

Certificate of Insurance Liability

In order to participate as an exhibitor, your business must secure liability insurance coverage for the event. The insurance coverage must meet the requirements as stated in the terms and conditions of your executed event contract. You must provide Greenband Enterprises, LLC with a copy of the formal certificate which evidences that you have secured the liability insurance and that it meets the required criteria. Please ensure that your Certificate of Insurance Liability ("COI") is provided to Greenband Enterprises LLC no later than 30 days prior to the start of the event. Failure to procure and submit the COI of your contractually obligated insurance coverage may be grounds for dismissal from the event. Further information and FAQ's may be found below. For further questions, call Greenband Enterprises at 801-485-7399. Submit your official COI to: ShowInfo@Greenband.com

1. What is a COI? A Certificate of Insurance Liability is a document provided by your insurance carrier which represents that you have acquired liability insurance and the specifics of that insurance coverage. **Note: This should be a free or minimal expense addition to your existing liability insurance coverage.**
2. How is this different from your general insurance policy? While each business has different policy coverage needs that relate directly to their business operation, this coverage often does not extend to off-site business practices, such as our consumer show event.
3. What Should It Cover? The comprehensive certificate that you are required to provide us with should specifically warrant that you have acquired general liability coverage and all risk property insurance for our consumer show event. The insurance shall be primary, non-contributing, and shall provide coverage of at least \$1,000,000 for each separate occurrence.
4. How Long? It should cover the entire time of the event from the first move-in date to the last move-out date.
5. Who? It should relate specifically to your operation at our event and should insure both you (the exhibitor) as well as the following: Salt Lake County, Mountain America Expo Center, ASM Global, Greenband Enterprises LLC, and its Officers, Agents and Employees as additional insureds.
6. Certificate Holder: Greenband Enterprises, LLC should be listed as the appropriate Certificate Holder.
7. For further information, please refer to the below as taken from your Exhibitor Manual:

LIABILITY AND INSURANCE

The Exhibitor shall at its own expense obtain, maintain, and supply a copy of which to Greenband Enterprises, a comprehensive certificate of general liability and all risk property insurance policy acceptable to Greenband for a period commencing on the first move-in date and terminating on the last move-out date. The policy shall name SL County, MAEC, ASM Global, Greenband Ent. and its Officers, Agents and Employees as additional insureds and shall insure both exhibitor and said additional insureds against all claims of any kind arising from or in any way, in whole or in part, connected with the exhibitor's presence or operation at the show. This insurance shall be primary, non-contributing, and shall provide coverage of at least \$1,000,000 for each separate occurrence. Exhibitors without a current, valid certificate on file with Greenband will not be allowed to move into the show and will forfeit all exhibitor fees.

The Exhibitor is responsible to insure their own exhibit, personnel, display and materials from any damage or loss through theft, fire, accident or other cause and accepts all risks associated with the use of the exhibit space and its environs. The Exhibitor shall not make any claim or demand or take any legal action, whatsoever, against Greenband, the Show sponsors or the facility in which the Show is held, for any loss, damage or injury howsoever caused, to the Exhibitor, its officers, directors, agents, representatives, and employees or their respective property.

Neither Greenband nor the facility will assume liability for loss or damage, through any cause, of equipment, products, goods, exhibits or other materials owned, rented or leased by the Exhibitor.

Exhibitor is responsible for any facility damage you or your staff cause.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Your Insurance Producer/Agent	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: The Insurance Providers	
	INSURER B:	
INSURED This Is Your Business or The Main Policy Holder	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	
	NAIC #	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	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 OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

This field is for additional comments, special conditions that may exist under the policy, or information necessary to identify the operations, locations and vehicles for which the certificate was issued. For Example:
"Coverage for "The Utah Boat and Watersports Expo" Start Date: 1/27/25 11:00 AM End Date: 2/2/25 11:59 PM.
Additional Insureds include Greenband Enterprises, LLC, Salt Lake County, Mountain America Expo Center, ASM Global and their respective Officers, Agents and Employees. This insurance shall be primary and non-contributing."

CERTIFICATE HOLDER**CANCELLATION**

Greenband Enterprises, LLC 4525 S 2300 E Ste 200 Holladay, UT 84117	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE The Signature Field for the authorized representative of the Producer/Broker Listed Above

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