

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 Reference Sample.

EAC COMPANY INFORMATION

COMPANY

A

Insurance Company Information

COMPANY

B

Insurance Company Information

COMPANY

C

Insurance Company Information


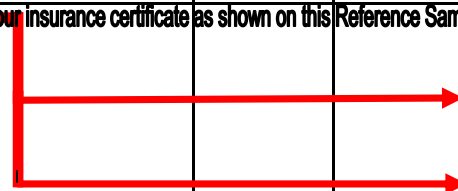
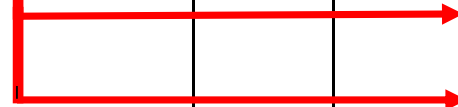
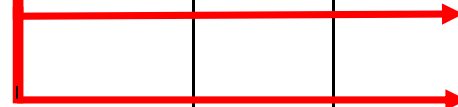
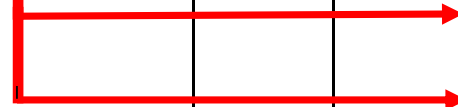
COMPANY

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	GENERAL LIABILITY	 <p>For EAC and Exhibitor please be sure to specify the information highlighted</p>			EACH OCCURRENCE \$ 2,000,000.00		
	<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)	\$	
					MED EXP (Any one person)	\$	
B C	AUTOMOBILE LIABILITY	 <p>on your insurance certificate as shown on this Reference Sample.</p>			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		
D	GARAGE LIABILITY	 <p>For EAC and Exhibitor please be sure to specify the information highlighted</p>			AUTO ONLY - EA ACCIDENT \$		
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:		
					EACH ACCIDENT \$		
					AGGREGATE \$		
D	EXCESS LIABILITY	 <p>on your insurance certificate as shown on this Reference Sample.</p>			EACH OCCURRENCE \$		
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$		
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM						
D	WORKERS COMPESATION AND EMPLOYERS' LIABILITY	 <p>Workers Compensation Insurance Coverage meeting the requirements established by the State: Florida</p>			STATUTORY LIMITS		
	<input type="checkbox"/> THE PROPRIETOR/ PARTNERS/ EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EACH ACCIDENT \$ 1,000,000.00		
					DISEASE - POLICY LIMIT \$ 1,000,000.00		
					DISEASE - EACH EMPLOYEE \$ 1,000,000.00		
	OTHER						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

SHOW NAME:

ADDITIONAL INSURED:

RE: **International Converting Expo 2024**

The Freeman Companies, Vision Counsel of America (VICA), New York Convention Center operating Corporation, State of New York, New York Convention Centre Development Corporation, The Empire State Development Corporation, Triborough Bridge and Tunnel Authority and the Jacob Javits Convention Center and their respective boards of directors, officers, agents and employees and affiliates.

CERTIFICATE HOLDER

Reed Exhibitions
201 Meritt 7
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