

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

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
SHOW NAME: **NATIONAL HARDWARE SHOW**
RE: **National Hardware Show 2019 NHS**
ADDITIONAL INSURED:

The Freeman Companies, Las Vegas Convention & Visitors Authority, Reed Exhibitions a division of 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