# FUTURE PROOF CITYWIDE 2027
## CERTIFICATE OF INSURANCE REQUIREMENTS

*The COI should be prepared by an insurance agent and include the following:*

1. PRODUCER
Insurance Agent / Broker who issues the certificate.
2. NAME OF INSURED
Must be the legal name of the contracting party.
3. TYPES OF INSURANCE
Must include types required by contract.
4. FORM OF COVERAGE
Must be "occurrence" form of coverage.
5. DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
Advisor Circle d.b.a. Future Proof (Official Service Provider & Show Management), Huntington Beach Parking Lot (Facility), and Future Proof Citywide (Show) are hereby named as additional insured, except for Workers' Compensation. The insurance provided for the benefit of Advisor Circle d.b.a. Future Proof, shall be primary insurance with respect to any claim, loss, or liability, arising out of the Named Insured's operations for which the Named Insured is liable. Any other insurance maintained by Advisor Circle d.b.a. Future Proof shall be excess and non-contributory. Show date(s) are: March 14, 2027 - March 17, 2027, at the city of Huntington Beach, CA.
6. CERTIFICATE HOLDER
Advisor Circle d.b.a. Future Proof
11 Apex Drive STE 300
Marlborough, MA
01752
7. POLICY EFFECTIVE DATE
Must be prior to or coincidental with the first day of Exhibitor Move-In, Saturday March 13, 2027 or earlier, depending on earliest access date.
8. POLICY EXPIRATION DATE
Must be on or after the last day of Exhibitor Move-Out, Wednesday March 17, 2027 or later, depending on latest access date.
9. LIMITS OF INSURANCE
Must be the same or greater than required by contract.
10. Commercial General Liability with limits of not less than $1,000,000 each occurrence, $2,000,000 general aggregate and $2,000,000 products & completed operations aggregate.
11. Automobile Liability with a limit of not less than $1,000,000 combined single limit - each accident. All owned, hired and non-owned boxes marked.
12. Umbrella/Excess Liability with a limit of not less than $1,000,000 each occurrence and {$1,000,000} each aggregate.
13. Workers Compensation, as required by law, with Employers Liability Limits of

not less than {$1,000,000} each accident, {$1,000,000} disease - each employee and {$1,000,000} disease - policy limit.

14. AUTHORIZED REPRESENTATIVE

Must be signed (not stamped) by an authorized representative of the Producer.