

Client#:

<b>ACORD. CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 04/27/09
PRODUCER Wachovia Insurance Serv-AT, GA 4401 Northside Pkwy, Suite 400 Atlanta, GA 30327-3078 770 850-0050	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  COMPANY NAME ADDRESS CITY, STATE, ZIP	INSURERS AFFORDING COVERAGE	NAIC #
	INSURER A: Liberty Mutual Fire Insurance Compan	23035
	INSURER B: North River Insurance Company	21105
	INSURER C:	
	INSURER D:	
	INSURER E:	

**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 SUCH POLICIES, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSURER LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	COVERAGES	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> B/PPD Ded:25000 GEN'L AGGREGATE LMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PER OCC <input type="checkbox"/> LOC	EB265	04/19/09	04/19/10	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 <b>Gen Agg Cap \$10,000,000</b>	<b>Minimum \$1,000,000</b>
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS  <b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO	AS265	04/19/09	04/19/10	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - FA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$	
B	<b>EXCESS/UMBRELLA LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$	55301	04/19/09	04/19/10	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$ \$ \$	
A	<b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC265 WA265	04/19/09 04/19/09	04/19/10 04/19/10	<input checked="" type="checkbox"/> WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000	

Location and Show Dates: The BMO Center, Sunday October 20 – Thursday, October 24

Exhibitors must name the following entities as additionally insured: RE+Events, Solar Energy Industries Association, Smart Electric Power Alliance, Canadian Renewable Energy Association, Italian German Exhibition Company Mexico, GES, the BMO Center at Calgary Stampede and their officers, directors, agents and employees.

Exhibitors must name: Electricity Transformation Canada General Partnership as the Certificate Holder.

RE+Events, Solar Energy Industries Association, Smart Electric Power Alliance, GES, the BMO Center at Calgary Stampede and their officers, directors, agents and employees are named as additional insured under General Liability for all aspects of the Show Dates, 10/20/24 - 10/24/24 (includes installation and dismantle) in Calgary, Alberta Canada at the BMO Center.