



CERTIFICATE OF INSURANCE & EAC POLICY

Certificate of Insurance

A **requirement** of exhibiting at **HYDROVISION INTERNATIONAL 2022** is for **ALL** exhibitors to carry liability insurance throughout the Exhibition. The deadline for submitting the Certificate indicating adequate insurance coverage is **June 15th, 2022**. Even if Exhibitor hires an EAC, Exhibitor still must supply its own Certificate of Liability Insurance. ALL EAC's must submit an application form with a certificate of insurance prior to 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. / HYDROVISION INTERNATIONAL 2022
6 Research Drive, Shelton, CT 06484

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

All activities related to HYDROVISION INTERNATIONAL, July 10-15, 2022 Colorado Convention Center.
Denver, CO USA

Complete Certificates of Liability Insurance must be uploaded to the exhibitor portal.

Certificates of Liability Insurance will not be accepted via email or mail. Your company password to access the portal can be found in your confirmation letter. Please contact your Exhibit Services Manager at Breanna.Pitts@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 for only \$84.

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 EAC form in exhibitor manual. The EAC will also have to provide a Certificate of Liability Insurance as described above.

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		COMPANIES AFFORDING COVERAGE																		
INSURED YOUR COMPANY NAME AND ADDRESS		<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 15%; border: none;">COMPANY LETTER</td><td style="width: 5%; border: none;">A</td><td style="width: 80%; border: none;"></td></tr> <tr><td style="border: none;">COMPANY LETTER</td><td style="border: none;">B</td><td style="border: none; text-align: center;">SAMPLE</td></tr> <tr><td style="border: none;">COMPANY LETTER</td><td style="border: none;">C</td><td style="border: none;"></td></tr> <tr><td style="border: none;">COMPANY LETTER</td><td style="border: none;">D</td><td style="border: none;"></td></tr> <tr><td style="border: none;">COMPANY LETTER</td><td style="border: none;">E</td><td style="border: none;"></td></tr> </table>				COMPANY LETTER	A		COMPANY LETTER	B	SAMPLE	COMPANY LETTER	C		COMPANY LETTER	D		COMPANY LETTER	E	
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															
	GENERAL LIABILITY	SAMPLE	YOUR EFFECTIVE DATES		GENERAL AGGREGATE \$1,000															
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY				PRODUCTS-COM-OPS AGGREGATE \$1,000															
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.				PERSONAL & ADVERTISING INJURY \$1,000															
	OWNERS' & CONTRACTORS' PROT.				EACH OCCURRENCE \$1,000															
					FIRE & DAMAGE (Any one fire) \$50															
					MEDICAL EXPENSE (Any one person) \$5															
	AUTOMOBILE LIABILITY	SAMPLE			COMBINED SINGLE LIMIT \$1,000															
<input type="checkbox"/>	ANY AUTO				BODILY INJURY (Per person) \$															
<input checked="" type="checkbox"/>	ALL OWNED AUTOS				BODILY INJURY (Per accident) \$															
	SCHEDULED AUTOS				PROPERTY DAMAGE \$															
<input checked="" type="checkbox"/>	HIRED AUTOS				EACH OCCURRENCE \$															
	NON-OWNED AUTOS				AGGREGATE \$															
	GARAGE LIABILITY																			
	EXCESS LIABILITY																			
<input type="checkbox"/>	UMBRELLA FORM																			
<input type="checkbox"/>	OTHER THAN UMBRELLA FORM																			
<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).																				

CERTIFICATE HOLDER

CANCELLATION

<p style="text-align: center;">The Event Name</p> <p style="text-align: center;">6 Research Drive</p> <p style="text-align: center;">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 30 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> <p>AUTHORIZED REPRESENTATIVE</p>
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