

# 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	<b>GENERAL LIABILITY</b>	←————→			<b>EACH OCCURRENCE</b> \$ <b>1,000,000.00</b>
	<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	<b>AUTOMOBILE LIABILITY</b>	←————→			FIRE DAMAGE (Any one fire) \$
	<input type="checkbox"/> ANY AUTO				MED EXP (Any one person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				COMBINED SINGLE LIMIT \$
	<input type="checkbox"/> SCHEDULED AUTOS				<b>BODILY INJURY</b>
D	<b>GARAGE LIABILITY</b>	←————→			(Per person) \$ <b>500,000.00</b>
	<input type="checkbox"/> ANY AUTO				<b>PROPERTY DAMAGE</b> \$ <b>500,000.00</b>
	_____				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> OTHER THAN AUTO ONLY:				OTHER THAN AUTO ONLY:
D	<b>EXCESS LIABILITY</b>	←————→			EACH ACCIDENT \$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$
	_____				AGGREGATE \$
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	←————→			<b>STATUROTY LIMITS</b>
	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
	_____				DISEASE - EACH EMPLOYEE \$ 1,000,000.00
OTHER	_____	_____	_____	_____	_____

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

**SHOW NAME:** \_\_\_\_\_ **ADDITIONAL INSURED:** ←————→

**RE: JIS Spring 2022**  
**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

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**