

CERTIFICATE OF INSURANCE

All exhibiting companies agree to indemnify the MDS and the participating Dental Societies of CT, ME, NH, RI, and VT, the Massachusetts Convention Center Authority, and Freeman against any claims for injury, loss, or damage that may occur to the exhibitor or his/her property from any cause whatsoever, and must provide insurance certificates by December 13, 2019. No exhibitor will be permitted to set up without a certificate of insurance.

REQUIRED INFORMATION

Please refer to the sample below to be sure your certificate of insurance displays the required information.

ACORD. CERTIFICATE OF LIABILITY INSURANCE				DATE (MM/DD/YYYY) 6/8/2019	
PRODUCER INSURANCE COMPANY SUMMER STREET BOSTON, MA 02215		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.			
INSURED 1 YOUR COMPANY		INSURERS AFFORDING COVERAGE INSURER A: THE CHUBB INSURER B: INSURER C: INSURER D: INSURER E:		NAIC#	
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 ADD'L LTD. INFO	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	2. \$1,000,000
A.	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMSMADE <input checked="" type="checkbox"/> OCCUR 35373401 3 7/01/19 7/01/20 GEN'L AGGREGATE LIMIT APPLIES PER: **REQUIRED DATES MUST COVER THE EXPO** <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (EA occurrence) \$ 50,000 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"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (EA accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY - EA ACC AGG \$ AGG \$
	EXCESS UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMSMADE <input type="checkbox"/> DEDUCTIBLE \$ <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? IF YES, DESCRIBE UNDER SPECIAL PROVISIONS BELOW				E.I. EACH ACCIDENT \$ E.I. DISEASE - EA EMPLOYEE \$ E.I. DISEASE - POLICY LIMIT \$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS					
4. ADDITIONAL INSURED: MASSACHUSETTS DENTAL SOCIETY, OTHER PARTICIPATING DENTAL SOCIETIES OF CONNECTICUT, MAINE, NEW HAMPSHIRE, VERMONT, RHODE ISLAND, THE MASSACHUSETTS CONVENTION CENTER AUTHORITY AND FREEMAN.					
CERTIFICATE HOLDER			CANCELLATION		
5. MASSACHUSETTS DENTAL SOCIETY Yankee EXHIBITS TWO WILLOW STREET SOUTHBOROUGH, MA 01745			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. AUTHORIZED REPRESENTATIVE: <i>[Signature]</i>		
ACORD 25 (2001/08) © ACORD CORPORATION 1988					

Please send completed COIs to exhibits@massdental.org

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 2020 Rules & Regulations, or otherwise.

3 Required dates must cover the dates of the expo, including set-up and breakdown: **January 29 - February 2, 2020**. Please send the certificate even if it expires by December 31, 2019, then send a new certificate after this date.

4 All insurance shall name as additional insured the Massachusetts Dental Society, other participating dental societies of Connecticut, Maine, New Hampshire, Rhode Island, and Vermont, the Massachusetts Convention Center Authority, and Freeman.

5 The certificate holder must be listed as follows:
Massachusetts Dental Society
Yankee Exhibits
Two Willow Street
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 Manual, which will be sent electronically in October 2019.

The Yankee Dental Congress 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.