

# 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  
Type of Insurance: General Liability  
Dates of Coverage: 03/04/2010 – 03/11/2010

**Additional Insured Clause:**

Questex Media Group & IBS & IECSC NY 2010  
c/o Show Insurance, Inc.  
29100 Aurora Road, #100  
Solon, OH 44139

**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 Questex Media Group and send you a confirmation that the requirement has been completed.

	<b>Mail / Fax</b>	<b>Online</b>	
Pay by 02/07/10	\$110	\$100	ONLINE – go to <a href="http://www.showinsurance.com">www.showinsurance.com</a>
Pay after 02/07/10	\$125	\$115	MAIL/FAX – Complete the fax form on the next page.
Pay after 02/22/10	\$175	\$150	

To register and pay online please go to [www.showinsurance.com](http://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 the certificate holder above 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. **Please submit your certificate by February 2, 2010.**

**Email To:** [questex@showinsurance.com](mailto:questex@showinsurance.com)

**Mail To:** Questex Media Group/IBS - IECSC NY 2010  
c/o Show Insurance, Inc.  
29100 Aurora Road, #100  
Solon, OH 44139

**Fax To:** 440-815-2266

Please discuss the cost with your provider for this service. Show Insurance will not charge any fee for this option.

Questex Media Group has asked Show Insurance to handle all insurance issues for the IECSC and IBS New York 2010, including collecting and verifying certificates of insurance. For further questions please visit our website at [www.showinsurance.com](http://www.showinsurance.com).

**Show Insurance, Inc.** • 29100 Aurora Road • Suite 100 • Solon, OH • 44139  
• P 440.349.6650 • F 440.815.2266 • [www.showinsurance.com](http://www.showinsurance.com)

**CERTIFICATE DEADLINE: FEBRUARY 2, 2010 FAX: 440.815.2266**

## INSURANCE REGISTRATION FORM

Each exhibitor can register online at [www.showinsurance.com](http://www.showinsurance.com) or mail/fax this form with payment to **Show Insurance, Inc.**

**Make Check Payable to:** Show Insurance Inc.

Payment Schedule:		Mail / Fax	Online Discount
	<b>Before 02/07/2010</b>	<b>\$110</b>	<b>\$100</b>
	<b>After 02/07/2010</b>	<b>\$125</b>	<b>\$115</b>
	<b>After 02/22/2010</b>	<b>\$175</b>	<b>\$150</b>

### 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 | \_\_\_\_-\_\_\_\_-\_\_\_\_ |

Cardholder Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

**Fax to 440-815-2266 or Mail this form with payment to**  
 Show Insurance Inc, 29100 Aurora Road, #100, Solon, Ohio 44139  
**Phone 440-349-6650      www.showinsurance.com**

**PRODUCER**  
Insurance Diversified Agency  
29100 Aurora Road #100  
Solon OH 44139  
Phone: 440-349-6650 Fax: 440-815-2154

**INSURED**  
  
**Your Company Name Here**

**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 #
INSURER A:	Your Insurance Company	
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.

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

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	X	<b>GENERAL LIABILITY</b> <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	POLICY NUMBER	03/04/10	03/11/10	EACH OCCURRENCE	\$ 1000000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100000
						MED EXP (Any one person)	\$ 5000
						PERSONAL & ADV INJURY	\$ 1000000
						GENERAL AGGREGATE	\$ 2000000
						PRODUCTS - COMPI/OP AGG	\$ 2000000
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATU-TORY LIMITS	OTH-ER
						CH ACCIDENT	\$
						SEASE - EA EMPLOYEE	\$
						SEASE - POLICY LIMIT	\$

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

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

With respects to IBS & IECSC New York 2010, Questex Media Group is named as an additional insured.

**CERTIFICATE HOLDER**

**QUEST-1**

Questex Media Group & IBS & IECSC New York 2010  
c/o Show Insurance, Inc.  
29100 Aurora Road, Suite 100  
Solon, OH 44139

**CANCELLATION**

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  
**Andrew J Carson, CIC**