	CERTIFICATE OF I	NSURANCE SAM	IPLE			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				
							I
EDC COMPANY INFORMATION			В	B Insurance Company Information			
			C Insurance Company Information				
			COMPANY D	Insurance Co	ompany Information	1	
•	COVERAGES THIS IS TO CERTIFY THAT THE POLICIES OF INS INDICATED, NOTWITHSTANDING ANY REQUIR CERTIFICATE MAY BE ISSUED OR MAY PERTAI EXCLUSIONS AND CONDITIONS OF SUCH POLIC	EMENT, TERM OR CONDITION OF N. THE INSURANCE AFFORDED F	F ANY CONTRACT BY THE POLICIES I	HE INSURED NAME OR OTHER DOCUM DESCRIBED HEREIN	D ABOVE FOR THE POLICY F	PERIOD CH THIS	
СО	TYPE OF INCIDANCE	DOLICY NUMBER	POLICY EFFECTIVE	POLICY EXPIRATION	LIMIT	e	
LTF	TYPE OF INSURANCE GENERAL LIABILITY	POLICY NUMBER	DATE (MM/DD/YY)	DATE (MM/DD/YY)	EACH OCCURRENCE		
A	COMMERCIAL GENERAL LIABILITY	•			GENERAL AGGREGATE	\$	
		For FA	C and Exhibitor		PRODUCTS-COMP/OP AGG		
	CLAIMS MADE OCCUR		e sure to specify		PERSONAL & ADV INJURY	\$	
	H	the inform	ation highlighted		FIRE DAMAGE (Any one fire)	\$ \$	
	AUTOMOBILE LIABILITY	on your insurance certificate	as shown on this	Reference Sample	MED EXP (Any one person	\$	
В	ANY AUTO	on you inourance continuate		i toloronoo oumpi	COMBINED SINGLE LIMIT	\$	
	ALL OWNED AUTOS						
	SCHEDULED AUTOS				BODILY INJURY		
C	HIRED AUTOS				(Per person)	\$ 500,000.00	
	NON-OWNED AUTOS				PROPERTY DAMAGE	E \$ 500,000.00	
					I KOI EKI I DAMAGI	200,000.00	
	GARAGE LIABILITY		C and Exhibitor		AUTO ONLY - EA ACCIDENT	\$	
	ANY AUTO	please b	e sure to specify ation highlighted		OTHER THAN AUTO ONLY:		
		the inform	ation highlighted		EACH ACCIDENT	\$	
		on your insurance certificate	as shown on this	Reference Sampl	1	\$	
	EXCESS LIABILITY				EACH OCCURRENCE	\$	
	OTHER THAN UMBRELLA FORM				AGGREGATE	Þ	
	WORKERS COMPESATION AND						
D	EMPLOYERS' LIABILITY				STATUROTY LIMITS	\$ 1,000,000.00	
ען	Workers Compensation Insurance Cove	rage meeting, the requireme	 nts-established	hv the State: Ne	EACH ACCIDENT W Vork	\$ 1,000,000.00	
				State. 140			
	THE PROPRIETOR/ PARTNERS/ INCL				DISEASE - POLICY LIMIT	\$ 1,000,000.00	
	EXECUTIVE OFFICERS ARE: EXCL				DISEASE - EACH EMPLOYEE	\$ 1,000,000.00	
	OTHER						
DI	L SCRIPTION OF OPERATIONS/LOCATIONS/VEH	IICLES/SPECIAL ITEMS	1		Reed Exhibitions, Red The Freeman Compa		
SHOW NAME: RE: 2012 NY Comic Con ADDITIONAL INSURED: Corporation, State of New York, New York Convention Center Development Corporation, The Empire State Development Corporation, Triboroug Bridge and Tunnel Authority and the Jacob K. Javits Convention Center a their respective boards of directors, officers, agents and employees and affiliates.							
				3888888888888888888888888			
	ERTIFICATE HOLDER eed Exhibitions	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL					
38	3 Main Avenue		DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT				
Norwalk, CT 06851 For EAC and Exhibitor please be sure to specify			BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.				
	the information on your insurance certificate as s	n highlighted	AUTHORIZED	REPRESENTATI	VE		