

# 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>2,000,000.00</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	<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>
	<input type="checkbox"/> HIRED AUTOS				<b>PROPERTY DAMAGE</b> \$ <b>500,000.00</b>
C	<input type="checkbox"/> NON-OWNED AUTOS				
	<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				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 COMPESATION AND EMPLOYERS' LIABILITY</b>				<b>STATUTORY LIMITS</b>
	<b>Workers Compensation Insurance Coverage meeting the requirements established by the State: New York</b>				EACH ACCIDENT \$ <b>1,000,000.00</b>
	THE PROPRIETOR/ PARTNERS/ <input type="checkbox"/> INCL				DISEASE - POLICY LIMIT \$ <b>1,000,000.00</b>
	EXECUTIVE OFFICERS ARE: <input type="checkbox"/> EXCL				DISEASE - EACH EMPLOYEE \$ <b>1,000,000.00</b>
	<b>OTHER</b>				

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

**SHOW NAME:** **ADDITIONAL INSURED:**  
**RE:** **2023 Bar Convent Brookl**  
**BCB**

Reed Exhibitions a division of RELX Inc.,  
FB International, Park Street Imports, 1-10  
Bush Terminal Owner LP, 19-20 Bush  
Terminal Owner LP, Jamestown  
Commercial Management Company, L.P.,  
and their respective lenders, partners,  
directors, officers, directors, employees,  
and agents, as their respective interests  
may appear, as additional insureds.

### CERTIFICATE HOLDER

Reed Exhibitions  
201 Merrit 7  
Norwalk, CT 06851

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on your insurance certificate as shown on this Reference Sample.

### CANCELLATION

SHOULD ANY OF THE ABOVE DES  
EXPIRATION DATE THEREOF, THE  
\_\_\_ DAYS WRITTEN NOTICE TO T

BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY  
OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

### AUTHORIZED REPRESENTATIVE