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.

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.

INSURED
EAC COMPANY INFORMATION

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				**BODILY INJURY** (Per person)	$	**500,000.00**
C	HIRED AUTOS						
	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: Illinois						
	THE PROPRIETOR/ PARTNERS/ EXECUTIVE OFFICERS ARE: INCL / 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: 2013 C2E2 EVENT

GES, SMG and Metropolitan and Exposition Authority, Chicago Park District, Erie Crown Theater its facilities and their officers, directors, employees thereof; and their officers, directors, employees, agents, successors, assigns, and affiliates as additional insured. Reed Exhibitions, Reed Elsevier Inc., its facilities and their officers, directors, employees thereof; and their officers and directors

CERTIFICATE HOLDER

Reed Exhibitions
383 Main Avenue
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