

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 Reference Sample.
EAC COMPANY INFORMATION

COMPANIES AFFORDING COVERAGE	
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	\$
					FIRE DAMAGE (Any one fire)	\$
B C	AUTOMOBILE LIABILITY	←			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	←			AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:	\$
					EACH ACCIDENT	\$
D	EXCESS LIABILITY	←			AGGREGATE	\$
	<input type="checkbox"/> UMBRELLA FORM				EACH OCCURRENCE	\$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE	\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	←			STATUOTY LIMITS	\$
	Workers Compensation Insurance Coverage meeting the requirements established by the State: Nevada				EACH ACCIDENT	\$ 1,000,000.00
	<input type="checkbox"/> THE PROPRIETOR/ PARTNERS/ EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				DISEASE - POLICY LIMIT	\$ 1,000,000.00
					DISEASE - EACH EMPLOYEE	\$ 1,000,000.00
D	OTHER	←				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
SHOW NAME: **ADDITIONAL INSURED:** →
RE: LUXURY 2017
EVENT LV

The Freeman Companies, Mandalay Bay Resort & Casino (and its parents, subsidiaries and affiliates), Reed Exhibitions, RELX Inc., and their officers, directors, employees, agents, assigns and affiliates as additional insured.

CERTIFICATE HOLDER
 Reed Exhibitions
 383 Main Avenue
 Norwalk, CT 06851
 For EAC and Exhibitor
 please be sure to specify
 the information highlighted
 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