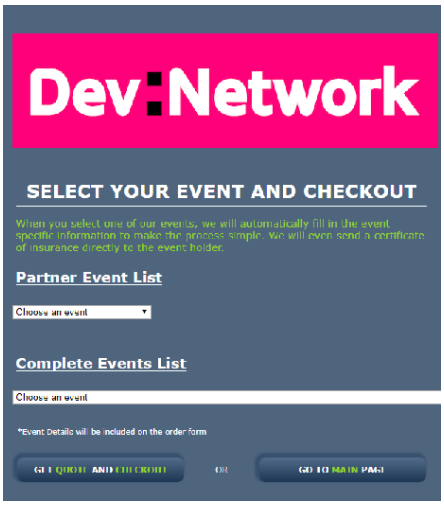
INSURANCE REQUIREMENTS

All Exhibitors are required to provide an original certificate of insurance showing liability insurance of not less than $1,000,000/each occurence and $1,000,000 aggregate in effect during the dates of the expo. The certificate must name Data 2.0, and the Brooklyn Expo Center as an additional insured. If an original certificate is not submitted, exhibitors are prohibited from setting up their exhibit booth or otherwise participating in DeveloperWeek NY 2019.

All DeveloperWeek New York 2019 exhibitors are required to submit proof of insurance to Emily at **emily@devnetwork.com** by June 3, 2019.

How do I obtain Insurance for DeveloperWeek NY 2019?



1. Go to **https://www.insurance4exhibitors.com/rp/devnetwork**
2. Select 6/19/2019 - DeveloperWeek NY 2019
3. Click "Get Quote and Checkout"
4. Answer the Qualifying Questions
5. Fill out Customer Information
6. Fill out the Coverage Information
7. Fill out the Payment Information
6. Receive your Certificate of Insurance via email
7. Email your Certificate of Insurance to emily@devnetwork.com

How much does the Insurance Cost?

To exhibit at DeveloperWeek NY 2019 from June 19 - June 20 (2 day expo) the insurance is quoted at $130.

When is the Certificate of Insurance Due?

The certificate of insurance is due to emily@devnetwork.com by June 3, 2019.

I have never had to do this for a exhibiting at a show previously why do I have to do it for yours?

This is a policy that most large tradeshows have in place to protect exhibitors and attendees. In order to exhibit with us, this certificate must be obtained.

ACORD®

SAMPLE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/21/14

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 Your Insurance Company	CONTACT NAME: Your Insurance Company PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:
INSURED Subscribed Exhibitors of SI Association Your Company / Individual Name Your Address	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

Contact:
SHOW INSURANCE
1-440-349-6650
www.showinsurance.com

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY	X		Policy Number	02/15/16	02/18/16 12:01 am	EACH OCCURRENCE	$ 1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
								$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					WC STATU-TORY LIMITS	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The Certificate Holder is added as an Additional Insured.

CERTIFICATE HOLDER

Data 2.0, Inc.
2269 Chestnut St.,
Suite 117, San Francisco,
CA 94123

Brooklyn Expo Center /
56 West LLC
240 Water St,
BK NY 11201

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
Your Insurance Representative

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