

**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	<b>A</b>	Insurance Company Information
COMPANY	<b>B</b>	Insurance Company Information
COMPANY	<b>C</b>	Insurance Company Information
COMPANY	<b>D</b>	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
<b>A</b>	<b>GENERAL LIABILITY</b>				<b>EACH OCCURRENCE</b> \$ <b>1,000,000.00</b>
	COMMERCIAL GENERAL LIABILITY				GENERAL AGGREGATE \$
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				PRODUCTS-COMP/OP AGG
					PERSONAL & ADV INJURY \$
<b>B</b> <b>C</b>	<b>AUTOMOBILE LIABILITY</b>				COMBINED SINGLE LIMIT \$
	<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				<b>BODILY INJURY</b> (Per person) \$ <b>500,000.00</b>
					<b>PROPERTY DAMAGE</b> \$ <b>500,000.00</b>
<b>D</b>	<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:
					EACH ACCIDENT \$
<b>D</b>	<b>EXCESS LIABILITY</b>				AGGREGATE \$
	<input type="checkbox"/> UMBRELLA FORM				EACH OCCURRENCE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE \$
<b>D</b>	<b>WORKERS COMPESATION AND EMPLOYERS' LIABILITY</b>				<b>STATUROTY LIMITS</b>
	<b>Workers Compensation Insurance Coverage meeting the requirements established by the State: Florida</b>				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
	<b>OTHER</b>				DISEASE - EACH EMPLOYEE \$ 1,000,000.00

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**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

SHOW NAME:

ADDITIONAL INSURED:

RE: JIS 2022

**Comprehensive general liability Insurance, providing at least \$1,000,000 in coverage naming:**

The Miami Beach Convention Center, (and its parents, subsidiaries and affiliates) Expo Convention Contractors, Reed Exhibitions a division of RELX Inc., and their officers, directors, employees, agents, assigns, members, successors, assigns and affiliates as additional insured.

**CERTIFICATE HOLDER**

Reed Exhibitions  
201 Merritt 7  
Norwalk, CT 06851

For EAC and exhibitor use  
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