

EXHIBITORS ARE RESPONSIBLE FOR OBTAINING ALL REQUIRED LICENSES OR PERMITS FOR THE SHOW

All Exhibitors

You **MUST** update your risk, comprehensive and general liability insurance to cover your vehicles and employees during move-in, the show and move-out. GS Events and the Dulles Expo Center **WILL NOT BE** responsible for loss or damage of any property. Fax Certificate of Insurance to 270-438-4723.

Dealers

If you broker boats or sell any type of watercraft, you must be licensed by the Virginia Department of Game and Inland Fisheries. All dealers must have their temporary supplemental license from the Virginia Department of Game and Inland Fisheries posted during the show. Everyone working the display should have a salesman's license ready to show if necessary. You must obtain any Dealer Off-Site Sale Permits required by the State.

Retail Selling

Exhibitors are required to collect appropriate sales tax on items sold and file the required tax forms.

CERTIFICATE OF INSURANCE (Attachment A) ISSUE DATE								
Producer:	THIS CERTIFICATE IS A REPRESENTATION OF THE COVERAGE AFFORDED BY THE POLICIES REFERRED TO BELOW							
	COMPANIES AFFORDING COVERAGE							
	COMPANY							
	LETTER A							
Phone:	COMPANY							
Insured:	LETTER B							
	COMPANY							
	LETTER C							
	COMPANY							
	LETTER D							
COVERAGES								
THE REAL PROPERTY AND ADDRESS OF THE PARTY O								

THIS IS TO CERTIFY THAT THE INSURANCE POLICIES LISTED BELOWHAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED AND THAT THE POLICES MEET THE MINIMUM COVERAGE REQUIREMENTS OF THE APPLICATION LEASE, PROJECT SPECIFICATIONS, REQUESTED FOR PROPOSALS, CONTRACT, REQUIREMENTS, LICENSE, PURCHASE ORDER REQUIREMENTS, OR CITY ORDINANCES.

CO	RACT, REQUIREMENTS, LICENSE, PURCHASE		POLICY EFFECTIVE	POLICY EFFECTIVE		
LTR	TYPE OF INSURANCE	POLICY NUMBER	DATE (MM/DD/YY)	DATE (MM/DD/YY)	ALL LIMITS IN THOUSAND	<u>os</u>
	GENERAL LIABILITY				GENERAL AGGREGATE	\$
l	() COMMERCIAL GENERAL LIABILITY				PRDCTS-COMP OPS AGGREGATE	\$
l	() Claims Made [) Occurences				PERSONAL & ADVERTISE INSURY	\$
l	() Owners & Contractors Protective				EACH OCCURRENCE	\$
	() Contractual Liability				FIRE DAMAGE-ANY FIRE	\$
	(]X, C, U Coverage				MEDICAL EXPENSE PER PERSON	\$
Г	AUTOMOTIVE LIABILITY				COMBINED	
	(] Any Auto	_ A		_	SNGLE	l
	() All Owned Vehicles	$\leq \Delta$	MPI	—	LIMIT	\$
	() Scheduled Autos		Y (T)		BODILY INJURY - PER PERSON	s
	() Hired Autos					<u> </u>
l	() Non-Owned Autos				BODILY INSURY - PER ACCOUNT	\$
l	() Garage Liability					<u> </u>
	() Contractual Liability					l.
l	() Garage Keepers Liability				PROPERTY DAMAGE	\$
\vdash	EXCESS LIABILITY					-
	() Umbrella Form					l
	(Johnson Form				EACH OCCURRENCE	\$
	() Other Than Umbrella Form					1
					AGGREGATE	\$
	WORKERS COMPENSATION				STATUTORY	STATUTORY
	AND				EACH ACCIDENT	\$
	EMPLOYER'S LIABILITY				DISEASE POLICY LIMIT	\$
<u> </u>					DISEASE - EACH EMPLOYEE	\$
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS

SHOW NAME & DATES INCLUDING MOVE-IN AND MOVE-OUT SHOW LOCATION

- Contractual Liability covers all written and oral contracts between the insured and the City of Minneapolis
-) The General Liability and Excess Liability policies name the City of Minneapolis, its officers, agents and employees as additional insureds and provide for severabiolity of interest (cross

liability) between the named insured(s) and the City of Minneapolis

CERTIFICATE HOLDER

SHOW VENUE NAME & GS MEDIA & EVENTS 250 Parkway Drive, Suite 270 Lincolnshire, IL 60069

Certificate For:

- () Contract Number:
- () License Type:
- () Purchase Order Number:
- () Official Publication Number:
- () Lease:

City Department/Division For Which Goods or Services Provided

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NOTHWITHSTANDING THE EXPIRATION DATES SET FORTH IN THIS CERTIFI-CATE, SHOULD ANY OF THE HEREIN DESCRIBED POLICIES BE CANCELLED, CHANGED, OR NOT RENEWED, THE ISSUING COMPANY WILL MAIL 30 DAYS WRITTEN NOTICE BY REGISTERED MAIL TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.

ISSUING REPRESETATIVE CARRIES ERRORS AND OMISSIONS COVERAGE
() YES () NO

AUTHORIZED REPRESENTATIVE_____