

**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>	<b>Insurance Company Information</b>
COMPANY <b>B</b>	<b>Insurance Company Information</b>
COMPANY <b>C</b>	<b>Insurance Company Information</b>
COMPANY <b>D</b>	<b>Insurance Company Information</b>

**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
<b>A</b>	<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 \$
<b>B</b>	<b>AUTOMOBILE LIABILITY</b>				COMBINED SINGLE LIMIT \$
	<input type="checkbox"/> ANY AUTO				<b>BODILY INJURY</b>
	<input type="checkbox"/> ALL OWNED AUTOS				(Per person) \$ <b>500,000.00</b>
<b>C</b>	<input type="checkbox"/> SCHEDULED AUTOS				<b>PROPERTY DAMAGE</b> \$ <b>500,000.00</b>
	<input type="checkbox"/> HIRED AUTOS				
<b>D</b>	<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:
					EACH ACCIDENT \$
<b>D</b>	<b>EXCESS LIABILITY</b>				AGGREGATE \$
	<input type="checkbox"/> UMBRELLA FORM				EACH OCCURRENCE \$
<b>D</b>	<b>WORKERS COMPESATION AND EMPLOYERS' LIABILITY</b>				STATUROTY LIMITS
	<b>Workers Compensation Insurance Coverage meeting the requirements established by the State: Nevada</b>				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>
<b>OTHER</b>					DISEASE - EACH EMPLOYEE \$ <b>1,000,000.00</b>

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

**SHOW NAME:**

**RE: JCK LV 2018**  
**Event**

**ADDITIONAL INSURED:**

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**

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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**