

CERTIFICATE OF INSURANCE SAMPLE

DATE(MM/DD/YY)

PRODUCER
INSURANCE AGENT LISTING

For EAC and Exhibitor
please be sure to specify
the information highlighted

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.

COMPANIES AFFORDING COVERAGE

INSURED on your insurance certificate as shown on this reference Sample.

EAC COMPANY INFORMATION

COMPANY	A Insurance Company Information
COMPANY	B Insurance Company Information
COMPANY	C Insurance Company Information
COMPANY	D Insurance Company Information

COVERAGES

THIS IS TO CERTIFY THAT 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 OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LT R	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	←————→			EACH OCCURRENCE \$ 1,000,000.00
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				GENERAL AGGREGATE \$
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				PRODUCTS-COMP/OP AGG
	_____				PERSONAL & ADV INJURY \$
					FIRE DAMAGE (Any one fire) \$
B	AUTOMOBILE LIABILITY	←————→			COMBINED SINGLE LIMIT \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY
	<input type="checkbox"/> ALL OWNED AUTOS				(Per person) \$ 500,000.00
C	<input type="checkbox"/> SCHEDULED AUTOS	←————→			PROPERTY DAMAGE \$ 500,000.00
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:
	_____				EACH ACCIDENT \$
					AGGREGATE \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				
D	WORKERS COMPESATION AND EMPLOYERS' LIABILITY				STATUROYTY LIMITS
	Workers Compensation Insurance Coverage meeting the requirements established by the State: New York				EACH ACCIDENT \$ 1,000,000.00
	THE PROPRIETOR/ PARTNERS/ EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				DISEASE - POLICY LIMIT \$ 1,000,000.00
					DISEASE - EACH EMPLOYEE \$ 1,000,000.00
	OTHER				

<p>DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS</p> <p>SHOW NAME: ADDITIONAL INSURED: →</p> <p>RE: 2021 INTERPHEX</p> <p>NY Event</p>	<p>Reed Exhibitions a division RELX Inc., The Freeman Companies, 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 the Jacob K. Javits Convention Center and their respective boards of directors, officers, agents and employees and affiliates.</p>
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<p>CERTIFICATE HOLDER</p> <p>Reed Exhibitions 201 Merit 7 Norwalk, CT 06851</p> <p style="text-align: center;">For EAC and Exhibitor please be sure to specify the information highlighted on your insurance certificate as shown on this reference Sample.</p>	<p>CANCELLATION</p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED PRIOR TO THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL BE RESPONSIBLE FOR PROVIDING _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER BY REGISTERED MAIL. BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.</p> <p>AUTHORIZED REPRESENTATIVE</p>
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