

INSURANCE REQUIREMENT DEADLINE: APRIL 28, 2017

Per the Show Rules and Regulations, every exhibitor **MUST** submit a valid proof of Insurance to Show Management no later than **April 28, 2017**. There are two acceptable documents for proof of insurance:

- Certificate of Insurance (COI) from your insurance company per the attached sample; or
- Confirmation of Coverage from The Insurance Exchange, Inc. (*more information on this option is provided below*)

PLEASE NOTE: Exhibitors will not be permitted to register booth personnel and/or pick-up badges onsite until the required proof of Insurance is received by Show Management.

SHOW RULE #28 INSURANCE

Exhibitor shall, at its sole cost and expense, procure and maintain insurance as required by PLASTICS and subject to its applicable guidelines, which shall include comprehensive general liability insurance against claims for bodily injury or death and property damage occurring in or upon or resulting from activities conducted on the premises leased by PLASTICS. Such insurance shall not contain a waiver of subrogation and shall include coverage for contractual liability, compensatory damages and special, indirect, consequential and punitive (where allowed by applicable law) damages with combined single limits of liability of not less than \$1,000,000 per occurrence and \$2,000,000 in aggregate. Such insurance shall name PLASTICS and the Facility as additional insured's. Exhibitor agrees to provide Show Management acceptable evidence of insurance coverage meeting the required terms prior to delivering/shipping any equipment to the Facility. All property of Exhibitor is understood to remain under its custody and control in transit to and from the confines of the exhibit hall and during the Show. Show Management will not assume liability for any injury that may occur to show visitors, Exhibitors, or their agents and employees, or any other third party. **Exhibitor agrees to carry and provide proof of insurance to Show Management on or before April 28, 2017. Failure to provide proof of insurance acceptable to PLASTICS by the date referenced above will result in Show Management holding Exhibitor's Booth Personnel registration and/or badges or other Show services as it deems appropriate.**

- Confirmation of Coverage or Certificate of Insurance **MUST** list the following as additional insured parties:

Plastics Industry Association/Shop Floor Expo
1425 K Street, N.W., Suite 500
Washington, DC 20005 USA

Donald E. Stephens Convention Center
5555 N. River Road
Rosemont, IL 60018 USA

- Confirmation of Coverage or Certificate of Insurance **MUST** list lease dates of:
June 12, 2017 through June 16, 2017 as the event period covered.

THE INSURANCE EXCHANGE, INC. – EXHIBITOR INSURANCE PROGRAM

The Insurance Exchange, Inc. offers Total Event Insurance for exhibitor commercial general liability to cover the Plastics Industry Association Shop Floor Expo event at a cost of \$75 plus tax to exhibitors who do not have Commercial General Liability Insurance or choose not to use their own insurance. PLASTICS provides this information solely as a benefit to exhibitors. Exhibitors are solely responsible for determining which policies best meet their needs and requirements, and PLASTICS makes no representations or warranties regarding any insurance providers or their products and services. In no event shall PLASTICS be liable for any damages arising out of or relating to any exhibitor's selection or purchase of insurance or failure to obtain or maintain insurance. [Click here](#) to apply.

SUBMISSION: Submit proof of Insurance by **April 28, 2017**, via:
Email: exhibitorservices@shopfloorexpo.org
or
Fax: +1.202.296.7243

Client#: 4240

PLAS

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER Insurance Company/Agent	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 Company Name, Booth Number Address City, State Zip Country	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	


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 INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A		GENERAL LIABILITY <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 type="checkbox"/> LOC				EACH OCCURRENCE	\$1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
						MED EXP (Any one person)	\$10,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
						PRODUCTS - COMP/OP AGG	\$1,000,000
A		AUTOMOBILE LIABILITY <input 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				COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
A		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS OTHER	
						E.L. EACH ACCIDENT	\$1,000,000
						E.L. DISEASE - EA EMPLOYEE	\$1,000,000
						E.L. DISEASE - POLICY LIMIT	\$1,000,000
		OTHER					

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

Event: Plastics Industry Association/Shop Floor Expo, June 12 through June 16, 2017

CERTIFICATE HOLDER Plastics Industry Association/Shop Floor Expo 1425 K Street, NW Suite 500, Washington, DC 20005 And Donald E. Stephens Convention Center 5555 N. River Road, Rosemont, IL 60018	CANCELLATION 10 Days for Non-Payment SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER 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 
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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 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.

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