

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
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY					GENERAL AGGREGATE \$
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR					PRODUCTS-COMP/OP AGG
						PERSONAL & ADV INJURY \$
B	AUTOMOBILE LIABILITY	←			→	COMBINED SINGLE LIMIT \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY
	<input type="checkbox"/> ALL OWNED AUTOS					(Per person) \$ 500,000.00
C	<input type="checkbox"/> SCHEDULED AUTOS	←			→	PROPERTY DAMAGE \$ 500,000.00
	<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 \$
	EXCESS LIABILITY					AGGREGATE \$
	<input type="checkbox"/> UMBRELLA FORM					EACH OCCURRENCE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					AGGREGATE \$
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
	OTHER					DISEASE - EACH EMPLOYEE \$ 1,000,000.00

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DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

SHOW NAME: **NATIONAL HARDWARE SHOW**
RE: **2020 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
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