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Interphex - COI Example CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

CERTIFICATE OF LIA	DILIT INJUKA	12/01/2023		
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.				
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the the terms and conditions of the policy, certain policies may require an e certificate holder in lieu of such endorsement(s).				
PRODUCER	CONTACT NAME:			
Insurance Provider	PHONE FAX (A/C, No, Ext): (A/C, No):			
Street Address	É-MAIL ADDRESS:	È-MÀIL		
City, State, Zip Code	INSURER(S) A	INSURER(S) AFFORDING COVERAGE		
	INSURER A : Liability Company			
INSURED	INSURER B :			
EAC Company	INSURER C :			
Street Address	INSURER D :			
City, State, Zip Code	INSURER E :			
	INSURER F :			
COVERAGES CERTIFICATE NUMBER: 1 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BE N ISSU D 1 THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION TAN CONTLACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOR JED Y 1, TOLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY ARE BEEL REL CED BY PAID CLAIMS.				
INSR TYPE OF INSURANCE ADDL SUBR DOLICY NU BER	POL Y EFF POLICY I (MM/DD/YYYY) (MM/DD/Y			
A X COMMERCIAL GENERAL LIABILITY Y Y CLAIMS-MADE X OCCUR	12/1/2023 12/1/202	4 EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED		
		PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$5,000		
		PERSONAL & ADV INJURY \$1,000,000		
GEN'L AGGREGATE LIMIT APPLIES PER:		GENERAL AGGREGATE \$2,000,000		
POLICY X PRO- OTHER:		PRODUCTS - COMP/OP AGG \$2,000,000		
A AUTOMOBILE LIABILITY Y Y	12/1/2023 12/1/202	4 COMBINED SINGLE LIMIT \$1,000,000		
X ANY AUTO Auto coverage is		BODILY INJURY (Per person) \$		
ALL OWNED SCHEDULED AUTOS SCHEDULED AUTOS Vehicles		BODILY INJURY (Per accident) \$		
X HIRED AUTOS X AUTOS Vehicles		PROPERTY DAMAGE \$ (Per accident)		
		\$		
B X UMBRELLA LIAB X OCCUR Y Y	12/1/2023 12/1/202	4 EACH OCCURRENCE \$		
EXCESS LIAB CLAIMS-MADE		AGGREGATE \$		
DED RETENTION \$		\$		
A WORKERS COMPENSATION Y AND EMPLOYERS' LIABILITY Y/N	12/1/2023 12/1/202	4 X PER OTH- STATUTE CTH- ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE		E.L. EACH ACCIDENT \$1,000,000		
If yes, describe under DESCRIPTION OF OPERATIONS below		E.L. DISEASE - EA EMPLOYEE \$1,000,000		
		E.L. DISEASE - POLICY LIMIT \$1,000,000		
	Additional Remarks Schodu	e may be attached if more space is required)		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) SHOW: Interphex DATES: April 12 - 19, 2024 SITE: Javits Convention Center, New York, NY It is agreed that the following are added as Additional Insured to the General Liability, Automobile Liability, and Umbrella Liability policies with respect to operations performed by the Named Insured in connection with this project: Interphex, Reed Exhibitions, a division of RELX Inc., Freeman Expositions, LLC, New York Convention Center Operating Corporation, State of New York, New York Convention Center Development Corporation, The Empire State Development Corporation, Triborough Bridge and Tunnel Authority and their officers, directors, employees, agents, successors, assigns, and affiliates.				
CERTIFICATE HOLDER	CANCELLATION	CANCELLATION		
Reed Exhibitions Attn: Interphex 201 Merritt 7	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
Norwalk, CT 06851	AUTHORIZED REPRESENTATIVE			