CERTIFICATE OF INSURANCE **SAMPLE**

DATE(MM/DD/YY)

PRODUCER
INSURANCE AGENT LISTING

For EAC and Exhibitor
please be sure to specify
the information highlighted
on your insurance certificate as shown on this reference SAMPLE

INSURED

EAC COMPANY INFORMATION

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

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

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DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

SHOW NAME: **ADDITIONAL INSURED:**

RE: **Vision Expo East 2023**

The Freeman Companies, Vision Council of America (VICA) ,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, Reed Exhibitions a division of RELX Inc., and their officers, directors, employees, agents, successors, assigns, and affiliates.

CERTIFICATE HOLDER

Reed Exhibitions
201 Merritt 7
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