

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 C	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				
<input type="checkbox"/> NON-OWNED AUTOS					
D	GARAGE LIABILITY	←————→			AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:
	_____				EACH ACCIDENT \$
					AGGREGATE \$
D	EXCESS LIABILITY	←————→			EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				
D	WORKERS COMPESATION AND EMPLOYERS' LIABILITY	←————→			STATUROTY LIMITS
	Workers Compensation Insurance Coverage meeting the requirements established by the State: Nevada				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: MagicCon: Chicago 2024

FERN Expo, SMG and Metropolitan and Exposition Authority, Chicago Park District, Erie Crown Theater it 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
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