

**40<sup>th</sup>**  
ANNUAL

**FPC**

FLORIDA PLANS &  
CONSTRUCTION  
**SEMINAR + EXPO**



**EXHIBITOR  
PROOF OF INSURANCE  
REQUIREMENT**

SEPT 29 - OCT 1, 2024

**ROSEN SHINGLE CREEK | ORLANDO, FL**  
[WWW.FPCSEMINAR.COM](http://WWW.FPCSEMINAR.COM)



## Exhibitor Proof of Insurance Requirement

Please review, then forward this pdf to your insurance carrier(s) for your General Liability and Workers Comp policies.

1. Request that when they send COI(s) to the address listed as Certificate Holder, they also forward you a copy.
2. Email your copy to FPC Expo Management at [lanimilton2019@gmail.com](mailto:lanimilton2019@gmail.com) to ensure we have your document on file.

**Submission Timeline:** Proof of insurance in the form of Certificate of Insurance (COI) that meets the specifications outlined in this document, must be provided to FPC Expo Management within 30 days of signing agreement and submitting payment for exhibit space anytime before September 1, 2024; booths reserved after September 1, 2024 must provide their COI within five business days or sooner in order to have COI in place before event date.

COI(s) meeting all specifications must be on file with FPC Management in order for exhibitor to participate in the FPC Expo. Please note that Exhibitor's Service Kits will not be provided until the COI(s) are received.

Exhibitor is responsible for checking the policy expiration date listed on the COI; if policy expires before the dates of the Expo, Sept. 29 -Oct. 1, 2024, exhibitor is responsible for requesting an updated COI for the new policy period and emailing a copy to FPC Expo Management.

**NOTE:** because the name of the seminar has changed, please be aware that if you previously exhibited in the AHCA Seminar, your insurance company will need to make changes to the Additional Insured section to reflect the name change. They might not be aware of this necessity if you do not point it out to them.

We sincerely appreciate your assistance in addressing this requirement.

**FPC Expo Management**

[www.fpcseminar.com](http://www.fpcseminar.com)

## Certificate of Insurance (COI) Requirement

**Proof of Insurance for General Liability and Workers Comp:** Exhibitor shall, at its sole cost and expense, procure and maintain through the term of this Contract, **Sept. 29 -Oct. 1, 2024**, **comprehensive General Liability insurance** against any claims for bodily injury or death and property damage in connection with the FPC Seminar + Expo.

Such insurance shall include contractual liability and product liability coverage, with combined single limits of liability of not less than \$1,000,000 per occurrence/ \$2,000,000 aggregate coverage.

During the term hereof, the Exhibitor shall maintain **Workers' Compensation** and Occupational Disease insurance in full compliance with all federal and state laws, covering all of Exhibitor's employees engaged in the performance of any work for Exhibitor. All property of the Exhibitor is understood to remain under its custody and control in transit to and from the confines of the exhibit hall.

**See sample on next page.**

FPC Seminar & Expo requires additional insured coverage for the entities listed below. Include this information in the COI with the following two specifications:

1. The Additional Remarks Schedule section must include the following statment:  
**ADDITIONAL INSURED:**  
**Healthcare Seminar Associates, Inc. and FPC Seminar & Expo and its agents.**
2. List the following as **CERTIFICATE HOLDER:**  
**Healthcare Seminar Associates, Inc.**  
**1412 NE 6th St.**  
**Fort Lauderdale, FL 33304**  
**Email: jeff@latconferenceservices.com**
3. Initiate automatic updates to COI when policies renew to ensure COI covers the actual dates of event.

**Please also email a copy of the COI to the company representative requesting this COI.**



**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

01/01/2020

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 AGENT/BROKER NAME STREET ADDRESS CITY, STATE ZIP	CONTACT NAME: YOUR AGENT'S NAME		
	PHONE (A/C, No, Ext): 555-555-5555	FAX (A/C, No): 555-555-5555	
	E-MAIL ADDRESS: YOUR AGENT'S EMAIL ADDRESS		
INSURED  NAME OF INSURED - MUST BE NAME OF EXHIBITING COMPANY STREET ADDRESS CITY, STATE ZIP	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: GENERAL LIABILITY INSURER NAME		
	INSURER B: AUTOMOBILE LIABILITY INSURER NAME		
	INSURER C: UMBRELLA LIABILITY INSURER NAME		
	INSURER D: WORKERS' COMP LIABILITY INSURER NAME		
	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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
		Y	Y	POLICY # INSURER A	00/00/0000	00/00/0000	PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS	Y	Y	POLICY # INSURER B	00/00/0000	00/00/0000	
	<input type="checkbox"/> NON-OWNED AUTOS						
C	UMBRELLA LIAB						EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE	Y	Y	POLICY # INSURER C	00/00/0000	00/00/0000	
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below			POLICY # INSURER D	00/00/0000	00/00/0000	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

POLICY DATES MUST INCLUDE  
9/29/24 - 10/1/24 PERIOD

POLICY DATES MUST INCLUDE  
9/29/24 - 10/1/24 PERIOD

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

**ADDITIONAL INSURED:** Healthcare Seminar Associates, Inc.  
and FPC Seminar & Expo and its agents.

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
Healthcare Seminar Associates, Inc. 1412 NE 6th St. Fort Lauderdale, FL 33304  Email: Jeff@LATConferenceServices.com	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  Must be signed.