

CERTIFICATE OF INSURANCE SAMPLE

DATE(MM/DD/YY)

PRODUCER
INSURANCE AGENT LISTING

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
EXHIBITING 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 LTR | 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 checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | GENERAL AGGREGATE \$ |
| | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR | | | | PRODUCTS-COMP/OP AGG \$ |
| | <input type="checkbox"/> CONTRACTUAL LIABILITY | | | | PERSONAL & ADV INJURY \$ |
| | <input checked="" type="checkbox"/> LIQUOR LIABILITY | | | | GENERAL AGGREGATE \$ 2,000,000.00 |
| | | | | | MED EXP (Any one person) \$ |
| B | AUTOMOBILE LIABILITY | | | | COMBINED SINGLE LIMIT \$ |
| | <input type="checkbox"/> ANY AUTO | | | | BODILY INJURY |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | (Per person) \$ 500,000.00 |
| C | <input type="checkbox"/> SCHEDULED AUTOS | | | | PROPERTY DAMAGE \$ 500,000.00 |
| | <input type="checkbox"/> HIRED AUTOS | | | | |
| | <input type="checkbox"/> NON-OWNED AUTOS | | | | |
| | <input type="checkbox"/> _____ | | | | |
| | GARAGE LIABILITY | | | | AUTO ONLY - EA ACCIDENT \$ |
| | <input type="checkbox"/> ANY AUTO | | | | OTHER THAN AUTO ONLY: |
| | <input type="checkbox"/> _____ | | | | EACH ACCIDENT \$ |
| | | | | | AGGREGATE \$ |
| | EXCESS LIABILITY | | | | EACH OCCURRENCE \$ |
| | <input type="checkbox"/> UMBRELLA FORM | | | | AGGREGATE \$ |
| | <input type="checkbox"/> OTHER THAN UMBRELLA FORM | | | | |
| D | WORKERS COMPESATION AND EMPLOYERS' LIABILITY | | | | STATUOTRY LIMITS |
| | Workers Compensation Insurance Coverage meeting the requirements established by the State: New York | | | | EACH ACCIDENT \$ 1,000,000.00 |
| | THE PROPRIETOR/ PARTNERS/ <input type="checkbox"/> INCL | | | | DISEASE - POLICY LIMIT \$ 1,000,000.00 |
| | EXECUTIVE OFFICERS ARE: <input type="checkbox"/> EXCL | | | | DISEASE - EACH EMPLOYEE \$ 1,000,000.00 |
| | OTHER | | | | |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

SHOW NAME: _____ **ADDITIONAL INSURED:** 
RE: 2024 Bar Convent Brooklyn
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 Merritt 7
Norwalk, CT 06851

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