



CERTIFICATE OF INSURANCE & EAC POLICY

Certificate of Insurance

A **requirement** of exhibiting at **FDIC International 2024** is for **ALL** exhibitors to carry liability insurance throughout the Event. The deadline for submitting the Certificate indicating adequate insurance coverage is **March 15th, 2024**. Even if an exhibitor hires an EAC, exhibitors still must supply its own Certificate of Liability Insurance. ALL EAC's must submit an application form with a certificate of insurance prior to the deadline to be approved by show management. Exhibitor's insurance carrier must issue such Certificate of Liability Insurance. A sample insurance form can be found on page 3 of this document.

To ensure that the Certificate of Liability Insurance has the correct information required, please make sure your certificate includes the following information.

AMOUNT SUGGESTED: One (1) Million Dollars

Under the ***Certificate Holder***, please include:

**Clarion Events, Inc. / FDIC International 2024
6 Research Drive, Shelton, CT 06484**

Under ***Description of Operations***, please include:

**All activities related to FDIC International 2024 / April 15th - April 20th, 2024
Indiana Convention Center & Lucas Oil Stadium
Indianapolis, Indiana**

Complete Certificates of Liability Insurance must be uploaded to the exhibitor hub. Certificates of Liability Insurance will not be accepted via email or mail.

Please contact your Exhibitor Services Team at FDIC.ES@clarionevents.com with any questions.

If you do not have insurance, or you would rather not use your own insurance, (similar to when you rent a car – so that claims would not be filed against your policy), we have set up a program with Rainprotection Insurance through which, you can purchase compliant insurance instantly online starting at \$91. Please [click here](#) for more information.

Exhibitor Appointed Contractors (EAC) An Exhibitor Appointed Contractor (EAC) is a company (other than the official service contractor listed in the Exhibitor Manual) that provides a service (for example, display and installation/dismantling of a booth) at Exhibitor's request and needs access to Exhibitor's booth during the installation and/or dismantling period. If you hire an EAC, you must complete and return the Exhibitor Appointed Contractor Form found in the The Expo Group's exhibitor manual. The EAC will also have to provide a Certificate of Liability Insurance as described above.

Any questions related to the Certificates of Liability Insurance or an EAC should be directed to your Exhibitor Services Team at FDIC.ES@clarionevents.com

SAMPLE

CERTIFICATE OF INSURANCE				DATE (MM/DD/YY)	
PRODUCER YOUR INSURANCE COMPANY NAME/PHONE NUMBER OF CONTACT PERSON		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.			
CODE SUB-CODE INSURED YOUR COMPANY NAME AND ADDRESS		COMPANIES AFFORDING COVERAGE			
		COMPANY LETTER	A		
		COMPANY LETTER	B	SAMPLE	
		COMPANY LETTER	C		
		COMPANY LETTER	D		
		COMPANY LETTER	E		
COVERAGES THIS IS TO CERTIFY THAT 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. THIS 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.					
INST LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS
	<input type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. <input type="checkbox"/> OWNERS' & CONTRACTORS' PROT.	SAMPLE	YOUR EFFECTIVE DATES		GENERAL AGGREGATE \$1,000 PRODUCTS-COM-OPS AGGREGATE \$1,000 PERSONAL & ADVERTISING INJURY \$1,000 EACH OCCURRENCE \$1,000 FIRE & DAMAGE (Any one fire) \$50 MEDICAL EXPENSE (Any one person) \$5
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY	SAMPLE			COMBINED SINGLE LIMIT \$1,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	<input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	<input checked="" type="checkbox"/> WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY	SAMPLE			STATUTORY \$ 1,000 (EACH ACCIDENT) \$ (DISEASE- POLICY LIMIT) \$ (DISEASE - EACH EMPLOYEE)
	OTHER				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL ITEMS ADDITIONAL INSURED: (NAME OF EVENT) OCCURRING IN (YEAR). SMG, SPORTS AND EXHIBITION AUTHORITY OF PITTSBURGH AND ALLEGHENY COUNTY, AND COMMONWEALTH OF PA					

CERTIFICATE HOLDER

CANCELLATION

<p style="text-align: center;"> The Event Name 6 Research Drive Shelton, CT 06484 </p>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEROF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OR ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES</p>
	AUTHORIZED REPRESENTATIVE