

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 | GENERAL LIABILITY | ← | | → | EACH OCCURRENCE \$ 1,000,000.00 |
| | <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) \$ |
| | | | | | MED EXP (Any one person) \$ |
| B C | AUTOMOBILE LIABILITY | ← | | → | COMBINED SINGLE LIMIT \$ |
| | <input type="checkbox"/> ANY AUTO | | | | BODILY INJURY |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | (Per person) \$ 500,000.00 |
| | <input type="checkbox"/> SCHEDULED AUTOS | | | | PROPERTY DAMAGE \$ 500,000.00 |
| | <input type="checkbox"/> HIRED AUTOS | | | | |
| | <input type="checkbox"/> NON-OWNED AUTOS | | | | |
| | | | | | |
| | 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 | | | | STATUROYT 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 | | | | |

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DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

SHOW NAME: **2017 BE EVENT**
Book Expo

ADDITIONAL INSURED: →

Reed Exhibitions, Reed Elsevier, inc., The Freeman Companies, New York Convention Center operating Corporation, State of New York, New York Convention Center Development Corporation, The Empire State Development Corporation, Triborough Bridge and Tunnel Authority and the Jacob K. Javits Convention Center and their respective boards of directors, officers, agents and employees and affiliates.

CERTIFICATE HOLDER

Reed Exhibitions
383 Main Avenue
Norwalk, CT 06851

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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