

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	 For EAC and Exhibitor please be sure to specify the information highlighted			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	 on your insurance certificate as shown on this Reference Sample.			MED EXP (Any one person) \$
	<input type="checkbox"/> ANY AUTO				COMBINED SINGLE LIMIT \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY
	<input type="checkbox"/> SCHEDULED AUTOS				(Per person) \$ 500,000.00
	<input type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE \$ 500,000.00
C	<input type="checkbox"/> NON-OWNED AUTOS	 For EAC and Exhibitor please be sure to specify the information highlighted			
					AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY:
					EACH ACCIDENT \$
					AGGREGATE \$
D	EXCESS LIABILITY	 on your insurance certificate as shown on this Reference Sample.			EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS
					EACH ACCIDENT \$ 1,000,000.00
D	Workers Compensation Insurance Coverage meeting the requirements established by the State: Nevada	 on your insurance certificate as shown on this Reference Sample.			DISEASE - POLICY LIMIT \$ 1,000,000.00
	THE PROPRIETOR/ PARTNERS/ <input type="checkbox"/> INCL				DISEASE - EACH EMPLOYEE \$ 1,000,000.00
	EXECUTIVE OFFICERS ARE: <input type="checkbox"/> EXCL				
OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

SHOW NAME:

ADDITIONAL INSURED:

RE: **2020 Fastener Fair USA**

Reed Exhibitions a division of RELX, Inc.,
Shepard, Charlotte Convention Center,
the Authority, the city of Charlotte and
their the directors, officers, agents,
shareholders, officials, servants and
employees of each are additional
insured with respect to any written
contract they may have with the named
insured.

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