

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

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

**SHOW NAME:** **ADDITIONAL INSURED:**

**RE: 2020 JCK Las Vegas**

Sands Expo & Convention Center

Reed Exhibitions a division of RELX Inc., The Freeman Companies, Sands Expo & Convention Center, The Las Vegas Sands, Inc., Venetian Casino Resort, L.L.C. and its parent subsidiary, and affiliated companies(including without limitation, Las Vegas Sands, Inc., Grand Canal Shoppers Mall, LLC., Sand Expo & Convention Center and their parent subsidiaries and affiliates and each of the directors, officers, agents, shareholders and employees of each are additional insured with respect to any written contract they may have with the named insured.

**CERTIFICATE HOLDER**

Reed Exhibitions  
201 Merritt 7  
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**