



Exhibit Dates: April 1- April 2, 2020 • Las Vegas Convention Center • Las Vegas, NV

Insurance & Exhibitor Appointed Contractor Requirements

Insurance Requirements

- As mentioned in the Policies on Security page of this manual, exhibitors are urged to obtain a rider on their regular insurance policy through their own insurance agent. This will cover equipment/goods while in transit to the show, during the show and in transporting equipment to its next destination. This insurance is normally inexpensive and is a sensible and valuable precaution.
- Exhibitors should be aware that Show Management, as well as the Security provider, the Las Vegas Convention & Visitors Authority and Shepard Exhibition Services take no responsibility for loss, theft, pilferage or mysterious disappearance.
- **It is the responsibility of each exhibitor to carry liability insurance for Digital Signage Expo in the minimum amount of \$1,000,000 for bodily injury and property damage combined. If an exhibitor does not have a general liability insurance policy, please contact show management for information and an application form to open an acceptable tradeshow insurance policy.**
- **PLEASE NOTE:** FAILURE ON THE PART OF THE EXHIBITOR TO HAVE PROPER* CERTIFICATE OF LIABILITY INSURANCE SUBMITTED BY **JANUARY 24, 2020** WILL RESULT IN SUSPENSION OF THE EXHIBITOR'S RIGHT TO OCUPY SPACE IN THE EXHIBIT HALL. YOUR COMPANY WILL BE PLACED ON A **STOP LIST** AND WILL NOT BE ALLOWED TO MOVE ANY EXHIBIT MATERIALS INTO THE EXHIBIT HALL. SUSPENSION WILL BE REMOVED AND RIGHTS WILL BE REINSTATED UPON RECEIPT OF THE PROPER CERTIFICATE. **THERE WILL BE NO EXCEPTIONS MADE TO THIS REQUIREMENT.** *Proper refers to a certificate in which all required elements are stated and correct.
- **AGENTS INFORMATION AND GUIDELINES**
Specific requirements include:
 1. Insured's coverage must be in effect during the scheduled dates of the show including set-up and tear down, March 28 – April 3, 2020, per contractual agreement.
 2. Liability Insurance must be in effect for not less than \$1,000,000.
 3. The following additional insured are to be named:
 - **Exponation LLC (owners/managers of the event)** – 50 Glenlake Pkwy., Ste. 430, Atlanta, GA 30328
 - **Las Vegas Convention & Visitors Authority (location of the event)** – 3150 Paradise Rd., Las Vegas, NV 89109
 - **Shepard Exhibition Services (general contractor for the event)** – 5845 Wynn Rd., Suites A-D, Las Vegas, NV 89119

- **All insurance certificates must be sent to:** Digital Signage Expo Operations Department either via fax: 770-518-0022, email: ccantrell@exponation.net, OR mail to: Digital Signage Expo Operations Department 50 Glenlake Pkwy., Suite 430 Atlanta, GA 30328.

Hold Harmless Agreement

- Exhibitor assumes entire responsibility and hereby agrees to protect, indemnify, defend and save harmless Digital Signage Expo, Exponation LLC, the Las Vegas Convention & Visitors Authority and Shepard Exhibition Services including the employees and agents of each against all claims, losses or damages to persons or property, governmental charges or fines and attorneys' fees arising out of or caused by Exhibitor's installation, removal, maintenance, occupancy or use of the exhibition premises or a part thereof.
- In addition, Exhibitor acknowledges that Digital Signage Expo, Exponation LLC, the security provider, the Las Vegas Convention & Visitors Authority and Shepard Exhibition Services do not maintain insurance covering Exhibitor's property and that it is the sole responsibility of Exhibitor to obtain business interruption and property damage insurance covering such potential losses by Exhibitor.



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Exhibitor Appointed Contractors (EACs)

- An EAC is a company or individual other than the General Contractor (Shepard Exhibition Services) who provides a product or service to an exhibiting company. These include installation and dismantle services, audiovisual vendors or transportation personnel who require access into the exhibit hall.
- Exhibitors wishing to use an EAC contractor must fill out the EAC form, located in the Important Information section of the exhibitor manual.
- All EACs must conform to all local union rules, regulations and jurisdictions, as well as rules and regulations in effect for Digital Signage Expo by Exponation LLC and the Las Vegas Convention & Visitors Authority. Exhibitors are responsible for the actions of their Exhibitor Appointed Contractor.

- If you choose to use an EAC the following is required:

- 1) The form on page **XX** must be filled out including the EAC, contact person and phone number.
- 2) All EACs must ALSO present Show Management a copy of their own certificate of liability insurance from with a minimum of \$1,000,000.00 of coverage. Deadline: January 24, 2020. See instructions on previous page for detailed information.

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER	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 #
INSURED Sample DSE 2020 Exhibitor	INSURER A:	
	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.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
		GENERAL LIABILITY <input checked="checked" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000								
		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 EA ACC \$ AUTO ONLY: AGG \$								
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$								
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	DISEASE - POLICY LIMIT	\$
WC STATU-TORY LIMITS	OTH-ER													
E.L. EACH ACCIDENT	\$													
E.L. DISEASE - EA EMPLOYEE	\$													
DISEASE - POLICY LIMIT	\$													
		OTHER												

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Exponation, LLC, Shepard Exposition Services, and Las Vegas Convention & Visitors Authority are included as additional insured with regards to General Liability as their interests may apply.

CERTIFICATE HOLDER Digital Signage Expo Operations Dept. Exponation, LLC 50 Glenlake Pkwy., Ste. 430 Atlanta, GA 30328	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ 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