

CERTIFICATE OF INSURANCE	DATE (mm/dd/yy)
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PRODUCER YOUR INSURANCE COMPANY NAME/PHONE NUMBER OF CONTACT PERSON	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.
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CODE	SUB-CODE	COMPANIES AFFORDING COVERAGE
		COMPANY LETTER A
INSURED YOUR COMPANY NAME AND ADDRESS		COMPANY LETTER B
		COMPANY LETTER C
		COMPANY LETTER D
		COMPANY LETTER E

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.

INST LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS NOT LESS THAN \$1M
	GENERAL LIABILITY				GENERAL AGGREGATE \$ 1,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COM-OPS AGGREGATE \$ 1,000,000.00
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.				PERSONAL & ADVERTISING INJURY \$ 1,000,000.00
	OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$ 1,000,000.00
					FIRE DAMAGE (Any one fire) \$ 50.00
					MEDICAL EXPENSE (Any one person)
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$ 1,000,000.00
	<input checked="" type="checkbox"/> ANY AUTO				
	ALL OWNED AUTOS				BODILY INJURY (PER PERSON)
	SCHEDULED AUTOS				BODILY INJURY (PER ACCIDENT)
	<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				
	EXCESS LIABILITY				
	UMBRELLA FORM				
	OTHER THAN UMBRELLA FORM				
	<input checked="" type="checkbox"/> WORKER'S COMPENSATION & EMPLOYER'S LIABILITY				STATUTORY
					EACH ACCIDENT \$ 1,000,000.00
					DISEASE-POLICY LIMIT
					DISEASE-EACH EMPLOYEE
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS

ADDITIONAL INSURED: (NAME OF EVENT) OCCURRING IN (YEAR). CITY AND COUNTY OF DENVER, SMG AND ITS OFFICERS, AGENTS AND EMPLOYEES

CERTIFICATE HOLDER	CANCELLATION
CITY & COUNTY OF DENVER SMG/COLORADO CONVENTION CENTER 700 14TH STREET DENVER, CO 80202	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF , THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30-DAY, 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



Dear Meeting & Event Planners:

The City & County of Denver and SMG have established insurance guidelines to help protect our clients and patrons from risk of liability should injury or damage occur while in our facility. Below is the portion of our License Agreement that specifies facility insurance requirements. These terms are non-negotiable; alterations to terms or coverage amounts are not acceptable. The certificate of insurance, once received, will be reviewed for contract compliance.

Event Insurance: Licensee shall at its own expense secure and maintain through the term of this Agreement, including move-in and move-out days, with an insurer or insurers' maintaining at least an A VIII rating in the current A.M. Bests Manual, licensed to conduct business in the State of Colorado, the insurance listed below. All such insurance shall be primary of any other valid and collectible insurance of Licensee and/or SMG and shall be written on an occurrence basis. Claims made policies are not acceptable and do not constitute compliance with Licensee's obligations under this Agreement.

- (A) Comprehensive General Liability- Insurance with limits not less than \$1,000,000 each occurrence combined single limit for bodily injury or death and property damage, including coverage's for personal injury, contractual, and operation of mobile equipment, products and liquor and liability (if applicable);
- (B) Worker' Compensation- Insurance as required by Colorado State law;
- (C) Employers Liability Insurance- with limits not less than \$1,000,000 for each occurrence
- (D) Automobile Liability Insurance- with limits not less than \$1,000,000 each occurrence combined single limit for bodily injury and property damage, including coverage's for owned, non-owned and hired vehicles, including loading and unloading operators.

Comprehensive General Liability and Automobile Liability Insurance policies required shall name as additional insured's: City & County of Denver, SMG, It's Officers, Agents and Employees.

Certificates of Insurance: Copies of additional insured endorsements and primary coverage endorsements and, if requested, complete copies of policies, satisfactory to SMG, shall be furnished to SMG no later than sixty (60) days before the first move-in day of the Event. Certified copies of the Certificate of Insurance or policies shall provide that they may not be canceled without thirty (30) days advance written notice to SMG.

Linda Rodriguez, Accounts Receivable Technician
SMG-Colorado Convention Center
Finance Department
Ph.# 303-228-8009
Fax# 303-228-8065
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Dear Meeting Planner:

For clarification, following is a brief summary of our Workers Compensation Insurance requirements. Clients are sometimes unclear as to why this coverage is required.

Workers Compensation Insurance - Required by Colorado State Law
[As required by the State(s) in which the contract is to be performed]

Workers compensation insurance coverage [or proof of coverage for your employees] is required when there are paid Licensee employees on site working the event. However, coverage can be waived in certain circumstance when applicable, such as the following:

- Other than Show Management, no paid staff
- Sub-contractors or temporary agencies staffing utilized.
- Volunteers used for event work
- Associations, clubs, religious, charitable organizations without employees
- Your organization is State Exempt from coverage-
 - i.e. -independent contractor / sole proprietorship
 - non-profit organization / Volunteer Associations etc.
 - organization with no employees

If your organization meets any of the above criteria you may be able to waive the required workers compensation insurance coverage by signing an "insurance waiver letter" that I provide for your signature.

Because the coverage is contractually required, we must have either,

- (a) Certificate of insurance for coverage evidencing coverage
- (b) Proof of coverage [policy page showing current] or
- (c) A signed "insurance waiver letter" requesting to waive said coverage when applicable

Regarding Automobile Insurance coverage

Automobile Liability Insurance for bodily injury and property damage, including coverage for owned, non-owned and hired vehicles, including loading and unloading operators is required. The coverage protects SMG our municipal partners as well as our clients from the risk and liability exposures inherent to vendors, exhibitors and sub-contractors driving upon our docks and exhibit hall floors during set-up and take down operations. Required coverage is \$1,000,000 each occurrence.

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