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 per occurrence / $2,000,000 aggregate
Type of Insurance:	General Liability including Products Coverage
Dates of Coverage:	04/02/2013 – 04/05/2013

****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 03/04/2013	$110	$100
Pay after 03/04/2013	$125	$115
Pay after 03/23/2013	$175	$150

ONLINE – go to www.showinsurance.com

MAIL/FAX – Complete the fax form on the next page.

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 March 4, 2013.**

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 2013 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

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CERTIFICATE DEADLINE:
March 4, 2013
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.

			Online Discount	Mail / Fax
Payment Schedule:	**Before**	**03/04/2013**	**$100**	**$110**
	After	**03/04/2013**	**$115**	**$125**
	After	**03/23/2013**	**$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 **Email** to Questex@showinsurance.com 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

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ACORD™ CERTIFICATE OF LIABILITY INSURANCE

OP ID AC
SHOWI-1

DATE (MM/DD/YY)
05/11/12

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

INSURED

Your Company / Individual Name
Your Address

Contact SHOW INSURANCE
1-440-349-6650
www.showinsurance.com

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	
	GENERAL LIABILITY					
A	X COMPREHENSIVE FORM	POLICY NUMBER	04/02/2013	04/05/2013	BODILY INJURY OCC	$ 1,000,000
	PREMISES/OPERATIONS				BODILY INJURY AGG	$ 2,000,000
	UNDERGROUND EXPLOSION & COLLAPSE HAZARD				PROPERTY DAMAGE OCC	$ 100,000
	PRODUCTS/COMPLETED OPER				PROPERTY DAMAGE AGG	$ 100,000
	CONTRACTUAL				BI & PD COMBINED OCC	$ 1,000,000
	INDEPENDENT CONTRACTORS				BI & PD COMBINED AGG	$ 2,000,000
	BROAD FORM PROPERTY DAMAGE				PERSONAL INJURY AGG	$ 1,000,000
	PERSONAL INJURY					
	AUTOMOBILE LIABILITY					
	ANY AUTO				BODILY INJURY (Per person)	$
	ALL OWNED AUTOS (Private Pass)					
	ALL OWNED AUTOS (Other than Private Passenger)				BODILY INJURY (Per accident)	$
	HIRED AUTOS					$
	NON-OWNED AUTOS					
	GARAGE LIABILITY					$
	EXCESS LIABILITY				EACH OCCURRENCE	$
	UMBRELLA FORM				AGGREGATE	$
	OTHER THAN UMBRELLA FORM					$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS / OTHER	
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: INCL / EXCL				EL EACH ACCIDENT	$
	OTHER					

Sample Certificate

Contact SHOW INSURANCE
1-440-349-6650
www.showinsurance.com

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

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

CERTIFICATE HOLDER

RE2013

Questex Media 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, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Andrew J Carson, CIC

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