

CERTIFICATE OF INSURANCE SAMPLE

DATE(MM/DD/YY)

PRODUCER
INSURANCE AGENT LISTING

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

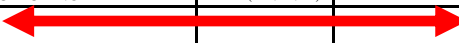

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED on your insurance certificate as shown on this Reference Sample.
EAC COMPANY INFORMATION

COMPANIES AFFORDING COVERAGE	
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 COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR _____	 For EAC and Exhibitor please be sure to specify the information highlighted on your insurance certificate as shown on this Reference Sample.			EACH OCCURRENCE \$ 2,000,000.00
					GENERAL AGGREGATE \$
					PRODUCTS-COMP/OP AGG
					PERSONAL & ADV INJURY \$
					FIRE DAMAGE (Any one fire) \$
					MED EXP (Any one person) \$
B C	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS _____	 For EAC and Exhibitor please be sure to specify the information highlighted on your insurance certificate as shown on this Reference Sample.			COMBINED SINGLE LIMIT \$
					BODILY INJURY (Per person) \$ 500,000.00
					PROPERTY DAMAGE \$ 500,000.00
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO _____	For EAC and Exhibitor please be sure to specify the information highlighted on your insurance certificate as shown on this Reference Sample.			AUTO ONLY - EA ACCIDENT \$
	OTHER THAN AUTO ONLY:				
	EACH ACCIDENT \$				
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$
					AGGREGATE \$
D	WORKERS COMPESATION AND EMPLOYERS' LIABILITY Workers Compensation Insurance Coverage meeting the requirements established by the State: Nevada THE PROPRIETOR/ PARTNERS/ <input type="checkbox"/> INCL EXECUTIVE OFFICERS ARE: <input type="checkbox"/> EXCL				STATUROY LIMITS
					EACH ACCIDENT \$ 1,000,000.00
					DISEASE - POLICY LIMIT \$ 1,000,000.00
					DISEASE - EACH EMPLOYEE \$ 1,000,000.00
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

SHOW NAME: ITS World Congress 2022
RE: Los Angeles Convention Center

ADDITIONAL INSURED: 

Reed Exhibitions a division of RELX, Inc., The Freeman Companies, AEG MANAGEMENT LACC, LLC, the City of Los Angeles, and ASM Parent Inc, and each of their respective members, officers, directors, agents and employees

CERTIFICATE HOLDER

Reed Exhibitions
201 Merrit 7
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