

INSURANCE REQUIREMENTS

As additional consideration over and above the rental payments made by Lessee herein, Lessee shall,

- a. Commercial general liability insurance, on an occurrence form, in the amount of One Million (\$1,000,000.00) Dollars per occurrence for bodily injury, death, property damage, and personal injury. The policy must include coverage for premises operations, blanket contractual liability (to cover indemnification section), products, completed operations, and independent contractors. If the user's activities involve the sale of alcohol, then liquor liability in the same amount is also required. See sample Certificate of Insurance on next page.
- b. Automobile liability insurance in the amount of One Million (\$1,000,000.00) Dollars per occurrence to provide coverage for any owned and non-owned vehicles used by
- c. Workers' compensation and employer's liability coverage as required by Tennessee Statute.
- d. All coverage provided by the Lessee are primary to any insurance or self-insurance program the City has for the KCC and the Lessee and their insurance shall have no right of recovery or subrogation against the Operator.
- e. All policies must be issued by companies authorized to do business in the State of Tennessee and assigned a rating of A:X or better, per Best's Key Rating Guide, latest edition.
- f. SMG must receive thirty (30) days written notice prior to any cancellation, non-renewal or material change to the required insurance policies. This written notice must be sent to SMG Knoxville Convention Center, P.O. Box 2543, Knoxville, TN 37901.
- g. Evidence of the required insurance policies must be provided to your EM by

CERTIFICATES MUST STATE: "The City of Knoxville, SMG, their officers, agents and employees are included as additional insured. It is further agreed that this insurance is primary to all other similar coverage carried by the City of Knoxville, and/or SMG, and the Lessee and their insurance shall have no right of recovery or subrogation against the operator."

- h. Alternate coverage to satisfy these requirements is subject to prior approval of the City's Risk Manager. Additional insurance coverage, as determined by the City's Risk Manager, may be required for your event.

When a certificate of insurance is issued by an agent out of the State of Tennessee, the certificate must be countersigned by a Tennessee Resident Agent, including the agency name and address.

If your exhibitors utilize independent contractors, we require verification of insurance in the same limits defined in your lease with the KCC.

SMG Insurance for General Liability

One million dollar General Liability coverage may be purchased through the KCC at the rate of \$.50/person/day with a minimum of \$300.00.

ACORD CERTIFICATE OF LIABILITY INSURANCE Date (MM/DD/YY)
1/1/05

PRODUCER
 XYZ Brokerage Inc.
 123 Pine Tree Drive
 Knoxville TN 37901
 Phone (865)123-4567 Fax (865)123-4567

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
 Tenant's Name
 Mailing Address
 (As it appears on the Lease Agreement)

COMPANIES AFFORDING COVERAGE
 COMPANY A XYZ Insurance Company
 COMPANY B
 COMPANY C
 COMPANY D

COVERAGES
 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOT WITHSTANDING ANY REQUIREMENT, TERM OF CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE PLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS & CONTRACTORS PROT <input checked="" type="checkbox"/> Products, Completed operations and Independent Contractors	AB123456789	1/1/05	1/1/06	GENERAL AGGREGATE 1,000,000 PRODUCTS-COMP/OP AGG 1000000 PERSONAL & ADV INJURY 1000000 EACH OCCURRENCE 1000000 FIRE DAMAGE (ANY ONE FIRE) 50000 MED EXP (ANY ONE PERSON) 5000								
A	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	CD123456789	1/1/05	1/1/06	COMBINED SINGLE LIMIT 1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE								
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY -EA ACCIDENT OTHER THAN AUTO ONLY- EACH ACCIDENT AGGREGATE								
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE AGGREGATE								
A	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	EF123456789	1/1/05	1/1/06	<table border="1"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTHER</td> </tr> <tr> <td>EL EACH ACCIDENT</td> <td>100,000</td> </tr> <tr> <td>EL DISEASE-POLICY LIMIT</td> <td>500,000</td> </tr> <tr> <td>EL DISEASE-EA EMPLOYEE</td> <td>100,000</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	EL EACH ACCIDENT	100,000	EL DISEASE-POLICY LIMIT	500,000	EL DISEASE-EA EMPLOYEE	100,000
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EL DISEASE-EA EMPLOYEE	100,000												
	OTHER												

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 City of Knoxville, SMG, their officers, agents & employees are included as additional insureds. It is further agreed that this insurance is primary to all other similar coverage carried by the City of Knoxville, and/or SMG, and the lessee an their insurance shall have no right of recovery or subrogation against the operator.

CERTIFICATE HOLDER # SNET-42YPV3 CANCELLATION

Knoxville Convention Center
 701 Henley Street
 Knoxville TN 37902

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

Michael A.