

# 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.

**INSURED** on your insurance certificate as shown on this Reference Sample.

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

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

**SHOW NAME:** Aluminum USA 2023  
**RE:** Music City Center, Nashville

**ADDITIONAL INSURED:** **→**

Reed Exhibitions a division of RELX, Inc, Shepard Exposition Services, Music City Center, Reed Exhibitions a division of RELX Inc., Aluminum and their officers, directors, employees, agents, 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**