



**September 11-12, 2012
Navy Pier, Chicago, IL**

CERTIFICATE OF INSURANCE (REQUIRED) Deadline: August 24, 2012

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 with a 30-day notice of cancellation provision to the holder and supplied to and naming **Bobit Business Media, BusCon, Navy Pier and Shepard Exposition Services 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 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 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
INSURERS AFFORDING COVERAGE			NAIC #	
<ol style="list-style-type: none"> Exhibiting Company Name and Booth # Bobit Business Media/BusCon Navy Pier Shepard Exposition Services 			Co.	
POLICIES: AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.				
INSURANCE TYPE	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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> SECT <input type="checkbox"/> LOC	02UUNQ	05/15/2006	05/15/2007	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	B AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIBED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	02UENQ	05/15/2006	05/15/2007
A EXCESS LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> DEDUCTIBLE 10 <input checked="" type="checkbox"/> RETENTION		05/15/2006	05/15/2007	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
WORKERS COMP EMPLOYERS' LIABILITY ANY PROFESSIONAL PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS AGreed 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		CANCELLATION		
Bobit Business Media BusCon 3520 Challenger St. Torrance, CA 90503		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. AUTHORIZED REPRESENTATIVE		

RETURN TO:
(mail or fax to
(310) 533-2511

If you need to purchase insurance, please call Buttine Underwriters Purchasing Group, Attn: Kendra Reilly Monahan, Phone: 212-697-1010 ext. 49 or Email: kar@buttine.com. Please mention BusCon when placing your order.