	Enter Expiration Date	<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
	<input type="checkbox"/>	OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Informa Media Inc, Informa Business Media Inc, and thei respective affiliates
 Event facility
 General Service Contractor
 Any additional vendors that exhibitor contracts with for the event.

CERTIFICATE HOLDER

Exhibiting company

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE 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 OR REPRESENTATIVES.

--

AUTHORIZED REPRESENTATIVE

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.