

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 THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERM EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIM!

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 \$
B C	AUTOMOBILE LIABILITY	←-----→			COMBINED SINGLE LIMIT \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY
	<input type="checkbox"/> ALL OWNED AUTOS				(Per person) \$ 500,000.00
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$ 500,000.00
D	GARAGE LIABILITY	←-----→			AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:
	_____				EACH ACCIDENT \$
					AGGREGATE \$
D	EXCESS LIABILITY	←-----→			EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				
					STATUTORY LIMITS
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	←-----→			EACH ACCIDENT \$ 1,000,000.00
	Workers Compensation Insurance Coverage meeting the requirements established by the State: Nevada				
	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					

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<p>DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS</p> <p>SHOW NAME: ADDITIONAL INSURED: →</p> <p>RE: 2021 ITS ANNUAL MEETING</p> <p style="color: blue;">Charlotte Convention Center</p>	<p>Reed Exhibitions a division of RELX, Inc., The Freeman Companies, Intelligent Transportation Society of America; Charlotte Convention Center.; Charlotte Regional Visitors Authority and its officers, employees, agents and parent subsidiary, and affiliated companies.</p>
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CERTIFICATE HOLDER

Reed Exhibitions
201 Main Avenue
Norwalk, CT 06851

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CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL ___ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE