



January 11-26, 2025

**TRADE SHOW EXHIBITOR
INSURANCE REQUIREMENTS**

All exhibitors licensed by the NWSS must have commercial general liability insurance coverage on their activities/operations at the NWSS. The trade show office must receive an acceptable Certificate of Insurance by **November 1, 2024** or a \$125.00 insurance fee will be charged to the exhibitor and payable prior to move-in. If your renewal date falls after the November 1 deadline, you must have your insurance carrier provide NWSS with a current policy declaration and a statement that the renewal certificate will be sent to the NWSS by **January 6, 2025**. If this does not take place you will be charged a \$125.00 policy fee and an additional \$35.00 late processing fee to be included on our blanket policy.

Coverage Requirements

Minimum of one million dollars combined single limits per occurrence insuring against claims for bodily injury, property damage and product liability.

Insurance coverage must be valid **January 6– 28, 2025**. The insurance carrier must provide the trade show department with thirty days' written notice on policy cancellation or changes in policy terms.

A sample copy of an acceptable certificate of insurance is provided in this manual, it is recommended that you submit this to your insurance company for accuracy.

Insurance Certificate Requirements

All insurance companies must be approved to do business in the State of Colorado and acceptable to WSSA. WSSA its Directors, Officers, employees, agents and the City and County of Denver, must be added as additional named insured on the policies with a 30-day written notice for any changes in coverage or cancellation of the policies. Certificates must be in the office of WSSA 30 days prior to the effective date of this agreement or forfeit all rights under this agreement. The exhibitor understands that as an independent exhibitor, he or she or his or her employees, are not covered by WSSA General Liability Insurance and/or Worker's Compensation Insurance. Exhibitor agrees to obtain and maintain, in effect, for the duration of the Contract the following insurance coverages.

Liability Insurance

As a condition of the Contract the exhibitor will provide insurance certificates for Commercial General Liability Insurance, including products liability and completed operations, personal and advertising injury and contractual liability with a minimum limit of \$1,000,000.00 per occurrence. When applicable, the exhibitor will provide certificates of insurance for Professional liability, error and omission coverage, copyright liability and pyrotechnic liability, with a minimum liability limit acceptable to WSSA. Providers of professional service including Veterinarians, Medical Assistance Providers and Other Professional services must provide Professional Liability coverage for their services. The description field must say: **The Western Stock Show Association, its directors, officers and employees and the City and County of Denver are additional insured with respect to exhibitor operations/activities on The Western Stock Show Association grounds.**

Auto Liability

Commercial Automobile liability insurance, covering all owned autos or any vehicle to be used on WSSA premises, including Non-Owned and Hired Auto, must have coverage with a minimum liability limit of \$1,000,000.00 per any one occurrence.

Workers Compensation Insurance

The exhibitor will provide a certificate of insurance for Colorado Workers' Compensation

Insurance covering all employees of the exhibitor and/or Sub contractors. Any waivers of coverage endorsement, on the Workers' Compensation policy, must be attached to the certificate of insurance. Policy shall include employer liability. Any exception to his requirement must comply with Colorado Workers' Compensation Laws. A waiver form required by WSSA insurance must also be signed.

Please mail insurance certificates to:
National Western Stock Show
Attn: Trade Show Department
4655 Humboldt Street
Denver, CO 80216
Fax to: (303) 292-1708 Attn: Bridget Oakes
Email to: boakes@nationalwestern.com

K & K Insurance will provide premises liability coverage for licensees at the National Western Complex under a master policy. Coverage for concessionaires and exhibitors includes public liability with a \$1,000,000 combined single limit. Liquor liability is specifically excluded. General liability coverage conforms to the requirements of the Contract with National Western. **This does not provide coverage for exhibitor's property or products. Exhibitors must obtain their own coverage for damage or loss to their property or products.**

General liability coverage will be provided **January 6– 28, 2025**.

The following are not acceptable for endorsement on this policy: ear piercing, knives, tattoo parlors, haunted houses, stroller & wheelchair rentals, moonwalks, arcades, cookhouses and displays containing live animals. Your insurance coverage will only be effective during your presence on NWSS premises and during the specified dates. Please issue coverage in accordance with this program.

Exhibitors will absolve NWSS from any act or omission in facilitating such insurance through its insurance agent. All exhibitors participating in the NWSS must be following the Colorado Statute in regard to motor vehicle public liability on every motor vehicle unit used by the exhibitor on the Grounds of NWSS. NWSS does not undertake to act as risk manager, insurance agent or broker in any way, but only offers this provision for a fee as a service to the exhibitor. Per Colorado State requirements, exhibitors are required to provide a certificate of insurance for Colorado Workers' Compensation Insurance covering all employees of the exhibitor.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/06/2025

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 Insurance Company Name Address City, State Zip	CONTACT Name: John Smith Phone: (303) 555-5555 FAX: (303) 555-5555 E-MAIL: ABC@gmail.com ADDRESS: ABC@gmail.com													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Insurance Company</td> <td>88888</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Insurance Company	88888	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:
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INSURER D:														
INSURER E:														
INSURER F:														
INSURED Exhibitor Name Address City, State ZIP														

COVERAGES CERTIFICATE NUMBER: 10481750 REVISION NUMBER: See below

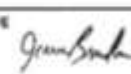
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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.

INS LN	TYPE OF INSURANCE	ADDL SUBR (ISO) (WV)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	X	88888888	01/06/25	01/28/25	ACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED \$ 1,000,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPOF AGG \$ 2,000,000 \$ \$
	AUTOMOBILE LIABILITY <input checked="" 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 BUSINESS) \$ 1,000,000 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: RETENTIONS:					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory in WA) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 121, Additional Remarks Schedule, may be attached if more space is required)

The Western Stock Show Association, its Directors, Officers, and Employees and the City and County of Denver are additional insured with respect to licensee operations/activities on The Western Stock Show Association grounds.

Show dates to include Move In / Out: 01/06/2025-01/28/2025

CERTIFICATE HOLDER The Western Stock Show Association 4655 Humboldt Street Denver, CO 80216	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 
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Insurance Request Form

Due: November 1, 2024

K&K Insurance will provide **premises liability** coverage for exhibitors at the National Western Complex under a master policy. Coverage for Concessionaires and Exhibitors includes public liability and property damage liability with a \$1,000,000 combined single limit. Product liability is also provided for premise claims only. Liquor liability is specifically excluded. General liability coverage conforms to the requirements of the Contract with National Western.

Company Name: _____

Contact Name: _____

Contact Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

List of products or services to be provided:

Please sign and return this form, signifying your consent to participate in this voluntary insurance program.

- General liability coverage will be provided **January 6 – 28, 2025**
- Premium for this coverage is \$125
- Your insurance coverage will only be effective during your presence on NWSS premises during the specified dates

Please issue coverage in accordance with this program.

Signature: _____ Date: _____

Return by November 1: National Western Stock Show
Trade Show Department
4655 Humboldt St.
Denver, CO 80216
Fax: 303-292-1708
boakes@nationalwestern.com