

Colorado Convention Center / SMG Certificate of Insurance

Licensees please provide this sample certificate to your insurance agent or broker
Certificates must mirror this sample exactly.

NOTE THE ADDITIONAL INSURED SPECIAL INSTRUCTIONS BELOW

Licensee's Legal Name →

Type of Insurance required →

Only additional insured language in this box →

Verify Correct Address & Contact Information →

ACORD		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 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 Insurance Broker Name & Address			CONTACT NAME: PHONE (A/C No. Ext): FAX (A/C No.): E-MAIL ADDRESS:			
INSURED Licensee's Legal Name & Address			INSURER(S) AFFORDING COVERAGE		NAIC #	
INSURER A:			INSURER B:			
INSURER C:			INSURER D:			
INSURER E:			INSURER F:			
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	EXCLUDED (IND. W/VD)	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (EA occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ COMBINED SINGLE LIMIT (EA accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GENL AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:					
<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS					EACH OCCURRENCE \$ AGGREGATE \$
	UMBRELLA LIAB EXCESS LIAB					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	Y/N <input checked="" type="checkbox"/> N/A				PER STATUTE \$ OTH-ER \$ 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)						
(NAME OF EVENT) OCCURRING IN (YEAR), THE CITY AND COUNTY OF DENVER, SMG, AND ITS OFFICERS, AGENTS AND EMPLOYEES ARE INCLUDED AS ADDITIONAL INSURED WITH RESPECTS TO COMMERCIAL GENERAL LIABILITY AND BUSINESS AUTO POLICIES.						
CERTIFICATE HOLDER			CANCELLATION			
CITY & COUNTY OF DENVER COLORADO CONVENTION CENTER/ SMG 700 14TH STREET DENVER, CO 80202			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			
ACORD 25 (2014/01)		© 1988-2014 ACORD CORPORATION. All rights reserved. The ACORD name and logo are registered marks of ACORD				

Policy limits must be same or greater than required in the license agreement

Policy start date must be prior to effective date of the license agreement and not expire prior to final event day

The 'description' box must only contain the following additional insured language: **(Name of Event) OCCURRING IN (Year), THE CITY AND COUNTY OF DENVER, SMG, AND IT'S OFFICERS, AGENTS, AND EMPLOYEES ARE INCLUDED AS ADDITIONAL INSURED WITH RESPECTS TO COMMERCIAL GENERAL LIABILITY AND BUSINESS AUTO POLICIES.**

QUALIFYING LANGUAGE SUCH AS "SUBJECT TO THE TERMS AND CONDITIONS OF THE POLICY" and "IF REQUIRED PER WRITTEN CONTRACT" CAN NOT BE ADDED.

DO NOT ATTACH ADDITIONAL INSURED ENDORSEMENTS OR POLICIES

If any additional language is added, the certificate will be rejected. If the requirements cannot be complied with, client will be in default of license agreement.



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
SMG-Colorado Convention Center
Finance Department
Ph.# 303-228-8009
Fax# 720-864-0615
lrodriguez@denverconvention.com





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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