

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 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				EACH OCCURRENCE	\$ 1,000,000.00
	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				MED EXP (Any one person)	\$
	ANY AUTO				COMBINED SINGLE LIMIT	\$
	ALL OWNED AUTOS				BODILY INJURY	\$ 500,000.00
	SCHEDULED AUTOS				(Per person)	\$ 500,000.00
D	GARAGE LIABILITY				PROPERTY DAMAGE	\$ 500,000.00
	ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	\$
					AGGREGATE	\$
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	UMBRELLA FORM				AGGREGATE	\$
	OTHER THAN UMBRELLA FORM					
D	WORKERS COMPESATION AND EMPLOYERS' LIABILITY				STATUROTY LIMITS	
	Workers Compensation Insurance Coverage meeting the requirements established by the State: Nevada				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
					DISEASE - EACH EMPLOYEE	\$ 1,000,000.00
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

SHOW NAME: **National Hardware Show**

RE: **2018 NHS**

ADDITIONAL INSURED:

The Freeman Companies, Las Vegas Convention & Visitors Authority, Reed Exhibitions, RELX Inc. and their officers, directors, employees, agents, successors, assigns, and affiliates as additional insured.

CERTIFICATE HOLDER

Reed Exhibitions
383 Main Avenue
Norwalk, CT 06851

For EAC and Exhibitor use
please be sure to specify
the information on your insurance certificate as shown on this reference Sample.

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