



EAC Insurance Requirements

Deadline Date: October 12, 2009

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

Workers Compensation & Employers Liability:

Workers Compensation in accordance with the Laws of the State of Oregon.

Employers Liability— \$500,000.....Bodily Injury By Accident—Each Accident
\$500,000.....Bodily Injury By Disease—Each Employeee
\$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. ACM SIGARCH, IEEE Computer Society (Owners)
2. SC09 (Show)
3. Hall-Erickson, Inc. (Show Management)
4. Freeman Decorating Company (Official Contractor)
5. Portland 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 Texas 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.

Please forward your certificate of insurance to:

Hall-Erickson, Inc.
Exposition Management
98 E. Chicago Avenue
Westmont, IL 60559
Fax: 630.929.8932
E-mail: pmcquality@heiexpo.com

NOTE: A sample certificate is provided on the next page. If you are providing services to more than one exhibiting company for **SC09**, you need only to forward one (1) original Certificate of Liability Insurance.

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
10/12/2009

PRODUCER (630) 324-2564 FAX (630) 324-2565

T.J. Adams Group, LLC
333 E. Butterfield Rd., 5th Floor
Lombard, IL 60148

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 EAC Company 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 SHOWN 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 <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	ABC 12345	01/01/2009	12/31/2009	EACH OCCURRENCE	\$ 1,000,000
					FIRE DAMAGE (Any one fire)	\$ 50,000
					MED EXP (Any one person)	\$ 5,000
					PERSONAL & ADV INJURY	\$ 1,000,000
					GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS-COMP/OP AGG	\$ 1,000,000
A	AUTOMOBILE LIABILITY <input checked="" 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	ABC 12345	01/01/2009	12/31/2009	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
					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	\$
A	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	ABC 12345	01/01/2009	12/31/2009	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER	
					E.L. EACH ACCIDENT	\$ 500,000
					E.L. DISEASE-EA EMPLOYEE	\$ 500,000
					E.L. DISEASE-POLICY LIMIT	\$ 500,000
	OTHER					

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

General Liability policy includes the interest of: ACM SIGARCH, IEEE Computer Society (Owners), SC09 (Show), Hall-Erickson, Inc. (Show Management), Freeman Decorating Company (Official Contractor), Portland Convention Center (Venue) and/or their respective agents as additional insureds.

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER _____

CANCELLATION

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

Hall-Erickson, Inc.
98 E. Chicago Avenue
Westmont, IL 60559