

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 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 <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				EACH OCCURRENCE \$ 1,000,000.00
					GENERAL AGGREGATE \$
B C	AUTOMOBILE LIABILITY <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				COMBINED SINGLE LIMIT \$
					BODILY INJURY (Per person) \$ 500,000.00
					PROPERTY DAMAGE \$ 500,000.00
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
D	WORKERS COMPESATION AND EMPLOYERS' LIABILITY Workers Compensation Insurance Coverage meeting the requirements established by the State: New York THE PROPRIETOR/ PARTNERS/ EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				STATUROY LIMITS
					EACH ACCIDENT \$ 1,000,000.00
					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: 2015 NY COMIC CON
 NY Event

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
 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