

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 \$ 2,000,000.00		
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				GENERAL AGGREGATE	\$	
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				PRODUCTS-COMP/OP AGG		
					PERSONAL & ADV INJURY	\$	
					FIRE DAMAGE (Any one fire)	\$	
B	AUTOMOBILE LIABILITY				MED EXP (Any one person)	\$	
	<input type="checkbox"/> ANY AUTO				COMBINED SINGLE LIMIT	\$	
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY		
	<input type="checkbox"/> SCHEDULED AUTOS				(Per person)	\$	500,000.00
	<input type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE	\$	500,000.00
C	<input type="checkbox"/> NON-OWNED AUTOS						
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$	
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:		
					EACH ACCIDENT	\$	
					AGGREGATE	\$	
	EXCESS LIABILITY				EACH OCCURRENCE	\$	
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$	
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM						
D	WORKERS COMPESATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS		
					EACH ACCIDENT	\$	1,000,000.00
	Workers Compensation Insurance Coverage meeting the requirements established by the State: Florida						
	THE PROPRIETOR/ PARTNERS/ <input type="checkbox"/> INCL				DISEASE - POLICY LIMIT	\$	1,000,000.00
	EXECUTIVE OFFICERS ARE: <input type="checkbox"/> EXCL				DISEASE - EACH EMPLOYEE	\$	1,000,000.00
	OTHER						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

SHOW NAME:

ADDITIONAL INSURED:

RE: JIS SPRING 2024

Miami Beach Convention Center

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 Merrit 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