

**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.

**INSURED** on your insurance certificate as shown on this reference Sample.  
**EAC COMPANY INFORMATION**

**COMPANIES AFFORDING COVERAGE**

|                     |                                      |
|---------------------|--------------------------------------|
| COMPANY<br><b>A</b> | <b>Insurance Company Information</b> |
| COMPANY<br><b>B</b> | <b>Insurance Company Information</b> |
| COMPANY<br><b>C</b> | <b>Insurance Company Information</b> |
| COMPANY<br><b>D</b> | <b>Insurance Company Information</b> |

**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<br>LTR            | TYPE OF INSURANCE  | POLICY NUMBER | POLICY EFFECTIVE<br>DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS   |
|----------------------|--|---------------|-------------------------------------|-----------------------------------|--|
| <b>A</b>             | <b>GENERAL LIABILITY</b><br><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR   |               |                                     |                                   | <b>EACH OCCURRENCE</b> \$ <b>1,000,000.00</b>                  |
|                      |  |               |                                     |                                   | GENERAL AGGREGATE \$   |
| <b>B</b><br><b>C</b> | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS                                   |               |                                     |                                   | COMBINED SINGLE LIMIT \$                                       |
|                      |  |               |                                     |                                   | <b>BODILY INJURY</b><br>(Per person) \$ <b>500,000.00</b>      |
|                      |  |               |                                     |                                   | <b>PROPERTY DAMAGE</b> \$ <b>500,000.00</b>                    |
|                      | <b>GARAGE LIABILITY</b><br><input type="checkbox"/> ANY AUTO   |               |                                     |                                   | AUTO ONLY - EA ACCIDENT \$                                     |
|                      | <b>EXCESS LIABILITY</b><br><input type="checkbox"/> UMBRELLA FORM<br><input type="checkbox"/> OTHER THAN UMBRELLA FORM   |               |                                     |                                   | OTHER THAN AUTO ONLY:<br>EACH ACCIDENT \$<br>AGGREGATE \$      |
| <b>D</b>             | <b>WORKERS COMPESATION AND EMPLOYERS' LIABILITY</b><br>Workers Compensation Insurance Coverage meeting the requirements established by the State: New York<br>THE PROPRIETOR/ PARTNERS/<br>EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL |               |                                     |                                   | <b>STATUROY LIMITS</b><br>EACH ACCIDENT \$ <b>1,000,000.00</b> |
|                      |  |               |                                     |                                   | 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:** 2018 Book Expo America  
 BEA & Book Con 2018 Event  
 Reed Exhibitions a division of RELX 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  
 For EAC and Exhibitor  
 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**