

POLICE-TREXPO EAST 2010

Conference: August 17-19

Exhibit Hall Days: August 18-19

Range Day: August 20

Dulles Expo & Conference Center, Chantilly, VA



Certificate of Insurance (Required) Deadline: Wednesday, Aug. 4, 2010

As an exhibitor, you are required to carry workmen's compensation and commercial general liability include contractors, personal injury and blanket contractual liability insurance at limits of at least \$1,000,000 per occurrence, \$2,000,000 aggregate. These coverages must be evidenced by 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, POLICE-TREXPO EAST, and Freeman Decorating Co.** 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.

List
Additional
Insured

ACORD CERTIFICATE OF LIABILITY INSURANCE						DATE (MM/DD/YYYY)
PRODUCER (201)661-2000 FAX (201)661-2499 Capacity Coverage Company of NJ Inc One International Blvd. 3rd Floor Mahwah, NJ 07430						05/12/2006
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: Hartford Fire Insurance Co.						
INSURER B: Hartford Casualty Insurance Co.						
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.						
INSURANCE TYPE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR	02UUNQ	05/15/2006	05/15/2007	EACH OCCURRENCE	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PER-SUBJECT <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
B	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	02UENQ	05/15/2006	05/15/2007	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per occurrence)	\$
					PROPERTY DAMAGE (Per accident)	\$
A	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	02HHUQ	05/15/2006	05/15/2007	EA OCC	\$
					OTHER THAN AUTO ONLY: AGG	\$
A	<input checked="" type="checkbox"/> EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ <input checked="" type="checkbox"/> RETENTION \$ 10,000				EACH OCCURRENCE	\$ 4,000,000
					AGGREGATE	\$ 4,000,000
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below						WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS Re: Tradeshow being held at Mohegan Sun Casino 1 Mohegan Sun Blvd, Uncasville CT taking place 9/10/05 - 9/14/05.						
CERTIFICATE HOLDER POLICE-TREXPO Fax: 310-533-2511			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 MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.			
ACORD 25 (2001/08) FAX: (310) 533-2400						©ACORD CORPORATION 1988

PLEASE
FAX TO:

- If you don't have an insurance contact, any of the following companies will be able to assist you.
- | | | | | | |
|----------------------------------|---------------|----------------------|-------------------------------|----------------|----------------|
| Shahinian Insurance Services | Tustin, CA | (714) 544-3963 | K&K Insurance Group, Inc. | Fort Wayne, IN | (866) 554-4636 |
| John Buttine, Inc. | New York, NY | (212) 697-1010 | Marsh Affinity Group Services | Ridge, IL | (847) 803-3100 |
| CSI Entertainment Insurance | Dallas, TX | (214) 749-7700 x 224 | Shoff Darby Companies Inc. | Northfield, CT | (860) 283-6640 |
| Falcon West Insurance Brokers | San Diego, CA | (619) 297-9181 | Showstoppers® by Aon | Washington, DC | (202) 862-5333 |
| HCC Specialty Underwriters, Inc. | Wakefield, MA | (781) 994-6000 | Steeves, Smith & Associates | Trumbull, CT | (203) 261-8474 |