



## **Exhibitor Insurance Program**

### **EXHIBITOR GENERAL LIABILITY INSURANCE (REQUIRED)**

Emerald requires that all exhibitors carry Commercial General Liability with minimum limits of **\$1,000,000 per occurrence, \$2,000,000 aggregate**. Emerald and the Venue shall be named as Additional Insured.

The insurance will be in force during the lease dates of the event/show.

- Provides exhibitors who do not have Commercial General Liability Insurance or who do not want to use corporate insurance.
- Protects foreign exhibitors whose insurance will not pay claims brought in the U.S. Courts
- Cost is \$65.00 USD per exhibiting company – regardless of booth size.

### **Apply for insurance coverage online**

[Click here](#) to purchase General Liability insurance for Retail Innovations

Visa, Mastercard, AMEX are accepted

Coverage must be purchased prior to the event/show

### **QUESTIONS?**

#### **Total Event Insurance**

[emeraldexhibitor@totaleventinsurance.com](mailto:emeraldexhibitor@totaleventinsurance.com)

ACORD <span style="background-color: #00AEEF; color: white; border-radius: 50%; padding: 2px 5px;">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.  <div style="text-align: center; border: 1px solid black; padding: 5px; margin: 5px 0;">INSUREERS AFFORDING COVERAGE</div>																							
<b>INSURED</b> <span style="background-color: #00AEEF; color: white; border-radius: 50%; padding: 2px 5px;">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="background-color: #00AEEF; color: white; border-radius: 50%; padding: 2px 5px;">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="background-color: #00AEEF; color: white; border-radius: 50%; padding: 2px 5px;">4.</span> TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)																						
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	<span style="background-color: #00AEEF; color: white; border-radius: 50%; padding: 2px 5px;">7.</span> 01/01/22																						
			<span style="background-color: #00AEEF; color: white; border-radius: 50%; padding: 2px 5px;">8.</span> 01/01/23																						
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DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS <span style="background-color: #00AEEF; color: white; border-radius: 50%; padding: 2px 5px;">5.</span> Emerald (Show Management), Hargrove (Official Service Provider), Walter E. Washington Convention Center (Facility), and Modern Day Marine (Show) are hereby named as additional insured, except for Workers' Compensation. Emerald and/or the consignor 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: May 10-12, 2022, in Washington, DC.																									
CERTIFICATE HOLDER <input checked="" type="checkbox"/> ADDITIONAL INSURED; INSURER LETTER: <u>X</u>		CANCELLATION																							
<span style="background-color: #00AEEF; color: white; border-radius: 50%; padding: 2px 5px;">6.</span> Emerald /Modern Day Marine 31910 Del Obispo #200 San Juan Capistrano, CA 92675 Attn: Jenn Burton		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  AUTHORIZED REPRESENTATIVE <div style="text-align: center;">   <span style="background-color: #00AEEF; color: white; border-radius: 50%; padding: 2px 5px;">10.</span> </div>																							

1. PRODUCER: Name, address and phone number of insurance carrier.
2. INSURED: Company name, address, phone number and booth number of company insured.
3. 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.
4. FORM OF COVERAGE: Must be "occurrence" form of coverage.
5. NAME OF ADDITIONAL INSUREDS: Emerald (Show Management), Hargrove (Official Service Provider), Modern Day Marine (Show) and Walter E. Washington Convention Center (Facility) as additional insureds on a primary

- and non-contributory basis. Show dates are May 10-12, 2022.
6. CERTIFICATE HOLDER: Emerald – Modern Day Marine, 31910 Del Obispo #200, San Juan Capistrano, CA 92675, Attn: Jenn Burton
7. POLICY EFFECTIVE DATE: Must be prior to or coincidental with the first day of Exhibitor Move-In.
8. POLICY EXPIRATION DATE: Must be on or after the last day of Exhibitor Move-Out.
9. LIMITS OF INSURANCE: Must be the same or greater than required by contract. See Insurance Requirements.
10. AUTHORIZED REPRESENTATIVE: Must be signed (not stamped) by an authorized representative of Producer.