

Submit your required insurance documents online within the ASD Exhibitor Portal. [Click here](#) (password required) to attach your proof of insurance. Be sure the name of the attachment reflects the name of the insured exhibiting company. **Submit your completed documents by February 22.**

ASD does not provide any type of insurance coverage for the property and/or personnel of exhibiting companies. Exhibitors must maintain insurance that meets the requirements below and provide proof to ASD prior to the show.

INSURANCE REQUIREMENTS

As stated in your Exhibitor Space Contract, an exhibitor shall, at their own expense, secure and maintain through the term of this contract, including move-in and move-out days, the insurance listed below. All such insurance shall be primary of any other valid and collectible insurance of the exhibitor and shall be written on an occurrence basis. Claims made policies are not acceptable and do not constitute compliance with exhibitor's obligations under this paragraph. The following three types of insurance are required:

- Workers' Compensation insurance, unless you are the sole proprietor. Sole proprietor is a [business entity](#) that is owned and run by one individual. If you have even one other person in the booth working with you, you will need workers' compensation coverage.
- Comprehensive General Liability insurance with limits not less than \$1,000,000 each occurrence, \$5,000,000 aggregate, combined single limit for bodily injury and property damage, including coverage for personal injury, contractual, and operation of mobile equipment, products and liquor liability (if applicable);
- Automobile Liability insurance with limits not less than \$500,000 each occurrence combined single limit for bodily injury and property damage, including coverage for owned, non-owned and hired vehicles, including loading and unloading operators. **Auto coverage is only required if there is a vehicle in your booth or if you are using a designated loading/unloading area i.e. POV area.**

Comprehensive general liability and automobile liability insurance policies shall name as additional insured Emerald Expositions and each of its subsidiaries. If requested, copies of additional insured endorsements, primary coverage endorsements and complete copies of policies satisfactory to Emerald Expositions, shall be furnished to Emerald Expositions sixty (60) days before the first day of the Event. Certified copies of the Certificates of Insurance or policies shall provide that they may not be cancelled without 30 days advance written notice to Emerald Expositions.

To protect your property and staff, we suggest taking the following steps:

PROPERTY INSURANCE

Contact your insurance broker to obtain a policy to cover the value of your booth, equipment, product and supplies. If you already have property insurance, confirm that it will extend to your property during shipping and at the show. Many insurance policies only cover property at a listed location or within 1000 feet of that location. If you use an independent contractor for installation or dismantling, review the agreement carefully to determine what insurance may be available if damage occurs as a result of their negligence.

COMPREHENSIVE GENERAL LIABILITY INSURANCE

Confirm that you have adequate coverage to protect your interests from potential claims arising from the injury to a person other than an employee at your booth.

WORKERS COMPENSATION INSURANCE

Exhibiting companies must have a Workers Compensation policy as required by law to insure your employees in the event of a work-related injury.

AUTOMOBILE LIABILITY INSURANCE


Confirm that an automobile liability policy is in place for any company owned vehicles used in connection with the show. Confirm that insurance is provided for any non-owned and/or hired vehicles used in connection with the show, including utility vehicles for loading and unloading.

REPORTING

In the event of damage or loss of property, or an accident or injury, it is your responsibility to contact your insurance broker or carrier immediately.

NEED INSURANCE? One option is to [Click here](#) to purchase insurance through Marsh/Total Event Insurance.

Certificate Holder Information should be listed as:
ASD Market Week March 2019
31910 Del Obispo #200
San Juan Capistrano, CA 92675



DO NOT MAIL!
Upload using
provided links



Exhibitor Insurance Program

EXHIBITOR GENERAL LIABILITY INSURANCE (REQUIRED)

Emerald Expositions requires that all exhibitors carry Commercial General Liability with minimum limits of **\$1,000,000 per occurrence, \$5,000,000 aggregate**. Emerald Expositions and the Venue shall be named as Additional Insured.

The insurance will be in force during the lease dates of the event/show.

- Provides exhibitors who do not have Commercial General Liability Insurance or who do not want to use corporate insurance.
- Protects foreign exhibitors whose insurance will not pay claims brought in the U.S. Courts
- Cost is \$65.00 USD per exhibiting company – regardless of booth size.

Apply for insurance coverage online

[Click here](#) to purchase General Liability insurance for ASD Market Week

Visa, Mastercard, AMEX are accepted

Coverage must be purchased prior to the event/show

QUESTIONS?

Total Event Insurance

emeraldexhibitor@totaleventinsurance.com

ACORD 1. **CERTIFICATE OF LIABILITY INSURANCE** DATE:

PRODUCER Insurance Company Name Fax: (212) 555-6100 Insurance Company Address 1 Insurance Company Address 2 Attn: Agent Name (212) 555-6102 ext. 1234	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. <p style="text-align: center;">INSUREERS AFFORDING COVERAGE</p>
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INSURED 2. Exhibiting Company Name Exhibiting Company Address 1 Exhibiting Company Address 2 Attn: Exhibiting Company Contact Name Phone: (212) 555-5349 Fax: (212) 555-9819	INSURER A: Hartford Insurance Company of Illinois INSURER B: Aetna Casualty & Surety Company INSURER C: Travelers Insurance Company INSURER D: Royal Insurance Company INSURER E:
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3. THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OF 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	4. TYPE OF INSURANCE	POLICY NUMBER	7. POLICY EFFECTIVE DATE (MM/DD/YY)	8. POLICY EXPIRATION DATE (MM/DD/YY)	9. LIMITS		
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	000P98298-A11	01/01/19	01/01/20	EACH OCCURENCE	\$1,000,000	
	FIRE DAMAGE (Any one fire)				\$ 50,000		
					MED EXP (Any one person)	\$ 5,000	
					PERSONAL & ADV INJURY	\$1,000,000	
					GENERAL AGGRREGATE	\$5,000,000	
					PRODUCTS-COMP/OP AGG	\$5,000,000	
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> _____	SKLS-029499S	01/01/19	01/01/20	COMBINED SINGLE LIMIT	\$1,000,000	
					(Ea accident)		
					BODILY INJURY	\$	
					(Per person)		
					BODILY INJURY	\$	
					(Per accident)		
					PROPERTY DAMAGE	\$	
					(Per accident)		
					AUTO ONLY-EA ACCIDENT		
					OTHER THAN	\$	
					AUTO ONLY:	\$	
A	UMBRELLA/EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	XL1234567	01/01/19	01/01/20	EACH OCCURENCE	\$1,000,000	
					AGGREGATE	\$1,000,000	
						\$	
						\$	
						\$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	A4145-SS-PJ37	01/01/19	01/01/20	X	WC STATU-ORY LIMITS	OTHER
					E.L. EACH ACCIDENT	\$1,000,000	
					E.L. DISEASE-EA EMPLOYEE	\$1,000,000	
					E.L. DISEASE -POLICY LIMIT	\$1,000,000	
D	OTHER				Each Occurrence & Aggregate		

5. DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 Emerald Expositions (Show Management), Freeman (Official Service Provider), The Las Vegas Convention Center (Facility), and ASD Market Week (Show) are hereby named as additional insured, except for Workers' Compensation. Emerald Expositions and/or the consignor are included as Loss Payee. The insurance provided for the benefit of Emerald Expositions, shall be primary insurance as respects any claim, loss, or liability, arising out of the Named Insured's operations for which the Named Insured is liable. Any other insurance maintained by Emerald Expositions shall be excess and non-contributory. Show date(s) are: March 17-20, 2019 in Las Vegas, NV.

CERTIFICATE HOLDER ADDITIONAL INSURED; INSURER LETTER: X CANCELLATION

6. Emerald Expositions / ASD Market Week 31910 Del Obispo #200 San Juan Capistrano, CA 92675 Attn Anne McConahey	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OF REPRESENTATIONS AUTHORIZED REPRESENTATIVE 10.
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1. PRODUCER: Name, address and phone number of insurance carrier.
2. INSURED: Company name, address, phone number and booth number of company insured.
3. COVERAGES: Coverage must be provided for Comprehensive General Liability, Automotive Liability (if applicable), and Workmen's Compensation, complete with policy numbers, effective dates of Coverage and limits of coverage.
4. FORM OF COVERAGE: Must be "occurrence" form of coverage.
5. NAME OF ADDITIONAL INSUREDS: Emerald Expositions (Show Management), Freeman (Official Service Provider), ASD MarketWeek (Show) and the Las Vegas Convention Center (Facility) as additional insureds on a primary and non-contributory basis. Show dates are March 17-20, 2019.
6. CERTIFICATE HOLDER: Emerald Expositions - Show Name, 31910 Del Obispo #200, San Juan Capistrano, CA 92675, , Attn: Anne McConahey
7. POLICY EFFECTIVE DATE: Must be prior to or coincidental with the first day of Exhibitor Move-In.
8. POLICY EXPIRATION DATE: Must be on or after the last day of Exhibitor Move-Out.
9. LIMITS OF INSURANCE: Must be the same or greater than required by contract. See Insurance Requirements.
10. AUTHORIZED REPRESENTATIVE: Must be signed (not stamped) by an authorized representative of Producer.