DIA *driving insights to action!*

Proof of Insurance Requirements

Please provide your proof of insurance to DIA by emailing it to Americas.Exhibits@DIAglobal.org, faxing it to +1.215.442.6199, or mailing to DIA Exhibits, 800 Enterprise Road, Suite 200, Horsham, PA 19044.

What is required?

- Comprehensive general liability insurance against claims for bodily injury or death and property damage occurring in or upon or resulting from the premises leased by DIA. Such insurance shall include contractual liability and product liability coverage, with combined single limits of liability of not less than $1,000,000.

- The following should be listed as additional insureds:
    - DIA (Drug Information Association, Inc.)
      800 Enterprise Rd Ste 200, Horsham, PA 19044
    - SPARGO, Inc. *(Exhibit Logistics)*
      11208 Waples Mill Rd Ste 112, Fairfax, VA 22030
    - McCormick Place *(Venue)*
      2301 S King Dr, Chicago, IL 60616
    - The Freeman Companies *(General Contractor)*
      1600 Viceroy Rd ste 100, Dallas, TX 75235

- Workers Compensation and any other insurance or required licenses shall be in full compliance with all federal and state laws, covering all of exhibitor's employees engaged in the performance of any work for the 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.

The standard form for proof of insurance is the *ACORD Certificate of Liability Insurance*.

If the exhibiting company name differs from the name on the certificate, please provide the name of the exhibiting company in order for accurate accounting of insurance.

Companies from outside the US and Canada may provide a written statement of their insurance coverage from their insurance broker.

Companies that are self-insured or government agencies may provide a written statement of their self-insured status.

If your company is not currently covered, you can purchase coverage for the duration of the exhibition through K & K Insurance.