

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
Type of Insurance: General Liability including Products Coverage
Dates of Coverage: 05/15/2012 05/18/2012

****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 04/20/2012	\$110	\$100	ONLINE – go to www.showinsurance.com
Pay after 04/20/2012	\$125	\$115	MAIL/FAX – Complete the fax form on the next page.
Pay after 05/05/2012	\$175	\$150	

To register and pay online please go to www.showinsurance.com .

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 April 20, 2012.**

Email To: questex@showinsurance.com

Fax To: 440-815-2266

To: Questex Media Group, LLC and 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 option.

Questex Media Group, LLC / Response Expo has asked Show Insurance to handle all insurance issues for Response Expo 2012 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 440.815.2266 • www.showinsurance.com



CERTIFICATE DEADLINE:

April 20, 2012

FAX: 440.815.2266



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.

Payment Schedule:		<u>Online Discount</u>	<u>Mail / Fax</u>
Before	04/20/2012	\$100	\$110
After	04/20/2012	\$115	\$125
After	05/05/2012	\$150	\$175

COMPANY INFORMATION

Exhibiting Company Name: _____ Booth Numbers: _____

Address: _____

City: _____ State: _____

Country: _____ Zip: _____

Telephone: _____ Fax: _____

E-Mail Address: _____

Show Contact: _____

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): _____

Signature: _____

Cardholder Address if different than above: _____

Fax to 440-815-2266 or **Mail** this form with payment to
Show Insurance Inc, 30285 Bruce Industrial Parkway, Suite B, Solon, Ohio 44139
Phone 440-349-6650 www.showinsurance.com

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

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
1-449-349-6650
www.showinsurance.com

INSURED

Your Company / Individual Name
Your Address

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
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMPREHENSIVE FORM <input type="checkbox"/> PREMISES/OPERATIONS <input type="checkbox"/> UNDERGROUND EXPLOSION & COLLAPSE HAZARD <input type="checkbox"/> PRODUCTS/COMPLETED OPER <input type="checkbox"/> CONTRACTUAL <input type="checkbox"/> INDEPENDENT CONTRACTORS <input type="checkbox"/> BROAD FORM PROPERTY DAMAGE <input type="checkbox"/> PERSONAL INJURY	POLICY NUMBER	05/15/12	05/18/12	BODILY INJURY OCC \$ 1,000,000
					BODILY INJURY AGG \$ 2,000,000
					PROPERTY DAMAGE OCC \$ 100,000
					PROPERTY DAMAGE AGG \$ 100,000
					BI & PD COMBINED OCC \$ 1,000,000
					BI & PD COMBINED AGG \$ 2,000,000
					PERSONAL INJURY AGG \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS (Private Pass) <input type="checkbox"/> ALL OWNED AUTOS (Other than Private Passenger) <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY				BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE \$
					BODILY INJURY & PROPERTY DAMAGE COMBINED \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$
					AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				WC STATUTORY LIMITS OTH-ER \$
					EL EACH ACCIDENT \$
	OTHER				

Sample Certificate

Contact SHOW INSURANCE
1-449-349-6650
www.showinsurance.com

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

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

CERTIFICATE HOLDER

RE12
Questex Meda Group, LLC and Response Expo
c/o Show Insurance, Inc.
30285 Bruce Industrial Parkway, Suite B
Solon, OH 44139

CANCELLATION

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 MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Andrew J Carson, CIC