



CERTIFICATE OF INSURANCE

Please forward this sample COI to your insurance carrier or broker as applicable, so they will have the correct wording and dates to complete your COI. (Additional information regarding exhibitor regulations and requirements can be found in the BCMC Rules & Rule Violations.) IF YOUR MINIMUM INSURANCE COVERAGE DOES NOT MEET THE REQUIREMENTS LISTED BELOW, OR IF YOU HAVE ANY QUESTIONS REGARDING THIS FORM, please contact Jan (jpauli@qualtim.com or 608-310-6746).

Please submit by August 1, 2020.

REQUIRED INFORMATION:

- Insured: Exhibitor company name or Assumed Name (i.e., dba) and complete mailing address
- Policy number and policy dates that cover the show dates (September 18-25, 2020)
- MINIMUM: general liability: commercial general liability \$1,000,000 per occurrence and \$2,000,000 general aggregate
- AUTO: Any Auto (your vehicles and any hired vehicles) or Scheduled Auto (and provide SBCA a list of the vehicles on your policy and confirm those will be the only vehicles used at BCMC)
- MINIMUM: Workers' compensation per statutory limits
- Description of operations and certificate holder: To read as shown

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 THE EXHIBITOR'S INSURANCE BROKER NAME, MAILING ADDRESS, AND PHONE NUMBER	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL: ADDRESS:	FAX (A/C, No):																																																				
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COVERAGES 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.	CERTIFICATE NUMBER:	REVISION NUMBER:																																																				
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CERTIFICATE HOLDER Structural Building Components Association 6300 Enterprise Lane Madison, WI 53719	CANCELLATION 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																																																					