

CERTIFICATE OF INSURANCE

All exhibitors must send an original certificate of insurance to the Massachusetts Dental Society by **December 3, 2010**. No exhibitor will be allowed to set up without the required certificate of insurance.

Please refer to our sample and these five steps to be sure your certificate of insurance displays the required information:

- 1 Your company must be listed as the insured.
- 2 You must carry and maintain a minimum of **\$1 million insurance coverage** that provides general liability coverage, coverage against damage to persons and property, and hazard insurance, insuring the exhibitor's property and its exhibit space, to fully protect it and the MDS and the additional insured (see below) against all risks in connection with its exhibit at the Yankee Dental Congress, or under the 2011 Rules & Regulations, or otherwise.
- 3 Required dates must cover the dates of the expo, including set-up and breakdown: **January 24 - 30, 2011**. Please send the certificate even if it expires by 12/31/10, then send a new certificate after this date.
- 4 All insurance shall name as additional insured The Massachusetts Dental Society, other participation dental societies of Connecticut, Maine, New Hampshire, Rhode Island and Vermont, the Massachusetts Convention Center Authority and Champion Exposition Services.

- 5 The certificate holder must be listed as follows:

**Massachusetts Dental Society
YDC Exhibits
Two Willow Street, Suite 200
Southborough, MA 01745**

If you do not carry general liability insurance, you may purchase this in the form of event insurance. Information and order forms will be provided in the Exhibitor Service Kit, which will be sent in October, 2010.

The YDC and the Massachusetts Convention Center Authority will not be responsible for damage or loss to any property of the exhibitor, including the shipping containers brought into or used in or about the convention center, nor for any acts or omissions of the exhibitor's employees, agents or representatives.

ACORD. CERTIFICATE OF LIABILITY INSURANCE (DATE: 6/8/2008)

PRODUCER: **INSURANCE COMPANY
SUMNER STREET
BOSTON, MA 02215**

INSURERS AFFORDING COVERAGE: **INSURER A: THE CHUBB**

INSURED: **YOUR COMPANY
123 MAIN STREET
AMTOWN, MA 00222**

COVERAGES:

TYPE	TITLE OF COVERAGE	POLICY NUMBER	POLICY EFFECTIVE DATE	EXPIRATION DATE	LIMITS
A	GENERAL LIABILITY	35373401	7/01/11	7/01/11	EACH OCCURRENCE \$ 1,000,000
	CLAIMSMADE				MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER POLICY				PERSONAL & AUTO LIABILITY \$ 1,000,000
	AUTOMOBILE LIABILITY				GENERAL AGGREGATE \$ 2,000,000
	ANY AUTO				PRODUCTS-COMP/OP AGG \$ 2,000,000
	ALL OWNED AUTOS				
	SCHEDULED AUTOS				
	HIRE/ RENTED AUTOS				
	NON-OWNED AUTOS				
	GARAGE LIABILITY				
	ANY AUTO				
	EXCESS/UMBRELLA LIABILITY				
	OCCUR				
	CLAIMS				
	DEDUCTIBLE				
	RETENTION				
	WORKERS COMPENSATION AND EMPLOYER LIABILITY				
	OTHER				

ADDITIONAL INSURED: MASSACHUSETTS DENTAL SOCIETY, OTHER PARTICIPATING DENTAL SOCIETIES OF CONNECTICUT, MAINE, NEW HAMPSHIRE, VERMONT, RHODE ISLAND, THE MASSACHUSETTS CONVENTION CENTER AUTHORITY AND CHAMPION EXPOSITION SERVICES.

CERTIFICATE HOLDER: **MASSACHUSETTS DENTAL SOCIETY
YDC EXHIBITS
TWO WILLOW STREET, SUITE 200
SOUTHBOROUGH, MA 01745**

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.

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QUESTIONS? EMAIL EXHIBITS@MASSDENTAL.ORG