



EAC INSURANCE REQUIREMENTS

Deadline Date – February 17, 2008

The Exhibitor and/or Exhibitor Appointed Contractor shall provide Hall-Erickson, Inc. with a Certificate of Liability Insurance as evidence of coverage on the amounts required as indicated below. Only an original certificate bearing an original signature will be accepted. The purpose for obtaining these certificates is to

Workers Compensation & Employers Liability:

Workers Compensation in accordance with the Laws of the State of Illinois.
Employers Liability— \$500,000.....Bodily Injury by Accident—Each Accident
\$500,000.....Bodily Injury by Disease—Each Employee
\$500,000.....Bodily Injury by Disease—Policy Limit

General Liability:

\$2,000,000.....General Aggregate
\$1,000,000.....Products & Completed Operations Aggregate
\$1,000,000.....Personal & Advertising Injury
\$1,000,000.....Each Occurrence

The following entities must be named to the General Liability as Additional Insureds:

1. Vance Publishing (Owner),
2. Hall-Erickson, Inc. (Show Management),
3. Viper Tradeshow Services (General Contractor),
4. Renaissance Schaumburg Hotel & Convention Center (Venue).

Coverage provided to the Additional Insureds shall be on a primary basis.

Automobile Liability: \$1,000,000...Combined Single Limit for Bodily Injury and Property Damage

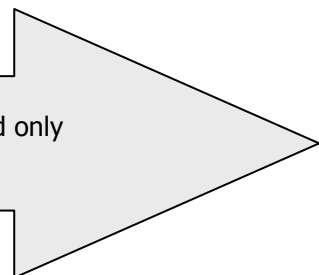
Hall-Erickson, Inc. must be notified 30 days in advance of any change or cancellation of the above listed policies. The policies must be issued by an insurance company admitted to do business in Illinois with an A.M. Best Rating of A- or higher. In addition, these insurance requirements shall not limit the amount a contractor or insurance company may be found responsible for.

provide the show, and its insurer, with the information necessary to evaluate the risk potential.

Please forward the valid certificate of insurance by **Monday, February 17, 2008** to:

EAC Department
Hall-Erickson, Inc.
98 E. Naperville Road Suite 201
Westmont, IL 60559
Fax: 630.929.8932
Email: pmcquality@heiexpo.com

NOTE: A sample certificate is provided on the next page. Please forward only one (1) original Certificate of Liability Insurance.



ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

02/19/2008

PRODUCER (630) 572-1550 FAX (630) 574-3278

T.J. Adams Group, LLC
 333 E. Butterfield Rd.
 Lombard, IL 60418

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

INSURED
Exhibitor Appointed Contractor
 123 Main Street
 Anywhere, IL 60000

INSURER A: **Insurance Company 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 MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	ABC 12345	01/01/2008	12/31/2008	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 50,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
	_____				PERSONAL & ADV INJURY \$ 1,000,000
	_____				GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS-COMP/OP AGG \$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
A	AUTOMOBILE LIABILITY	ABC 12345	01/01/2008	12/31/2008	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY				AUTO ONLY-EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC \$
	EXCESS LIABILITY				AGG \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGG \$
	DEDUCTIBLE \$				AGG \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	ABC 12345	01/01/2008	12/31/2008	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER \$ 500,000
	E.L. EACH ACCIDENT \$ 500,000				
	E.L. DISEASE-EA EMPLOYEE \$ 500,000				
	OTHER				E.L. DISEASE-POLICY LIMIT \$ 500,000

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

General Liability policy includes the interest of: Vance Publishing (Owner), Hall-Erickson, Inc. (Exposition Management), Viper Tradeshow Services (General Contractor), Schaumburg Renaissance Hotel & Conference Center and/or their respective agents as additional insureds.

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER ____

CANCELLATION

Hall-Erickson, Inc.
 Exposition Management
 98 E. Naperville Road
 Westmont, IL 60559

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, 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 OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Joe Smith