



## 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 PA Farm Show Complex & Expo Center **WILL NOT BE** responsible for loss or damage of any property. Fax Certificate of Insurance to 270-438-4723.

### Dealers

You must obtain any Dealer Off-Site Sales 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

Phone: \_\_\_\_\_

Insured: \_\_\_\_\_

COMPANIES AFFORDING COVERAGE	
COMPANY LETTER A	
COMPANY LETTER B	
COMPANY LETTER C	
COMPANY LETTER D	

**COVERAGES**

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EFFECTIVE DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occurrences <input type="checkbox"/> Owners & Contractors Protective <input type="checkbox"/> Contractual Liability <input type="checkbox"/> X, C, U Coverage				GENERAL AGGREGATE \$ PRDCTS-COMP OPS AGGREGATE \$ PERSONAL & ADVERTISE INSURY \$ EACH OCCURRENCE \$ FIRE DAMAGE-ANY FIRE \$ MEDICAL EXPENSE PER PERSON \$
	<b>AUTOMOTIVE LIABILITY</b> <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Vehicles <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos <input type="checkbox"/> Garage Liability <input type="checkbox"/> Contractual Liability <input type="checkbox"/> Garage Keepers Liability <input type="checkbox"/> _____				COMBINED SINGLE LIMIT \$ BODILY INJURY - PER PERSON \$ BODILY INJURY - PER ACCOUNT \$ PROPERTY DAMAGE \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> Umbrella Form <input type="checkbox"/> Other Than Umbrella Form				EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYER'S LIABILITY</b>				STATUTORY \$ EACH ACCIDENT \$ DISEASE POLICY LIMIT \$ DISEASE - EACH EMPLOYEE \$
	OTHER				

SAMPLE

**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 severability 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

**Cancellation**

NOTWITHSTANDING THE EXPIRATION DATES SET FORTH IN THIS CERTIFICATE, 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 REPRESENTATIVE CARRIES ERRORS AND OMISSIONS COVERAGE  
 YES  NO

AUTHORIZED REPRESENTATIVE \_\_\_\_\_