



## EXHIBITORS ARE RESPONSIBLE FOR OBTAINING ALL REQUIRED LICENSES OR PERMITS FOR THE SHOW

### All Exhibitors

You **MUST** update your risk, comprehensive and general liability insurance to cover your vehicles and employees during move-in, the show and move-out. GS Events and the Dulles Expo Center **WILL NOT BE** responsible for loss or damage of any property. Fax Certificate of Insurance to 270-438-4723.

### Dealers

You must obtain any Dealer Off-Site Sale Permits required by the State (see attached sample application form from the Motor Vehicle Dealer Board of Virginia).

### Retail Selling

Exhibitors are required to collect appropriate sales tax on items sold and file the required tax forms.

**CERTIFICATE OF INSURANCE (Attachment A)**

ISSUE DATE \_\_\_\_\_

Producer: \_\_\_\_\_

THIS CERTIFICATE IS A REPRESENTATION OF THE COVERAGE AFFORDED BY THE POLICIES REFERRED TO BELOW

Phone: \_\_\_\_\_

Insured: \_\_\_\_\_

COMPANIES AFFORDING COVERAGE	
COMPANY LETTER A	
COMPANY LETTER B	
COMPANY LETTER C	
COMPANY LETTER D	

**COVERAGES**

THIS IS TO CERTIFY THAT THE INSURANCE POLICIES LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED AND THAT THE POLICIES MEET THE MINIMUM COVERAGE REQUIREMENTS OF THE APPLICATION LEASE, PROJECT SPECIFICATIONS, REQUESTED FOR PROPOSALS, CONTRACT, REQUIREMENTS, LICENSE, PURCHASE ORDER REQUIREMENTS, OR CITY ORDINANCES.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EFFECTIVE DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> Claims Made <input type="checkbox"/> Occurrences <input type="checkbox"/> Owners & Contractors Protective <input type="checkbox"/> Contractual Liability <input type="checkbox"/> X, C, U Coverage				GENERAL AGGREGATE \$ PRDCTS-COMP OPS AGGREGATE \$ PERSONAL & ADVERTISE INSURY \$ EACH OCCURRENCE \$ FIRE DAMAGE-ANY FIRE \$ MEDICAL EXPENSE PER PERSON \$
	<b>AUTOMOTIVE LIABILITY</b> <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Vehicles <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos <input type="checkbox"/> Garage Liability <input type="checkbox"/> Contractual Liability <input type="checkbox"/> Garage Keepers Liability <input type="checkbox"/> _____				COMBINED SINGLE LIMIT \$ BODILY INJURY - PER PERSON \$ BODILY INJURY - PER ACCOUNT \$ PROPERTY DAMAGE \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> Umbrella Form <input type="checkbox"/> Other Than Umbrella Form				EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYER'S LIABILITY</b>				STATUTORY \$ EACH ACCIDENT \$ DISEASE POLICY LIMIT \$ DISEASE - EACH EMPLOYEE \$
	OTHER				

SAMPLE

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS**

**SHOW NAME & DATES INCLUDING MOVE-IN AND MOVE-OUT**  
**SHOW LOCATION**

- Contractual Liability covers all written and oral contracts between the insured and the City of Minneapolis
- The General Liability and Excess Liability policies name the City of Minneapolis, its officers, agents and employees as additional insureds and provide for severability of interest (cross liability) between the named insured(s) and the City of Minneapolis

**CERTIFICATE HOLDER**

**SHOW VENUE NAME & GS MEDIA & EVENTS**  
 250 Parkway Drive, Suite 270  
 Lincolnshire, IL 60069

- Certificate For:
- Contract Number:
  - License Type:
  - Purchase Order Number:
  - Official Publication Number:
  - Lease:

City Department/Division For Which Goods or Services Provided

**Cancellation**

NOTWITHSTANDING THE EXPIRATION DATES SET FORTH IN THIS CERTIFICATE, SHOULD ANY OF THE HEREIN DESCRIBED POLICIES BE CANCELLED, CHANGED, OR NOT RENEWED, THE ISSUING COMPANY WILL MAIL 30 DAYS WRITTEN NOTICE BY REGISTERED MAIL TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.  
 ISSUING REPRESENTATIVE CARRIES ERRORS AND OMISSIONS COVERAGE  
 YES  NO

AUTHORIZED REPRESENTATIVE \_\_\_\_\_

## Supplemental Sales Application

### FOR TEMPORARY OFF-SITE SALE OR PERMANENT SUPPLEMENTAL LICENSE

<b>AGENCY USE ONLY</b>
Sup Cert#:
Fee:
Initials:

**INSTRUCTIONS FOR TEMPORARY OFF-SITE SALE :**  
 Complete FRONT and submit \$40 to MVDB no later than 15 days prior to the sale. Maximum of 8 temporary supplemental sales issued per license year.  
 Note: Consecutive Temporary Sales Licenses cannot be issued for the same jurisdiction.  
 Sales Duration Not To Exceed 7 days for Cars/Trucks; 14 days for Motorcycle, Recreational Vehicle, and Trailers

**INSTRUCTIONS FOR PERMANENT SUPPLEMENTAL LICENSE**  
 Complete BACK and submit with \$40 for 1 year renewal or \$80 for 2-yr renewal to MVDB. Include with this form a MVDB 19 Zoning Compliance Certification.

#### DEALER INFORMATION

Business Trading As Name		Dealer Certificate Number	
Business Address	Street	City	Zip Code
Primary Contact Telephone Number ( )	Fax Number ( )	Business email address	

#### TEMPORARY OFF-SITE SALES LOCATION INFORMATION

Name of Show				
Temporary Sales Location Address	Street	City or Town	County	Zip Code
Sale Starting Date: mm/dd/yy		Sale Ending Date: mm/dd/yy		

#### NEW MOTOR VEHICLE Off-Site Sale

Instructions: List the Line-makes you have a franchise/sales agreement and will be selling at the temporary sales location below and check the appropriate statement and sign CERTIFICATION below.


- I certify that the temporary supplemental sales location is within my Dealership's area of responsibility. I have obtained permission from the franchise(s) to participate in the sales dates as noted above.
- I certify the temporary sale is NOT exclusively within my Dealership area of responsibility as defined in the franchise/sales agreement however I have contacted the dealers of the same line-make and they do not object to the temporary sales for the line-makes listed above.

#### USED MOTOR VEHICLE Off-Site Sale

Instructions: Check the appropriate statement and sign the CERTIFICATION below.

- I am selling used motor vehicles for the sales dates listed above. The sale is in the county, city, or town that I have a dealer license (46.2-1510) or for the contiguous county, city, or town.
- I am selling used motor vehicles for the sales dates listed above and the location is outside the county, city, or town I have a dealer license or for the contiguous county, city, or town. I, or the promoter has sent a letter by certified mail to each dealer(s) in the country, city, or town listed above 30 days prior to the sale and has invited them to participate in the sale under the same terms as the temporary sales license for the sales dates. I have attached to this application a list of the dealers that were sent invitations.

I certify and affirm that THIS TEMPORARY SUPPLEMENTAL sales location is in compliance with applicable local ordinances and requirements and all information presented in this form is true and correct, that any documents I have presented to MVDB are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.

Owner/Partner/Officer of Corporation (print)	Owner/Partner/Officer of Corporation (signature)	Date (mm/dd/yyyy)
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## Permanent Supplemental License Application

<b>AGENCY USE ONLY</b>
Sup Cert#:
Fee:
Initials:

Instructions: To apply for a Permanent Supplemental Sales License, complete this side and submit \$40 for 1 year renewal or \$80 for 2 year renewal along with a MVDB 19 Zoning Compliance Certification and fees to MVDB

A permanent supplemental license is required for premises less than 500 yards from the dealer's established location. A permanent supplemental license is required for each location you operate or purpose to operate for the display and sale of motor vehicles that is not on the property adjoining the dealer's established location.

<b>DEALER INFORMATION</b>			
Business Trading As Name		Dealer Certificate Number	
Business Location Address	Street	City	Zip Code
Primary Contact Telephone Number (    )	Fax Number (    )	Business email address	
<b>PERMANENT SUPPLEMENTAL SALES LOCATION CERTIFICATION</b>			
<p>A PERMANENT SUPPLEMENTAL LICENSE IS REQUIRED FOR PREMISES LESS THAN 500 YARDS FROM THE DEALER'S ESTABLISHED LOCATION. A permanent supplemental license is required for each location you operate or propose to operate for the display and sale of motor vehicles that is not on the property adjoining the dealer's established location. Include with this application a MVDB 19, Zoning Compliance Certification</p>			
Permanent Supplemental Location Address	Street	City	Zip Code
<p>I certify and affirm that all information presented in this form is true and correct, that any documents I have presented to MVDB are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation this form is a criminal violation.</p>			
Owner, Partner, Officer of the Business Name (print)			Date (mm/dd/yyyy)
Owner, Partner, Officer of the Business Name (signature)			