

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

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**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

**SHOW NAME:** **ADDITIONAL INSURED:**  
 RE: INTERNATIONAL CONVERTING EXPO  
 2021

The Freeman Companies, Orange County Convention Center, City of Orlando, Reed Exhibitions a division of RELX Inc., PGA of America, and their officers, directors, employees, agents, successors, assigns, and affiliates as additional insured

**CERTIFICATE HOLDER**

Reed Exhibitions  
 201 Merritt 7  
 Norwalk, CT 06851

For EAC and exhibitor use  
 please be sure to specify  
 the information on your insurance certificate as shown on this 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**