

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 C	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per person) \$ 500,000.00
					PROPERTY DAMAGE \$ 500,000.00
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:
					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/ EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				DISEASE - POLICY LIMIT \$ 1,000,000.00
					DISEASE - EACH EMPLOYEE \$ 1,000,000.00
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

SHOW NAME: **ADDITIONAL INSURED:** 

RE: 2026 BCB Brooklyn

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	CANCELLATION
Reed Exhibitions USA 401 Merritt 7 5th Floor Norwalk, CT 06851	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