

BrainStorm Events, Inc.

All Exhibitors shall procure and maintain insurance against liability for injuries to persons or damage to property which may arise from Exhibitor's operations relating to the Event. The term for such insurance shall cover the full duration of the Event, hereinafter referred to as "Insurance Term." All property of exhibitor is understood to remain under exhibitor's custody and control during the Event (including move-in and move-out) and from the Exhibit Hall area. **The cost of such insurance shall be borne by the exhibitor.**

Insurance Requirements:

- From an insurance company in good standing
- With minimum policy limits of \$1,000,000 per occurrence and \$2,000,000 aggregate
- Insurance Coverage is **NOT** optional!

Deadline: Two weeks after securing booth space OR prior to the Event (whichever comes **first**).

The required insurance shall comply with all of the following standards:

Commercial General Liability (CGL) Insurance.

- **Scope of Coverage and Limits.** Exhibitor's CGL policy shall provide coverage that is with limits of no less than \$1,000,000 per occurrence/\$2,000,000 aggregate. Such CGL coverage must be maintained throughout the Insurance Term from an "A" rates carrier including the so-called "broad form endorsement."
- **Additional Insured Coverage.** BrainStorm Events, Inc., and its officers, directors, and employees are to be covered as additional insureds on exhibitor's CGL policy with respect to liability arising out of operations performed by or on behalf of exhibitor in connection with the Event, including materials or equipment furnished during the Event. Such additional insured coverage must be maintained throughout the Insurance Term.
- **Primary and Non-Contributory.** Exhibitor's CGL policy shall specify that it provides primary insurance to BrainStorm Events, Inc. and the Kalahari Convention Center that any insurance maintained by BrainStorm Events, Inc. shall not contribute with it.
- **Verification of Coverage.** Exhibitor shall furnish an certificate of insurance evidencing that exhibitor has procured CGL coverage in accordance with the requirements set forth by Vendor Service Kit (hereinafter referred to as "Rules"). BrainStorm Events' failure to request a certificate of insurance or amendatory endorsement required by these Rules shall not constitute a waiver of any obligations imposed upon exhibitor by these Rules.
- **Deductibles and Self-Insured Retentions.** In the event that BrainStorm Events, Inc. is required to make a claim under exhibitor's CGL policy as an additional insured, it shall be the sole obligation of exhibitor, and not BrainStorm Events, Inc., to satisfy any deductible or self-insured retention.

Workers Compensation and Employer's Liability insurance for its employees and subcontractors which complies with all federal and state laws.

Automobile Liability insurance with a limit of not less than \$1,000,000 combined single limit — each accident.

Example COI form:

| <h2 style="margin: 0;">CERTIFICATE OF LIABILITY INSURANCE</h2> | | | | | | | | | | DATE (MM/DD/YYYY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 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 <div style="border: 1px solid black; width: 100px; height: 100px; margin: 10px auto; text-align: center; line-height: 100px; font-size: 24px; font-weight: bold;">1</div> | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">CONTACT NAME:</td> <td colspan="2" style="padding: 2px;">FAX</td> </tr> <tr> <td colspan="2" style="padding: 2px;">PHONE (A/C, NO. EXT.):</td> <td colspan="2" style="padding: 2px;">(A/C, NO.):</td> </tr> <tr> <td colspan="2" style="padding: 2px;">E-MAIL ADDRESS:</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td colspan="4" style="padding: 2px; text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td colspan="2" style="padding: 2px;">INSURER A:</td> <td colspan="2" style="padding: 2px;">NAIC #</td> </tr> <tr> <td colspan="2" style="padding: 2px;">INSURER B:</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td colspan="2" style="padding: 2px;">INSURER C:</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td colspan="2" style="padding: 2px;">INSURER D:</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td colspan="2" style="padding: 2px;">INSURER E:</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td colspan="2" style="padding: 2px;">INSURER F:</td> <td colspan="2" style="padding: 2px;"></td> </tr> </table> | | | | | | | | CONTACT NAME: | | FAX | | PHONE (A/C, NO. EXT.): | | (A/C, NO.): | | E-MAIL ADDRESS: | | | | INSURER(S) AFFORDING COVERAGE | | | | INSURER A: | | NAIC # | | INSURER B: | | | | INSURER C: | | | | INSURER D: | | | | INSURER E: | | | | INSURER F: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONTACT NAME: | | FAX | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| E-MAIL ADDRESS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER(S) AFFORDING COVERAGE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER A: | | NAIC # | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER B: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER C: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER D: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| INSURER F: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INSURED <div style="border: 1px solid black; width: 100px; height: 100px; margin: 10px auto; text-align: center; line-height: 100px; font-size: 24px; font-weight: bold;">2</div> | | | | <div style="border: 1px solid black; width: 100px; height: 100px; margin: 10px auto; text-align: center; line-height: 100px; font-size: 24px; font-weight: bold;">3</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">RUR</th> <th style="width: 15%;">TYPE OF INSURANCE</th> <th style="width: 10%;">ADDL. SUBR.</th> <th style="width: 10%;">POLICY NUMBER</th> <th style="width: 10%;">POLICY EFF. DATE (MM/DD/YYYY)</th> <th style="width: 10%;">POLICY EXP. DATE (MM/DD/YYYY)</th> <th style="width: 10%;">LIMITS</th> </tr> </thead> <tbody> <tr> <td colspan="7" style="padding: 5px;">GENERAL LIABILITY</td> </tr> <tr> <td style="text-align: center;">1</td> <td>COMMERCIAL GENERAL LIABILITY</td> <td></td> <td style="text-align: center;">4</td> <td></td> <td></td> <td>EACH OCCURRENCE</td> </tr> <tr> <td style="text-align: center;">2</td> <td>CLAIMS-MADE OCCUR</td> <td></td> <td></td> <td></td> <td></td> <td>DAMAGE TO RENTED PREMISES (EA occurrence)</td> </tr> <tr> <td style="text-align: center;">3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>MED EXP (Any one person)</td> </tr> <tr> <td style="text-align: center;">4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>PERSONAL & ADV INJURY</td> </tr> <tr> <td style="text-align: center;">5</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>GENERAL AGGREGATE</td> </tr> <tr> <td style="text-align: center;">6</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>PRODUCTS - COMPOSP AGG</td> </tr> <tr> <td colspan="7" style="padding: 5px;">GEN'L AGGREGATE LIMIT APPLIES PER:</td> </tr> <tr> <td style="text-align: center;">7</td> <td>POLICY</td> <td>PRO-JECT</td> <td>LOC</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="7" style="padding: 5px;">AUTOMOBILE LIABILITY</td> </tr> <tr> <td style="text-align: center;">8</td> <td>ANY AUTO</td> <td></td> <td></td> <td></td> <td></td> <td>COMBINED SINGLE LIMIT (EA accident)</td> </tr> <tr> <td style="text-align: center;">9</td> <td>ALL OWNED</td> <td>SCHEDULED</td> <td></td> <td></td> <td></td> <td>BODILY INJURY (Per person)</td> </tr> <tr> <td style="text-align: center;">10</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>BODILY INJURY (Per accident)</td> </tr> </tbody> </table> | | | | | | | | | | | | RUR | TYPE OF INSURANCE | ADDL. SUBR. | POLICY NUMBER | POLICY EFF. DATE (MM/DD/YYYY) | POLICY EXP. DATE (MM/DD/YYYY) | LIMITS | GENERAL LIABILITY | | | | | | | 1 | COMMERCIAL GENERAL LIABILITY | | 4 | | | EACH OCCURRENCE | 2 | CLAIMS-MADE OCCUR | | | | | DAMAGE TO RENTED PREMISES (EA occurrence) | 3 | | | | | | MED EXP (Any one person) | 4 | | | | | | PERSONAL & ADV INJURY | 5 | | | | | | GENERAL AGGREGATE | 6 | | | | | | PRODUCTS - COMPOSP AGG | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | 7 | POLICY | PRO-JECT | LOC | | | | AUTOMOBILE LIABILITY | | | | | | | 8 | ANY AUTO | | | | | COMBINED SINGLE LIMIT (EA accident) | 9 | ALL OWNED | SCHEDULED | | | | BODILY INJURY (Per person) | 10 | | | | | | BODILY INJURY (Per accident) |
| RUR | TYPE OF INSURANCE | ADDL. SUBR. | POLICY NUMBER | POLICY EFF. DATE (MM/DD/YYYY) | POLICY EXP. DATE (MM/DD/YYYY) | LIMITS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GENERAL LIABILITY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | COMMERCIAL GENERAL LIABILITY | | 4 | | | EACH OCCURRENCE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | CLAIMS-MADE OCCUR | | | | | DAMAGE TO RENTED PREMISES (EA occurrence) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | MED EXP (Any one person) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | PERSONAL & ADV INJURY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | GENERAL AGGREGATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | PRODUCTS - COMPOSP AGG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | POLICY | PRO-JECT | LOC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AUTOMOBILE LIABILITY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | ANY AUTO | | | | | COMBINED SINGLE LIMIT (EA accident) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | ALL OWNED | SCHEDULED | | | | BODILY INJURY (Per person) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | BODILY INJURY (Per accident) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

- 1 Name of the insurer and insured
- 2 Type of insurance coverage
- 3 Policy numbers
- 4 Effective dates
- 5 Limits