



WEDNESDAY
SEPT 29, 2021
10 AM-5 PM

THURSDAY
SEPT 30, 2021
10 AM-3 PM

SEMINARS BEGIN AT 8AM & 9AM BOTH DAYS

Re: Shed Builder Expo - Proof of Insurance

Dear Exhibitor,

You may have recently received information in the mail from Shed Builder Expo requesting proof of liability insurance coverage for your company. Your original exhibitor packet also included information about minimum coverage limits.

We hope this communication will clear up any questions you may have as to what is needed prior to the move-in date of September 28, 2021.

Please forward a Certificate of Insurance to:

Shed Builder Expo
c/o Boltres & Company, LLC
P.O. Box 782
Ada, MI 49301
By Fax: (616) 582-6300
By E-mail: marty@shedbuilderexpo.com

Please forward proof of insurance no later than July 29, 2021.

At a minimum, the coverage period must include the day of move-in through the two days of the show including move-out, or September 28, 2021 – September 30, 2021.

Minimum Coverage Limits:

- Comprehensive General Liability insurance of \$1 million or more,
- Bodily Injury - \$1 million (each occurrence),
- Property Damage (including malicious mischief, vandalism, riot and commotion) each occurrence - \$100,000, \$1 million (in aggregate),
- Workers Compensation – Statutory amount of \$1 million

The following additional named insured should be included on the Certificate of Insurance:

- BOLTRES & COMPANY, LLC, PO Box 782, Ada, MI 49301
- SMG, 303 Monroe Ave NW, Grand Rapids, MI 49503
- THE CITY OF GRAND RAPIDS, 300 Monroe Ave NW, Grand Rapids, MI 49503
- THE COUNTY OF KENT, 300 Monroe Ave NW, Grand Rapids, MI 49503

Additional Insureds Defined:

- Boltres & Company, LLC is hosting Shed Builder Expo and owns the event.
- SMG is a global facility and event management company, www.smgworld.com. SMG represents the facility owners and manages the physical property. Boltres & Company has contracted for space with SMG and the facility owners of DeVos Place.
- DeVos Place is a jointly owned convention center between The City of Grand Rapids and Kent County.

It is a good business practice and peace of mind to purchase liability coverage for your business especially when traveling to a trade show in an unfamiliar location. Seek advice from a local insurance professional for more information and to purchase a policy. Shed Builder Expo requires proof that a basic, general liability policy exists for your business with additional named insureds listed above.

If you do not have such a policy, you can purchase an inexpensive short-term policy from K&K Insurance Group, a division of AON Insurance Company (a large insurance holding company). You can select coverage options, apply online and purchase exhibitor insurance with this link.

<https://www.kandkinsurance.com/ConcessionairesExhibitorsVendors/Pages/Concessionaires-Exhibitors-Vendors.aspx>

Or, you can download a PDF version of K&K Insurance Group's application with the same link above. Then print it, fill it out and return to their office by fax, email, or regular mail. Instructions are included. K&K Insurance can be reached by telephone at (800) 328-2317.

Sincerely,

Shed Builder Expo



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/19/2018

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 XYZ Agency 321 Spring St Winston Salem NC 27105		CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No):	
INSURED ABC Company 123 Main St King NC 27021		INSURER(S) AFFORDING COVERAGE INSURER A: Commercial Insurance Company INSURER B: Workers Comp Insurance Company 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	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	Y	ABC 123456789	01/01/2019	01/01/2020	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000						
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	N/A	XX 987654321	01/01/2019	01/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	E.L. EACH ACCIDENT \$ 100,000						
	E.L. DISEASE - EA EMPLOYEE \$ 100,000						
							E.L. DISEASE - POLICY LIMIT \$ 500,000

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

9/28/2021 - 9/30/2021 SHED BUILDER EXPO, DeVos Place, Grand Rapids, MI
 BOLTRES & COMPANY, LLC, PO Box 782, Ada, MI 49301; SMG, 303 Monroe Ave NW, Grand Rapids, MI 49503;
 THE CITY OF GRAND RAPIDS, 300 Monroe Ave NW, Grand Rapids, MI 49503; THE COUNTY OF KENT, 300 Monroe Ave NW, Grand Rapids, MI 49503 are named as additional insured per written contract with respect to work performed by the insured as regards general liability.

CERTIFICATE HOLDER**CANCELLATION**

Shed Builder Expo c/o Boltres & Company, LLC PO Box 782 Ada, MI 49301	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 John Q. Agent
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