

INSURANCE EXHIBITOR - REQUIRED

ALL EXHIBITORS MUST PROVIDE A CERTIFICATE OF INSURANCE FOR THE EVENT BEFORE THEY ARE PERMITTED ONTO THE FLOOR.

Insurance Requirements per your contract:

Limit of Insurance: \$1,000,000
Type of Insurance: General Liability including Products Coverage
Dates of Coverage: 03/18/2011 – 03/27/2011

****Additional Insured Clause:**

Questex Media Group, LLC and AIIM Expo and On Demand Expo
c/o Show Insurance, Inc.
30285 Bruce Industrial Parkway, Suite B
Solon, OH 44139
****MUST include a 30 day notice of cancellation!**

Please choose one of the options below to complete your requirement:

OPTION 1 – COMPLETE USING SHOW INSURANCE

Complete your requirement in less than 3 minutes using Show Insurance. We will provide the general liability, notify Questex Media Group, LLC and send you a confirmation that the requirement has been completed.

	Mail / Fax	Online	
Pay prior to 2/21/2011	\$110	\$100	ONLINE – go to www.showinsurance.com
Pay after 2/21/2011	\$125	\$115	MAIL/FAX – Complete the fax form on the next page.
Pay after 3/7/2011	\$175	\$150	

To register and pay online please go to www.showinsurance.com.

We do all of the work for the lowest cost in the industry. We make exhibitor insurance simple.

OPTION 2 – COMPLETE USING YOUR OWN PROVIDER

1. Contact your insurance provider to get a certificate of insurance.
2. Make sure the certificate of insurance names **Questex Media Group, LLC and AIIM Expo and On Demand Expo** as the certificate holder and as an additional insured.
3. Please fax, mail or email one certificate of insurance to the address or number below.
4. After we review the certificate of insurance, we will send you notification that the requirement is completed. **You must provide a certificate by February 16, 2011.**

Email To: questex@showinsurance.com

To: Questex Media Group, LLC and AIIM Expo and On Demand Expo
c/o Show Insurance, Inc.
30285 Bruce Industrial Parkway, Unit B
Solon, OH 44139

Fax To: 440-815-2266

Please discuss the cost with your provider for this service. Show Insurance will not charge any fee for this option.

Questex Media Group, LLC has asked Show Insurance to handle all insurance issues for **AIIM Expo and On Demand Expo 2011** including collecting and verifying certificates of insurance. For further questions please visit our website at www.showinsurance.com.

Show Insurance, Inc. • 30285 Bruce Industrial Parkway, Unit B • Solon, OH • 44139
• P 440.349.6650 • F 440.815.2266 • www.showinsurance.com

CERTIFICATE DEADLINE: February 16, 2011 FAX: 440.815.2266

INSURANCE REGISTRATION FORM

Each exhibitor can register online at www.showinsurance.com or mail/fax this form with payment to **Show Insurance, Inc.**

Make Check Payable to: Show Insurance Inc.

Payment Schedule:		Mail / Fax	Online Discount
	Prior to 2/21/2011	\$110	\$100
	After 2/21/2011	\$125	\$115
	After 3/7/2011	\$175	\$150

COMPANY INFORMATION

Exhibiting Company Name: _____ Booth Numbers: _____

Address: _____

City: _____ State: _____

Country: _____ Zip: _____

Telephone: _____ Fax: _____

E-Mail Address: _____

Show Contact: _____

METHOD OF PAYMENT

BY SIGNING BELOW YOU AUTHORIZE SHOWINSURANCE.COM TO CHARGE YOUR CREDIT CARD

Company Check Payable to: Show Insurance Inc. Checks must be in U.S. funds drawn against a U.S. Bank.

Payment Form: (circle one) Check American Express MasterCard Visa

Card Number | _ _ _ _ | _ _ _ _ | _ _ _ _ | _ _ _ _ | _ _ _ _ | _ _ _ _ |

Expiration Date | _ _ / _ _ - _ _ / _ _ - _ _ _ _ |

Cardholder Name (Print): _____

Signature: _____

Fax to 440-815-2266 or Mail this form with payment to
 Show Insurance Inc, 30285 Bruce Industrial Parkway, Suite B, Solon, Ohio 44139
Phone 440-349-6650 www.showinsurance.com

PRODUCER
Insurance Diversified Agency
30285 Bruce Industrial Parkway, Unit B
Solon, OH 44139
Phone: 440-349-5700 Fax: 440-349-5704

INSURED

Your Company Name Here

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.

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Your Insurance Company	
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		

COVERAGES

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.

Contact SHOW INSURANCE
1-440-349-6650
www.showinsurance.com

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	X	GENERAL LIABILITY <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	POLICY NUMBER	03/18/2011	03/27/2011	EACH OCCURRENCE	\$ 1000000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100000
						MED EXP (Any one person)	\$ 5000
						PERSONAL & ADV INJURY	\$ 1000000
						GENERAL AGGREGATE	\$ 2000000
						PRODUCTS - COMPI/OP AGG	\$ 2000000
		AUTOMOBILE LIABILITY <input 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				COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATU-TORY LIMITS	OTH-ER
						CH ACCIDENT	\$
						SEASE - EA EMPLOYEE	\$
						SEASE - POLICY LIMIT	\$

Contact SHOW INSURANCE
1-440-349-6650
www.showinsurance.com

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

With respects to AIIM Expo and On Demand Expo 2011, Questex Media Group, LLC is named as additional insured.

CERTIFICATE HOLDER

Questex Media Group, LLC and AIIM Expo and On Demand Expo
c/o Show Insurance, Inc.
30285 Bruce Industrial Parkway, Suite B
Solon, OH 44139

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER 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 OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Andrew J Carson, CIC