

# 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	<b>A</b>	Insurance Company Information
COMPANY	<b>B</b>	Insurance Company Information
COMPANY	<b>C</b>	Insurance Company Information
COMPANY	<b>D</b>	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 LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</b>	← For EAC and Exhibitor please be sure to specify the information highlighted →			<b>EACH OCCURRENCE</b> \$ <b>1,000,000.00</b>
	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	<b>AUTOMOBILE LIABILITY</b>	← on your insurance certificate as shown on this Reference Sample →			COMBINED SINGLE LIMIT \$
	ANY AUTO				<b>BODILY INJURY</b> (Per person) \$ <b>500,000.00</b>
	ALL OWNED AUTOS				<b>PROPERTY DAMAGE</b> \$ <b>500,000.00</b>
	SCHEDULED AUTOS				
D	<b>GARAGE LIABILITY</b>	← For EAC and Exhibitor please be sure to specify the information highlighted →			AUTO ONLY - EA ACCIDENT \$
	ANY AUTO				OTHER THAN AUTO ONLY:
					EACH ACCIDENT \$
D	<b>EXCESS LIABILITY</b>	← on your insurance certificate as shown on this Reference Sample →			AGGREGATE \$
	UMBRELLA FORM				EACH OCCURRENCE \$
	OTHER THAN UMBRELLA FORM				AGGREGATE \$
D	<b>WORKERS COMPESATION AND EMPLOYERS' LIABILITY</b>	← Workers Compensation Insurance Coverage meeting the requirements established by the State: Nevada →			<b>STATUROTY LIMITS</b>
					EACH ACCIDENT \$ <b>1,000,000.00</b>
	THE PROPRIETOR/ PARTNERS/ EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				DISEASE - POLICY LIMIT \$ <b>1,000,000.00</b>
	<b>OTHER</b>				DISEASE - EACH EMPLOYEE \$ <b>1,000,000.00</b>

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

**SHOW NAME:** **ADDITIONAL INSURED:** →  
**RE: JCK LV 2018**  
**Event**

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

**CERTIFICATE HOLDER**

Reed Exhibitions  
383 Main Avenue  
Norwalk, CT 06851

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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**