

**EDspaces does not provide any type of insurance coverage for the property and/or personnel of exhibiting companies. Exhibitors must maintain insurance that meets the requirements below and provide proof to EDspaces prior to the show. [Click here](#) to electronically upload your insurance documents.**

To protect your property and staff we suggest taking the following steps:

## Property Insurance

Contact your insurance broker or carrier to obtain a policy to cover the value of your booth, equipment, product and supplies. If you already have property insurance, confirm that it will extend to your property during shipping and at the show. Many insurance policies only cover property at a listed location or within 1,000 feet of that location. If you use an independent contractor for installation or dismantling, review the agreement carefully to determine what insurance may be available if damage occurs as a result of their negligence.

## Insurance Requirements

As stated in your Exhibit Space Agreement, an exhibitor shall, at their own expense, secure and maintain through the term of this contract, 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 the 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 paragraph. The following three types of insurance are required:

- Workers' Compensation insurance, unless you are the sole proprietor. Sole proprietor is a [business entity](#) that is owned and run by one individual. If you have even one other person in the booth working with you, you will need worker's compensation coverage.
- 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 (if applicable) 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. Auto coverage is only required if there is a vehicle in your booth or if you are using a designated loading/unloading area i.e. POV area.

Comprehensive general liability and automobile liability insurance policies shall name as additional insured Emerald and each of its subsidiaries. These dates cover move-in, show days and move-out. If requested, copies of additional insured endorsements, primary coverage endorsements and complete copies of policies satisfactory to Emerald, shall be furnished to Emerald sixty (60) days before the first day of the Event. Certified copies of the Certificates of Insurance or policies shall provide that they may not be cancelled without 30 days advance written notice to Emerald.

The following information **MUST** be contained on the certificate:

- **"Producer"** - Name, address and phone number of insurance carrier
- **"Insured"** - Company Name, Address, Phone number and Booth Number of Company Insured
- **"Coverage"** - Coverage must be provided for Comprehensive General Liability, Automotive Liability, and Workmen's Compensation, complete with policy numbers, effective dates of coverage and limits of coverage.
  1. **Comprehensive General Liability Insurance** - Confirm that you have adequate coverage to protect your interests from potential claims arising from the injury to a person other than an employee at your booth.
  2. **Automobile Liability Insurance (if applicable)** - Confirm that an automobile liability policy is in place for any company owned vehicles used in connection with the show and that insurance is provided for any non-owned and/or hired vehicles used in connection with the show, including utility vehicles for loading and unloading.
  3. **Workers Compensation Insurance** - Exhibiting companies must have a Workers Compensation policy as required by law to insure your employees in the event of a work-related injury.
- **"Description of Special Items"** - Emerald -EDspaces 2021, Freeman and the David L. Lawrence Convention Center must be listed as additional insured for the dates November 3-5, 2021.
- **"Certificate Holder"** - Information should be listed as:
  - Emerald – EDspaces 2021
  - 31910 Del Obispo #200, San Juan Capistrano, CA 92675
  - Attn: Michael Sauer ~ **For more information e-mail:** [michael.sauer@emeraldtx.com](mailto:michael.sauer@emeraldtx.com)

ACORD <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">1.</span> CERTIFICATE OF LIABILITY INSURANCE		DATE			
<b>PRODUCER</b> Insurance Company Name                      Fax: (212) 555-6100 Insurance Company Address 1 Insurance Company Address 2 Attn: Agent Name (212) 555-6102 ext. 1234		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.  <b>INSUREERS AFFORDING COVERAGE</b>			
<b>INSURED</b> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">2.</span> Exhibiting Company Name Exhibiting Company Address 1 Exhibiting Company Address 2 Attn: Exhibiting Company Contact Name Phone: (212) 555-5349    Fax: (212) 555-9819		INSURER A: Hartford Insurance Company of Illinois INSURER B: Aetna Casualty & Surety Company INSURER C: Travelers Insurance Company INSURER D: Royal Insurance Company INSURER E:			
<b>COVERAGES</b> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">3.</span> THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OF 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.					
INSR LTR	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">4.</span> TYPE OF INSURANCE	POLICY NUMBER	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">7.</span> POLICY EFFECTIVE DATE (MM/DD/YY)	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">8.</span> POLICY EXPIRATION DATE (MM/DD/YY)	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">9.</span> LIMITS
A	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"/> _____ GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	000P98298-A11	01/01/21	01/01/22	EACH OCCURRENCE                      \$1,000,000 FIRE DAMAGE (Any one fire)            \$ 50,000 MED EXP (Any one person)            \$ 5,000 PERSONAL & ADV INJURY                \$1,000,000 GENERAL AGGREGATE                    \$2,000,000 PRODUCTS-COMP/OP AGG                \$2,000,000
	AUTOMOBILE LIABILITY <input checked="" 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 <input type="checkbox"/> _____ <input type="checkbox"/> _____	SKLS-029499S	01/01/21	01/01/22	COMBINED SINGLE LIMIT                \$1,000,000 (Ea accident) BODILY INJURY                            \$ (Per person) BODILY INJURY                            \$ (Per accident) PROPERTY DAMAGE                      \$ (Per accident) AUTO ONLY-EA ACCIDENT OTHER THAN AUTO ONLY:            \$            \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				
	UMBRELLA/EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	XL1234567	01/01/21	01/01/22	EACH OCCURRENCE                      \$1,000,000 AGGREGATE                                \$1,000,000 _____ \$ _____ \$ _____ \$
	C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	A4145-SS-PJ37	01/01/21	01/01/22
D	OTHER				Each Occurrence & Aggregate
<b>DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS</b> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">5.</span> Emerald (Show Management), Freeman (Official Service Provider), the David L. Lawrence Convention Center (Facility), and EDspaces (Show) are hereby named as additional insured, except for Workers' Compensation. Emerald and/or the consignee are included as Loss Payee. The insurance provided for the benefit of Emerald, 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 Emerald shall be excess and non-contributory. Show date(s) are: November 3-5, 2021 in Pittsburgh, PA.					
<b>CERTIFICATE HOLDER</b> <input checked="" type="checkbox"/> <b>ADDITIONAL INSURED; INSURER LETTER: <u>X</u></b>		<b>CANCELLATION</b> 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 DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OF REPRESENTATIONS			
<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">6.</span> Emerald / EDspaces Attn: Michael Sauer 31910 Del Obispo #200 San Juan Capistrano, CA 92675		AUTHORIZED REPRESENTATIVE <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">10.</span>			

- PRODUCER: Name, address and phone number of insurance carrier.
- INSURED: Company name, address, phone number and booth number of company insured.
- COVERAGES: Coverage must be provided for Comprehensive General Liability, Automotive Liability (if applicable), and Workmen's Compensation, complete with policy numbers, effective dates of Coverage and limits of coverage.
- FORM OF COVERAGE: Must be "occurrence" form of coverage.
- NAME OF ADDITIONAL INSURED: Emerald (Show Management), Freeman (Official Service Provider), EDspaces (Show) and the David L. Lawrence Convention Center (Facility) as additional insureds on a primary and non-contributory basis. Show dates are November 3-5, 2021.
- CERTIFICATE HOLDER: Emerald – EDspaces, 31910 Del Obispo #200, San Juan Capistrano, CA 92675, Attn: Michael Sauer
- 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 Insurance Requirements.
- AUTHORIZED REPRESENTATIVE: Must be signed (not stamped) by an authorized representative of Producer.