



## EXHIBITOR SERVICE KIT

June 8-10, 2008  
The Town & Country Hotel  
San Diego, CA

# CERTIFICATE OF INSURANCE REQUIRED

**DEADLINE: May 8, 2008**

As an exhibitor, you are required to carry workmen's compensation and commercial general liability which includes contractors, personal injury and blanket contractual liability insurance at limits of at least \$1,000,000 per occurrence, \$2,000,000 aggregate. This coverage must be evidenced by a Certificate of Insurance (see enclosed sample) with a 30-day notice of cancellation provision to the holder and supplied to and naming Bobit Business Media, Government Fleet Expo and Conference, The Las Vegas Hilton and Freeman Decorating as additional insurers at least 30 days before the first day of move-in.

A Certificate of Insurance may be obtained through your primary Insurance Agency, or you may be able to obtain a rider's policy on your homeowner's insurance, business/commercial or auto insurance. Exhibitors not already covered by an insurance carrier can view the Government Fleet Expo and Conference website for an online list of insurance companies to contact for show coverage.

ACORD CERTIFICATE OF LIABILITY INSURANCE				DATE (MMDDYYYY)	
PROVIDER: (201)661-2000 FAX: (201)661-2499 Capacity Coverage Company of NJ Inc One International Blvd. 3rd Floor Mahwah, NJ 07495		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.		05/12/2006	
Name of Insured Company		INSURERS AFFORDING COVERAGE		NAIC #	
		INSURER A: Hartford Fire Insurance Co.			
		INSURER B: Hartford Casualty Insurance Co.			
		INSURER C:			
		INSURER D:			
		INSURER E:			
<b>COVERAGES</b>					
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.					
DESCRIPTION	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR	02UJUN	05/15/2006	05/15/2007	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES, LEGAL DEFENSE, MED EXP (ANY AND OTHER) \$ 300,000 PERSONAL & ADV INJURY \$ 10,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMMOD AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> TRUCKS <input type="checkbox"/> TRAILERS <input checked="" type="checkbox"/> TRUCKS AND TRAILERS <input type="checkbox"/> TRUCKS AND TRAILERS	02UENQ	05/15/2006	05/15/2007	COMBINED SINGLE LIMIT (ES RORDED) \$ 1,000,000
	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE \$ 10,000 <input checked="" type="checkbox"/> RETENTION \$ 10,000	02HRUQ	05/15/2006	05/15/2007	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY EMPLOYER (TERMINAL NON-EXECUTIVE OFFICERS/EMERGENCY EXCLUSIONS) FIVE MONTHS FROM SPECIAL PROVISIONS BELOW				PER STATE / PER OCCUR \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
Re: Government Fleet Expo and Conference being held at Town & Country Hotel, San Diego, CA, June 8-10, 2008					
CERTIFICATE HOLDER		CANCELLATION			
Bobit Business Media Government Fleet Expo 2008 3520 Challenger St. Torrance, Ca 90503		SHELL 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 MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE			
ACORD 26 (2001/08) FAX: (310)533-2400		©ACORD CORPORATION 1988			

RETURN TO

**DEADLINE: May 8, 2008**

- ❖ Please fax completed form for processing to (310) 533-2511, email to [jane.sweeney@bobit.com](mailto:jane.sweeney@bobit.com) or mail to Government Fleet Expo and Conference 2008 • 3520 Challenger St. • Torrance, CA • 90503

## GUIDELINES