

# ILLUSTRATION OF INSURANCE REQUIREMENTS for EXHIBITORS AT MINNEAPOLIS CONVENTION CENTER

DATE (MM/DD/YYYY)  
**DATE**

PRODUCER  INSURED  <b>Your company's name and address go here.</b>	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.  INSURERS AFFORDING COVERAGE INSURER A: <b>Name(s) of insurance company(ies)</b> INSURER B: <b>providing your coverage go here</b> INSURER C: INSURER D: INSURER E:
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## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<b>A</b>		<input type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	<b>Your company's General Liability Insurance coverage number goes here.</b>	<b>Your company's policy effective number goes here.</b>	<b>Your company's policy expiration number goes here.</b>	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) <b>\$ 2 MILLION</b>
		MED EXP (Any one person) <b>\$ 10,000</b> PERSONAL & ADV INJURY <b>\$ 2 MILLION</b> GENERAL AGGREGATE <b>\$ 2 MILLION</b> PRODUCTS - COMP/OP AGG <b>\$ 2 MILLION</b> FIRE DAMAGE <b>\$ 100,000</b>				
		GEN'L AGGREGATE LIMIT APPLIES PER: POLICY _____ PROJECT _____ LOC _____				
		<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS				<b>Your company's Automobile Liability Insurance coverage number goes here.</b>
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$ A U T O O N L Y : A G G \$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
<b>X</b>		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	<b>Your company's Workers' Compensation Insurance coverage number goes here.</b>	<b>Your company's policy effective number goes here.</b>	<b>Your company's policy expiration number goes here.</b>	<input checked="" type="checkbox"/> WC STATUTORY LIMITS - OTHER E.L. EACH ACCIDENT <b>\$ 100,000</b> E.L. DISEASE - EA EMPLOYEE <b>\$ 100,000</b> E.L. DISEASE - POLICY LIMIT <b>\$ 500,000</b>
		OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

**Railway Supply Institute, Inc. (RSI), Railway Interchange/2011, September 14-23, 2011 (including move-in and move-out). RSI, the City of Minneapolis, Minnesota, and Freeman are named as additional insureds with respect to commercial General Liability Insurance and Automobile Liability Insurance for the exhibition to be held September 18-20, 2011, under endorsement CG2026 or broader. Waiver of subrogation with regard to General Liability with Workers' Compensation in favor of RSI, the City of Minneapolis, Minnesota, and Freeman.**

## CERTIFICATE HOLDER

**Railway Supply Institute, Inc. (RSI)**  
**425 Third Street, SW Ste. 920**  
**Washington, DC 20024**

## CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.

## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

ILLUSTRATION