

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

COMPANY

A

Insurance Company Information

COMPANY

B

Insurance Company Information

COMPANY

C

Insurance Company Information

COMPANY

D

Insurance Company Information

INSURED

on your insurance certificate as shown on this Reference Sample.

EAC 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

LTR

TYPE OF INSURANCE

POLICY NUMBER

POLICY EFFECTIVE
DATE (MM/DD/YY)

POLICY EXPIRATION
DATE (MM/DD/YY)

LIMITS

A

GENERAL LIABILITY

COMMERCIAL GENERAL LIABILITY

CLAIMS MADE

OCUR

GENERAL AGGREGATE

\$

2,000,000.00

PRODUCTS-COMP/OP AGG

\$

PERSONAL & ADV INJURY

\$

FIRE DAMAGE (Any one fire)

\$

MED EXP (Any one person)

\$

B

AUTOMOBILE LIABILITY

ANY AUTO

ALL OWNED AUTOS

SCHEDULED AUTOS

HIRED AUTOS

NON-OWNED AUTOS

COMBINED SINGLE LIMIT

\$

BODILY INJURY

(Per person)

\$

500,000.00

PROPERTY DAMAGE

\$

500,000.00

C

GARAGE LIABILITY

ANY AUTO

AUTO ONLY - EA ACCIDENT

\$

OTHER THAN AUTO ONLY:

\$

EACH ACCIDENT

\$

AGGREGATE

\$

D

EXCESS LIABILITY

UMBRELLA FORM

OTHER THAN UMBRELLA FORM

EACH OCCURRENCE

\$

AGGREGATE

\$

D

WORKERS COMEPASATION AND
EMPLOYERS' LIABILITY

Workers Compensation Insurance Coverage meeting the requirements established by the State: Florida

THE PROPRIETOR/ PARTNERS/ EXECUTIVE OFFICERS ARE: INCL EXCL

STATUROTY LIMITS

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: RE: International Converting Exhibition and Conference 2024

ADDITIONAL INSURED: Reed Exhibitions a division of RELX, Shepard Exposition Services, Orange County Convention Center, City of Orlando, ICEC USA and their officers, directors, employees, agents, successors, assigns, and affiliates as additional insured.

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