

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 \$
B C	AUTOMOBILE LIABILITY	←—————→			FIRE DAMAGE (Any one fire) \$
	<input type="checkbox"/> ANY AUTO				MED EXP (Any one person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				COMBINED SINGLE LIMIT \$
C	<input type="checkbox"/> SCHEDULED AUTOS	←—————→			BODILY INJURY
	<input type="checkbox"/> HIRED AUTOS				(Per person) \$ 500,000.00
D	<input type="checkbox"/> NON-OWNED AUTOS	←—————→			PROPERTY DAMAGE \$ 500,000.00

D	GARAGE LIABILITY	←—————→			AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:
	_____				EACH ACCIDENT \$
D	EXCESS LIABILITY	←—————→			AGGREGATE \$
	<input type="checkbox"/> UMBRELLA FORM				EACH OCCURRENCE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	←—————→			STATUROTY LIMITS
	Workers Compensation Insurance Coverage meeting the requirements established by the State: Florida				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
D	OTHER	←—————→			DISEASE - EACH EMPLOYEE \$ 1,000,000.00

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DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

SHOW NAME: _____ **ADDITIONAL INSURED:** ←—————→

RE: JIS March 2021
Miami

Miami Beach Convention Center, City of Miami, Expo Convention Contractors Inc., Reed Exhibitions a division of RELX Inc., and their officers, directors, employees, agents, successors, assigns, and affiliates as additional insured.

CERTIFICATE HOLDER

Reed Exhibitions
201 Main Avenue
Norwalk, CT 06851

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please be sure to specify
the information on your insurance certificate as shown on this 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