



HOW, WHERE & WHEN to submit your completed 2012 Certificate of Event Liability Insurance

- To: 1) EXHIBITORS @ 2012 TCC Deer & Turkey Expos
2) Your Insurance Agents

This certificate-verification program is timely and easy to carry out. Remember, **this is event insurance** covering your exhibit space at each expo. **It is NOT the same as your product liability insurance**; the two insurances are totally different.

HOW TO SUBMIT CERTIFICATE

• Have your insurance agent send the completed certificate naming TCC as additional insured to Shoff Darby Companies (our insurance agent).

Do NOT send the certificate to Target Communications!

WHERE TO SEND CERTIFICATE

Shoff Darby Companies
Attn: Allison Steeves
100 Technology Dr., Suite 200
Trumbull, CT 06611

Phone: 203-445-2123

FAX: 203-268-0687

E-Mail: steeves@shoffdarby.com

WHEN TO SEND CERTIFICATE

• Any time prior to 5:00 p.m. EASTERN TIME, the Wednesday prior to each expo.

The earlier you pay in full, the sooner you may qualify for a refund and receive it.

CERTIFICATE APPROVAL / REJECTION

Insurance certificate approval/rejection will come from Shoff Darby Companies. If there is a problem, a Shoff Darby representative will contact your insurance agent. Call Shoff Darby if you or your insurance agent have questions.

3 STEPS to a REFUND

- 1) Target Communications receives payment in full for your exhibit space/event insurance.
- 2) Your insurance certificate is approved by Shoff Darby Companies.
- 3) Shoff Darby Companies issues a refund and sends directly to you.

No refunds will be made at expos. TCC makes no refunds.

INSURANCE COVERAGE WITHOUT CERTIFICATE:

If your insurance agent cannot provide an approved Certificate, you will be insured through the event insurance that is included with your booth fee.

THREE IMPORTANT DETAILS

1) A Liability Insurance **SAMPLE FORM** (with detailed instructions for completion) is on the **Back Side of this sheet.**

2) A **CERTIFICATE FORM FOR YOUR INSURANCE AGENT'S USE** can be downloaded from our web-site (www.deerinfo.com). To make certificate completion easier, some of the required information is in place.

Or your agent can use his/her own certificate form. If this is the case, **PLEASE** be sure the necessary information is **COMPLETE, CORRECT** and **CURRENT.**

3) Send the completed certificate to Shoff Darby, our insurance company. **DO NOT** send it to TCC.

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER FAX
 NAME OF AGENT
INSURANCE AGENT must fill in this info

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
 YOUR COMPANY
 YOUR ADDRESS
INSURANCE AGENT must fill in this info

INSURERS AFFORDING COVERAGE NAIC #
 INSURER A:
 INSURER B:
 INSURER C:
 INSURER D:
 INSURER E:
INSURANCE AGENT must fill in this info

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 WHICH THIS CERTIFICATE MAY BE ISSUED, MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY				EACH OCCURRENCE	\$ 1,000,000
		<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Each occurrence)	\$ 50,000
		<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person)	\$
		GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				PERSONAL & ADV INJURY	\$ 1,000,000
		AUTOMOBILE LIABILITY				GENERAL AGGREGATE	\$ 2,000,000
		<input type="checkbox"/> ANY AUTO				PERSONAL & ADV INJURY (Per person)	\$ 1,000,000
		<input type="checkbox"/> ALL OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		EXCESS/UMBRELLA LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				OTHER THAN AUTO ONLY: EA ACC	\$
		DEDUCTIBLE				AGG	\$
		RETENTION \$				EACH OCCURRENCE	\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				AGGREGATE	\$
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?					\$
		If yes, describe under SPECIAL PROVISIONS below					\$
		OTHER					\$

GUIDELINES SHEET

INSURANCE AGENT must fill in this info

INSURANCE AGENT must fill in this info. Amounts shown are required minimums.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Target Communications and its deer-and-turkey events will be covered as additional insured on the policy for the length of time the insured is exhibiting at Target Communications' 2012 events, during set-up hours, exhibition hours and tear-down hours, but only with respect to liability on operations of the named insured.

CERTIFICATE HOLDER
 Target Communications Corporation
 7626 W. Donges Bay Rd.
 Mequon, WI 53097

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER. HOWEVER, THE INSURER'S LIABILITY OF ANY KIND UPON THE INSURER, ITS EMPLOYEES OR AGENTS, SHALL NOT BE AFFECTED BY FAILURE TO MAIL SUCH NOTICE.
 AUTHORIZED REPRESENTATIVE
INSURANCE AGENT must SIGN HERE

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER	FAX	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.	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	INSURER A:		
	INSURER B:		
	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 WHICH THIS CERTIFICATE MAY BE ISSUED MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
		<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person)	\$
		_____				PERSONAL & ADV INJURY	\$
		GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG	\$
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input type="checkbox"/> HIRED AUTOS					
		<input type="checkbox"/> NON-OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
							\$
		<input type="checkbox"/> DEDUCTIBLE					\$
		RETENTION \$					\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	OTHR
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

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CERTIFICATE HOLDER

Target Communications Corporation
7626 W. Donges Bay Rd.
Mequon, WI 53097

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ 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 INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.