

**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.

**INSURED** on your insurance certificate as shown on this Sample.  
**EAC COMPANY INFORMATION**

**COMPANIES AFFORDING COVERAGE**

COMPANY <b>A</b>	<b>Insurance Company Information</b>
COMPANY <b>B</b>	<b>Insurance Company Information</b>
COMPANY <b>C</b>	<b>Insurance Company Information</b>
COMPANY <b>D</b>	<b>Insurance Company Information</b>

**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
<b>A</b>	<b>GENERAL LIABILITY</b>				<b>EACH OCCURRENCE</b> \$ <b>2,000,000.00</b>
	<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>B</b>	<b>AUTOMOBILE LIABILITY</b>				COMBINED SINGLE LIMIT \$
	<input type="checkbox"/> ANY AUTO				<b>BODILY INJURY</b>
	<input type="checkbox"/> ALL OWNED AUTOS				(Per person) \$ <b>500,000.00</b>
	<input type="checkbox"/> SCHEDULED AUTOS				<b>PROPERTY DAMAGE</b> \$ <b>500,000.00</b>
<b>C</b>	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	_____				
	<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:
	_____				EACH ACCIDENT \$
	<b>EXCESS LIABILITY</b>				AGGREGATE \$
	<input type="checkbox"/> UMBRELLA FORM				EACH OCCURRENCE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE \$
<b>D</b>	<b>WORKERS COMPESATION AND EMPLOYERS' LIABILITY</b>				<b>STATUROTY LIMITS</b>
	<b>Workers Compensation Insurance Coverage meeting the requirements established by the State: Nevada</b>				EACH ACCIDENT \$ <b>1,000,000.00</b>
	THE PROPRIETOR/ PARTNERS/ <input type="checkbox"/> INCL				DISEASE - POLICY LIMIT \$ <b>1,000,000.00</b>
	EXECUTIVE OFFICERS ARE: <input type="checkbox"/> EXCL				DISEASE - EACH EMPLOYEE \$ <b>1,000,000.00</b>
	<b>OTHER</b>				

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**  
**SHOW NAME:** **ADDITIONAL INSURED:**

**RE: National Hardware Show**  
**2023 NHS**

**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 Merit 7**  
**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**