

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 LTR	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 C	AUTOMOBILE LIABILITY	←			COMBINED SINGLE LIMIT \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY
	<input type="checkbox"/> ALL OWNED AUTOS				(Per person) \$ 1,000,000.00
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$ 1,000,000.00
C	<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 \$
	<input type="checkbox"/> EXCESS LIABILITY				AGGREGATE \$
	<input type="checkbox"/> UMBRELLA FORM				EACH OCCURRENCE \$
D	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE \$
	WORKERS COMPESATION AND EMPLOYERS' LIABILITY				STATUROY LIMITS
	Workers Compensation Insurance Coverage meeting the requirements established by the State: Ohio				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
	OTHER				DISEASE - EACH EMPLOYEE \$ 1,000,000.00

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DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

SHOW NAME: **2021 Fastener Fair**
RE: **2021 Fastener Fair**

ADDITIONAL INSURED: *Reed Exhibitions a division of RELX Inc., ASM Global Parent. Inc. SMG. Cuyahoga County Convention Facilities Development Corporation and Cuyahoga County are named as additional insured and are provided the same coverage as the named insured, including the cost of defense, against claims for bodily injury or death and property damage occurring in or upon or resulting from the insured's use or occupancy of the Huntington Convention Center of Cleveland, unless such claim is determined by a court of competent jurisdiction to have arisen from the sole and gross negligence or the willful misconduct of an additional insured. The named insured coverage is primary and shall not require contribution from the additional insured insurance coverage*

CERTIFICATE HOLDER

Reed Exhibitions
201 Merritt 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