

# Campus Safety Conference 2010

March 30-31

Long Beach Convention Center, Hall A, Long Beach, CA

# THE Campus Safety Conference

## Certificate of Insurance (Required) Deadline: Friday, February 19, 2010

As an exhibitor, you are required to carry workmen's compensation and commercial general liability include contractors, personal injury and blanket contractual liability insurance at limits of at least \$1,000,000 per occurrence, \$2,000,000 aggregate. These coverages must be evidenced by Certificate of Insurance (see enclosed sample) with a 30-day notice of cancellation provision to the holder and supplied to and naming **Bobit Business Media, CAMPUS SAFETY CONFERENCE, and Freeman Decorating Co.** as additional insurers at least 30 days before the first day of move-in.

A Certificate of Insurance may be obtained through your primary Insurance Agency, or you may be able to obtain a rider's policy on your homeowner's insurance, business/commercial or auto insurance.

List Additional Insured

ACORD CERTIFICATE OF LIABILITY INSURANCE					DATE (MM/DD/YYYY)
PRODUCER (201)661-2000 FAX (201)661-2499 Capacity Coverage Company of NJ Inc One International Blvd. 3rd Floor Mahwah, NJ 07430					05/12/2006
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: Hartford Fire Insurance Co.					
INSURER B: Hartford Casualty Insurance Co.					
INSURER C:					
INSURER D:					
INSURER E:					
<b>COVERAGES</b> THE POLICIES OF THE 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 ADD'L LTR. INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	02UUNQ	05/15/2006	05/15/2007	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	02UENQ	05/15/2006	05/15/2007	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per person) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
A	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ <input checked="" type="checkbox"/> RETENTION \$ 10,000	02HHUQ	05/15/2006	05/15/2007	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATUTORY LIMITS \$ OTHER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS Re: Tradeshow being held at Mohegan Sun Casino 1 Mohegan Sun Blvd, Uncasville CT taking place 9/10/05 - 9/14/05.					
<b>CERTIFICATE HOLDER</b> Campus Safety Conference Fax: 310-533-2511			<b>CANCELLATION</b> 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 MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.		
			AUTHORIZED REPRESENTATIVE		

ACORD 25 (2001/08) FAX: (310) 533-2400

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PLEASE FAX TO:

- If you don't have an insurance contact, any of the following companies will be able to assist you.
- |                                  |                |                      |                             |                |                |
|----------------------------------|----------------|----------------------|-----------------------------|----------------|----------------|
| Shahinian Insurance Services     | Tustin, CA     | (714) 544-3963       | Shoff Darby Companies Inc.  | Northfield, CT | (860) 283-6640 |
| John Buttine, Inc.               | New York, NY   | (212) 697-1010       | Showstoppers® by Aon        | Washington, DC | (202) 862-5333 |
| CSI Entertainment Insurance      | Dallas, TX     | (214) 749-7700 x 224 | Steeves, Smith & Associates | Trumbull, CT   | (203) 261-8474 |
| Falcon Insurance Brokers         | San Diego, CA  | (619) 297-9181       |                             |                |                |
| HCC Specialty Underwriters, Inc. | Wakefield, MA  | (781) 994-6000       |                             |                |                |
| K&K Insurance Group, Inc.        | Fort Wayne, IN | (866) 554-4636       |                             |                |                |
| Marsh Affinity Group Services    | Ridge, IL      | (847) 803-3100       |                             |                |                |

Campus Safety Conference • 3520 Challenger Street, Torrance, CA 90503 • 310.533.2445 • Fax: 310-533-2511