

- PRODUCER:** Insurance Agent/Broker who issues certificate.
- NAME OF INSURED:** Must be the legal name of contracting party.
- TYPES OF INSURANCE:** Must include types required by contract.
- FORM OF COVERAGE:** Must be "occurrence" form of coverage.
- NAME ADDITIONAL INSURED:** SourceOne Events (Official Service Provider), Show Management, Name of Show, Show Dates, Exhibiting Company Name and Booth Number and Facility as additional insured on a primary and non-contributory basis.
- CERTIFICATE HOLDER:** Must be SourceOne Events, Inc.
- POLICY EFFECTIVE DATE:** Must be prior to or coincidental with the first day of Exhibitor Move-In.
- POLICY EXPIRATION DATE:** Must be on or after the last day of Exhibitor Move-Out.
- LIMITS OF INSURANCE:** Must be the same or greater than required by contract. See Section B on Agreement under EAC Rules and Regulations between SourceOne and EAC.
- AUTHORIZED REPRESENTATIVE:** Must be signed (not stamped) by an authorized representative of Producer.

ACORD™		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 09/30/2019	
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 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).					
1	<b>PRODUCER</b> Executive Insurance Agency 1234 Corporate Lane Chicago, IL 60611 Attn: John Agent Phone: (312) 555-0000 Ext. 411 Fax: (312) 555-1234		<b>CONTACT</b> NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL: ADDRESS:		
			INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Liberty Mutual INSURER B : Travelers Insurance INSURER C : INSURER D : INSURER E : INSURER F :		
2	<b>INSURED</b> ABC Company, Inc. 1234 Expo Lane Chicago, IL 60611 Attn: Tom Smith Phone: (312) 555-4111 Fax: (708) 444-1234				
<b>COVERAGES</b> 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.					
4		TYPE OF INSURANCE		9	
A	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>	10/12/2018	10/12/2019
		CLAIMS-MADE	<input checked="" type="checkbox"/>	LIMITS	
		OCUR		EACH OCCURRENCE	\$ 1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:		DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
		POLICY	<input type="checkbox"/>	MED EXP (Any one person)	\$ 15,000
		PRO-JECT	<input type="checkbox"/>	PERSONAL & ADV INJURY	\$ 1,000,000
		LOC	<input type="checkbox"/>	GENERAL AGGREGATE	\$ 2,000,000
		OTHER:		PRODUCTS - COMPIOP AGG	\$ 2,000,000
A	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY		COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
		ANY AUTO		BODILY INJURY (Per person)	\$
		ALL OWNED AUTOS	<input type="checkbox"/>	BODILY INJURY (Per accident)	\$
		SCHEDULED AUTOS	<input checked="" type="checkbox"/>	PROPERTY DAMAGE (Per accident)	\$
		HIRED AUTOS	<input checked="" type="checkbox"/>		
		NON-OWNED AUTOS	<input checked="" type="checkbox"/>		
A	<input checked="" type="checkbox"/>	UMBRELLA LIAB	<input checked="" type="checkbox"/>	EACH OCCURRENCE	\$ 1,000,000
		EXCESS LIAB	<input type="checkbox"/>	AGGREGATE	\$ 1,000,000
		CLAIMS-MADE			
		DED	<input checked="" type="checkbox"/>		
		RETENTION \$	10000		
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>		
		If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		
5 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) <b>Add as Additional Insured:</b> List the following: SourceOne Events, Inc. (Official Service Provider), Show Management, Facility, and Show Name are hereby names as additional insured, except for Workers' Compensation. SourceOne Events, Inc. and/or the consignors are included as Loss Payee. The insurance provided for the benefit of SourceOne Events, shall be primary insurance as respects any claim, loss, or liability, arising out of the Named Insured's operations for which the Named Insured is liable. Any other insurance maintained by SourceOne shall be excess and non contributory. Show Dates & City are: (List Show Dates Here & Name of City)					
6 CERTIFICATE HOLDER			CANCELLATION		
SourceOne Events, Inc. 160 Eisenhower Lane N. Lombard, IL 60148			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		
			10		



## EXHIBITOR LIABILITY INSURANCE REQUIREMENTS

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Per the booth contract, Exhibitors are required to carry comprehensive general liability insurance and it must be procured at the exhibitor's sole expense. You do not need to submit a copy of your insurance, but you are required to have it available on site in case it's requested. Note that Exhibitor Liability Insurance is DIFFERENT from Exhibitor Appointed Contractor (EAC) Insurance which does need to be submitted at Exhibitor Registration. Coverage requirements are outlined below.

- The insurance must be maintained through the term of the CannaOne show contract and must cover against claims for bodily injury, death and property damage occurring in or upon or resulting from the premises leased by CannaOne. Such insurance shall include contractual liability and product liability coverage, with combined single limits of liability.
- Such insurance shall name the CannaOne, all Conference venue spaces and the Exclusive Show Decorator as additionally insured.
- Workers Compensation and Occupational Disease Insurance shall be in full compliance with all federal and state laws, covering all the Exhibitor's employees engaged in the performance of any work for and/or by the Exhibitor.
- All property of the 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.

You most likely can add the above to an existing insurance policy. Please contact your insurance company directly.

CannaOne, all Conference venue spaces, the Exclusive Show Decorator, all other contracted vendors of the Show and their agents or employees shall not be responsible for any loss, theft, or damage to the property of the Exhibitor or its employees or representatives. Further, the aforementioned parties will not be liable for damage or injury to persons or property during the term of this agreement from any cause whatsoever by reason of the use or occupancy of the exhibit space by the Exhibitor, and the Exhibitor shall indemnify and hold harmless the aforementioned parties from all liability which might ensue from any cause whatsoever. If the Exhibitor's materials fail to arrive, the Exhibitor is nevertheless responsible for all amounts due. The Exhibitor understands that none of the organizations or sponsors maintain insurance covering the Exhibitor's property, and it is the sole responsibility of the Exhibitor to obtain such insurance.

Additional insurance and/or fire marshal approval may be necessary for certain booth sizes or equipment.