



EAC INSURANCE REQUIREMENTS

Deadline Date – January 22, 2007

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 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 Texas.
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. (Exposition Management),
3. Freeman Decorating (General Contractor),
4. Market Hall at The Dallas Market Center Renaissance Schaumburg Hotel & Convention Center (Venue).

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

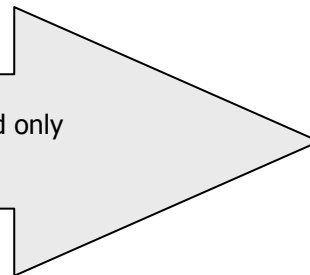
Automobile Liability: \$1,000,000...Combined Single Limit for Bodily Injury and Property Damage

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 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

Please forward the valid certificate of insurance by **Monday, January 22, 2007** 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)

01/22/2007

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	01/01/2007	12/31/2007	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
					PRODUCTS-COMP/OP AGG	\$ 1,000,000
					GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	
A	AUTOMOBILE LIABILITY	ABC 12345	01/01/2007	12/31/2007	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				AGGREGATE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE					\$
	DEDUCTIBLE					\$
	RETENTION \$					\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	ABC 12345	01/01/2007	12/31/2007	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
	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: Vance Publishing (Owner), Hall-Erickson, Inc. (Exposition Management), Freeman Decorating Company (General Contractor), Market Hall at The Dallas Market 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.
 Exposition Management
 98 E. Naperville Road
 Westmont, IL 60559