

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

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

**SHOW NAME:** **ADDITIONAL INSURED:** →

**RE: 2022 ITS WORLD CONGRESS**

Los Angeles Convention Center

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**