

# Certificate of Insurance:

Exhibitors must maintain Commercial General Liability and Blanket Contractual Liability insurance. The limits for bodily injury and property damage combined shall be at least \$1,000,000. Certificates of insurance stating such limits shall also provide the policy may not be cancelled without 15 days advance written notice to LCI. All property of the Exhibitor is understood to remain in its custody and control in transit to or from the confines of the exhibit hall, subject to the Official Rules and Regulations on Exhibit Space Contract *Expo and/or Institute Exhibiting companies must provide certificates of insurance evidencing the required insurance coverage.* This coverage must be in effect October 9, 2018 through October 11, 2018 for the Expo.

**Landscape Communications, Inc. (LCI) must be named as an additional insured on certificate.** These certificates must be provided to LCI prior to exhibiting in either event. **Failure to provide said certificates will cause the exhibitor to be prevented from exhibiting at either event and said exhibitor shall forfeit all monies paid for said event.**

The following information must be provided to LCI BEFORE you exhibit. Please either fax your certificate to 714-979-3543 or mail a copy to LCI, 14771 Plaza Drive, Suite A, Tustin, CA 92780. **Please see example of the Certificate of Liability below.**

<b>ACORD<sup>TM</sup> CERTIFICATE OF LIABILITY INSURANCE</b>						DATE (MM/DD/YYYY) Date	
<b>PRODUCER</b> Phone # _____ <b>FAX</b> Number _____ Insurance Agency _____ Address _____ City, State, Zip _____		<b>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.</b>				<b>INSURERS AFFORDING COVERAGE</b>	
<b>INSURED</b> Vendor / Exhibitor _____ Address _____ City, State, Zip _____		INSURER A: Insurance Carrier _____ INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____		<b>NAIC #</b>			
<b>COVERAGES</b>							
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, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR LTR	ADD'L INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	X	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR _____ _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	ABC123	Date	Date	EACH OCCURRENCE \$ <b>2,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b> MED EXP (Any one person) \$ <b>10,000</b> PERSONAL & ADV INJURY \$ <b>2,000,000</b> GENERAL AGGREGATE \$ <b>4,000,000</b> PRODUCTS - COM/OP AGG \$ <b>4,000,000</b>	
		<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	ABC123	Date	Date	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____	
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ _____ OTHER THAN AUTO ONLY: EA ACC \$ _____ AGG \$ _____	
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE _____ DEDUCTIBLE \$ _____ RETENTION \$ _____				EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ \$ _____ \$ _____	
C		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	ABC123	Date	Date	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>	
		<b>OTHER</b>					
		<b>DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS</b> Location: Long Beach Convention Center, CA Certificate Holder: Landscape Communications, Inc. (LCI) is named as additional insured 14771 Plaza Drive, Suite A Tustin, CA 92780					
<b>CERTIFICATE HOLDER</b>			<b>CANCELLATION</b>				
Landscape Communications, Inc. (LCI) 14771 Plaza Drive, Suite A Tustin, CA 92780			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER 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 OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.				
			AUTHORIZED REPRESENTATIVE John Doe <span style="float: right;"><i>John Doe</i></span>				