

## Certificate of Insurance Instructions

**Due Date: April 6, 2018**

### Exhibitor Instructions

In accordance with the SAPHIRE NOW and ASUG Annual Conference Exhibitor Rules and Regulations:

- Exhibitors are responsible for supplying a certificate of insurance (COI) as outlined on page 2 covering all staff, exhibit materials, and equipment.
- Exhibitor appointed contractors (EACs) performing any on-site show services within the Orange County Convention Center must also provide a COI.

Exhibitors should forward this document to their insurance company and EACs as a guideline to prepare the COI.

- The insurance coverage must be valid for the duration of move-in, show days, and move-out.
- **A COI must be provided to your exhibit manager by April 6.**
- Exhibitors will not be allowed to move in without a COI on file.
- EACs will not be allowed to perform work without a COI on file

### Information for Insurance Companies

This document includes the necessary show information and policy requirements to prepare a COI for your client. **A sample certificate is on page 3.**

### Show Details

SAPHIRE NOW and ASUG Annual Conference Exhibitor Program  
SAP Global Marketing, Inc. and Americas' SAP Users' Group  
Orange County Convention Center  
9800 International Drive, Orlando, FL 32819

Set-up Dates:	May 31–June 4	Sapphire and Onyx exhibitors install
Set-up Dates:	June 1–4	Diamond exhibitors install
Set-up Dates:	June 2–4	Emerald exhibitors install
Set-up Dates:	June 4	Emerald Turnkey, Ruby Turnkey, and Pod exhibitors move-in
Show Dates:	June 5–7	
Dismantle Dates:	June 7–10	

### Where to Send the COI

Submit the certificate to the appropriate exhibit manager as indicated below. If you are unsure who the manager is, submit to Sandy Lorenz.

Sapphire Exhibitors	Onyx Exhibitors	Diamond Exhibitors	Emerald and Pod Exhibitors	Ruby Turnkeys and Emerald Turnkey Exhibitors
<b>Barb Kavetski</b>	<b>Ellen Stangroom</b>	<b>James Boyle</b>	<b>Sandy Lorenz</b>	<b>Ana Napolitano</b>
Tel: 610.518.6291	Tel: 508.461.7683	Tel: 484.416.3067	Tel: 508.461.7421	Tel: 312.673.5607
Fax: 610.848.3247	Fax: 610.848.1134	Fax: 610.661.4116	Fax: 610.848.1149	Fax: 312.644.0575
<a href="mailto:b.kavetski@sap.com">b.kavetski@sap.com</a>	<a href="mailto:e.stangroom@sap.com">e.stangroom@sap.com</a>	<a href="mailto:ja.boyle@sap.com">ja.boyle@sap.com</a>	<a href="mailto:sandra.lorenz@sap.com">sandra.lorenz@sap.com</a>	<a href="mailto:ana.napolitano@asug.com">ana.napolitano@asug.com</a>

# Insurance Requirement Notice

## Requirements

The **required components** of the certificate are outlined below. Check to see that all requirements are met before submitting the certificate to avoid having it returned for missing or incorrect information. **A sample certificate is included on page 3.**

### 1. Coverage required (policy dates must be valid for the duration of move-in, show days, and move-out)

At all times during Exhibitor's use of the function space, Exhibitor shall maintain, with insurance carrier(s) satisfactory to SAP and ASUG and authorized or permitted to do business in the state of Florida, with a current A.M. Best Company rating of at least A- VII, the following insurance:

1. Statutory workers' compensation insurance
2. Employer's liability insurance with limits of at least one million dollars (\$1,000,000.00) each employee by disease, per accident and disease policy limit
3. Commercial general liability insurance with combined single limit of at least two million dollars (\$2,000,000.00) per occurrence including, but not limited to, coverage for bodily injury, death, property damage, products and completed operations, contractual liability, independent contractors, premises/operations; the policy shall include a cross-liability and severability of interest clauses
4. Commercial automobile liability insurance with coverage for owned, non-owned, rented and borrowed automobiles with a limit of not less than one million dollars (\$1,000,000.00) per occurrence

All policies required herein shall be amended to include a waiver of subrogation endorsement in favor of SAP Global Marketing, Inc., Americas' SAP Users' Group (ASUG), the Orange County Convention Center (the OCCC), their parent(s) and each of their respective direct or indirect, partners, members, affiliates, principals, directors, officers, stockholders and employees (hereafter "Indemnified Parties"). The commercial general liability and commercial auto liability policies shall be amended to include Indemnified Parties as additional insured. Except for workers' compensation insurance, the required policies shall contain an endorsement noting that Exhibitor's insurance is primary and non-contributory with any insurance carried by the Indemnified Parties. Exhibitors, their brokers or insurance carriers shall provide at least thirty (30) calendar day's prior written notice of cancellation or reduction in policy limits or coverage.

### 2. The Certificate Holder must be noted on the certificate

SAP Global Marketing, Inc.  
10 Hudson Yards  
New York, NY 10001

### 3. The Additional Insured and Waiver of Subrogation clauses must be noted on the certificate

- SAP Global Marketing, Inc., Americas' SAP Users' Group (ASUG), the Orange County Convention Center (OCCC), their parent(s) and each of their respective direct or indirect, partners, members, affiliates, principals, directors, officers, stockholders and employees are included as additional insured with respect to commercial general liability and commercial automobile liability insurance coverage as per the Exhibitor Rules and Regulations.
- Except where prohibited by law, workers' compensation, employer's liability, commercial general liability, commercial auto policies are amended to include a waiver of subrogation endorsement in favor of the following parties: SAP Global Marketing, Inc., ASUG, the Orange County Convention Center (OCCC), their parent(s) and each of their respective direct or indirect, partners, members, affiliates, principals, directors, officers, stockholders and employees as per the Exhibitor Rules and Regulations.

Forty-five (45) calendar days prior to Exhibitor's use of function space, Exhibitor shall provide to their Exhibit Manager certificate(s) of insurance evidencing compliance with all aforementioned insurance requirements. In the event other parties (subcontractors, vendors, etc.) are providing goods or services related to Exhibitor's use of the function space, Exhibitor shall require all such parties to procure and maintain, during the period when such goods and services are being provided, insurance coverage in compliance with all aforementioned insurance requirements. None of the requirements contained herein as to types or limits or Exhibit Manager's approval of insurance coverage to be maintained by Exhibitor, or failure to monitor compliance with insurance requirements are intended to, and shall not in any manner, limit, qualify or quantify the liabilities and obligations assumed by Exhibitor under the Agreement or as otherwise provided by law.



# 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 Producer's Name and Address	CONTACT NAME:	
	PHONE (A/C. No. Ext):	FAX (A/C. No):
INSURED Exhibitor's Name and Address	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Insurer A	
	INSURER B : Insurer B	
	INSURER C : 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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>			GL123456789	01/01/20XX	01/01/20XX	EACH OCCURRENCE	\$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b>			AL123456789	01/01/20XX	01/01/20XX	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
								\$
C	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b>			XS123456789	01/01/20XX	01/01/20XX	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> <b>EXCESS LIAB</b>	<input type="checkbox"/> OCCUR					AGGREGATE	\$ 1,000,000
	DED		RETENTION \$					\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			WC123456789	01/01/20XX	01/01/20XX	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N					E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$
<div>* <b>Not required unless the other limits are less than the requirements.</b></div>								

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

SAP Global Marketing, Inc., Americas' SAP Users' Group (ASUG), the Orange County Convention Center (OCCC), their parent(s) and each of their respective direct or indirect, partners, members, affiliates, principals, directors, officers, stockholders and employees are included as additional insured with respect to commercial general liability and commercial automobile liability insurance coverage as per the Exhibitor Rules and Regulations. A Waiver of Subrogation is granted in favor of the Indemnified Parties in accordance with the policy provisions. Policies evidenced herein are Primary and Non-Contributory to other insurance available to an Indemnified Party, but only in accordance with the policy's provisions. 30 days prior written notice of cancellation or reduction in policy limits or coverage will be provided to the Indemnified Parties.

**CERTIFICATE HOLDER****CANCELLATION**

SAP Global Marketing, Inc. 10 Hudson Yards New York NY 10001 USA	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 SIGNATURE

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