
Required Insurance

As an exhibitor or EAC participating at **IHHA & WCRR 2025 joint conference | Rail Research Week** you must have adequate liability insurance to protect the attending public, the show organizer and yourself. To participate in the event, exhibitors must provide proof of coverage meeting the below requirements.

Requirements for all

- The policy needs to be in effect from **Nov 16, 2025** through **Nov 21, 2025**
- Comprehensive General Liability to cover bodily injury and property damage to third persons, including Personal & Adv Injury limits, and Products and Completed Operations coverage of not less than **one million dollars (\$1,000,000) per occurrence and two million dollars (\$2,000,000) aggregate.**
- Required Additional Insureds:
Informa Connect, Freeman, The Broadmoor Hotel, Inc its partners, managers, officers and directors, employees, agents, subsidiaries, and affiliates
- Certificate holder:

Informa Connect, 605 Third Avenue 22FL, New York, NY, 10158

If You Have Your Own Insurance

If you have your own insurance coverage for the event, please provide a valid Certificate of Insurance that meets the above requirements.

To submit this, you must upload your Certificate of Insurance using the link or QR code below for review and approval. **Please DO NOT email, mail, or fax your certificate.**

Click here to Upload your Certificate of Insurance OR



Please refer to page 3 of this document for a detailed sample COI

If You Need To Purchase Insurance (Exhibitors ONLY)

For your convenience, exhibitors can purchase Commercial General Liability and Property Insurance from Exhibitorinsurance.com and eliminate the need to provide your own certificate.

Option 1: Liability only policy - \$115

- ✓ This policy meets all the requirements of the event
- ✓ Includes Commercial General Liability coverage for bodily injury and property damage to third parties, with limits of no less than one million dollars (\$1,000,000) per occurrence and two million dollars (\$2,000,000) aggregate
- ✓ Including Personal & Advertising Injury coverage
- ✓ Products and Completed Operations coverage
- ✓ Fire Damage limit of \$300,000 for any one fire

Excluded Classes of Businesses listed below

Option 2: Liability policy w/ \$10,000 property coverage - \$125

- ✓ This policy also meets all the requirements of the event
- ✓ Includes everything from Option 1 with the same excluded classes of business listed on page 4
- ✓ **In Land Marine – (Property Coverage)**
- ✓ Provides coverage for property of every description (broad form) while at the Event Location and in-transit between the insured's business and the event (3 days before / after show). Coverage is provided on an actual cash value basis
- ✓ Limits available: \$10,000
- ✓ Deductible: \$1,000

Click here to Purchase your exhibitor insurance OR



The following classes of exhibitors/vendors are excluded from the Policy:

Alcoholic Beverages, Amusement Devices (e.g. rides, inflatables, trampolines, mechanical bulls, etc.) Athletic Performances & Stunts Body Piercing or Permanent Tattooing on site Cannabis, Chemicals, E-Commerce Selling on Site Fertilizers, Firearms, Fireworks Sales & Displays/Pyrotechnics, Games, Installation service or repair of products on site, Live Animals, Medical Testing, On-Site Equipment Sales/Rentals, Oxygen/Aromatherapy Bars, Pesticides, Pharmaceuticals or Nutraceuticals, Time Share Sales, Tobacco Products, Vehicles in Motion, Vendors Preparing Food On-Site using any gas hook ups, deep fryers and/or open flames for cooking/food preparation, Vitamins, Watercraft Exhibits on Water

Excluded Property:

EDP (Electronic Data Processing), audio and video equipment, watches, jewellery made of precious and semi-precious stones and/or precious metals, money, bullions, securities, stamps, antiques, furs, and fine arts valued at \$5,000 per item or greater.

For a complete list of the coverage and exclusions please request a copy of the policy wordings. Insurance is arranged by Brokers Trust Insurance Group Inc. DBA exhibitorinsurance.com through HCCSU (Lloyd's Coverholder) and underwritten by certain Underwriters at Lloyd's; HCC SPECIALTY UNDERWRITERS, INC. 401 EDGEWATER PLACE, SUITE 400, WAKEFIELD, MA 01880, USA. Insurance is provided in accordance with information shown above subject to all terms and conditions of the policy and all forms and endorsements forming a part thereof.

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 have ADDITIONAL INSURED provisions or 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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Insurance Agent/Broker, Street Address or P.O. Box, City, State, Zip Code	CONTACT NAME: Insurance Agent/Broker Name		
	PHONE (A/C, No, Ext): Phone Number	FAX (A/C, No):	
	E-MAIL ADDRESS: Email Address		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Name of Insurance Company		
INSURED Exhibitor Name Exhibitor Street Address or P.O. Box Vendor City, State & Zip Code	INSURER B :		
	INSURER C :		
	INSURER D :		
	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
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> JECT <input checked="" type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Enter Policy #	(Must take effect by the first move in date Nov 16th, 2025)	(Must include all move out dates Nov 21st, 2025)	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Each occurrence) \$1,000,000 \$300,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
<input type="checkbox"/>	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED <input type="checkbox"/> AUTOS ONLY <input type="checkbox"/> HIRED <input type="checkbox"/> AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED <input type="checkbox"/> AUTOS ONLY						COMBINED SINGLE LIMIT (Each accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<input checked="" type="checkbox"/>	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			Enter Policy #	(Must take effect by the first move in date Nov 16th, 2025)	(Must include all move out dates Nov 21st, 2025)	EACH OCCURRENCE \$If it applies AGGREGATE \$If it applies \$
<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		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 101, Additional Remarks Schedule, may be attached if more space is required)

In regards to the insured's operations at the IHHA & WCRR 2025 joint conference | Rail Research Week, at the The Broadmoor Hotel, Colorado Springs, Nov 16th, 2025 - Nov 21st, 2025 (including move-in and out dates), it is understood and agreed that **Informa Connect, Freeman, The Broadmoor Hotel, Inc its partners, managers, officers and directors, employees, agents, subsidiaries, and affiliates** are added as **additional insured**.

CERTIFICATE HOLDER

CANCELLATION

**Informa Connect: 605 Third Avenue, 22nd
Floor, New York, NY 10158**

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