

# 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	<b>A</b> Insurance Company Information
COMPANY	<b>B</b> Insurance Company Information
COMPANY	<b>C</b> Insurance Company Information
COMPANY	<b>D</b> 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>EACH OCCURRENCE</b> \$ <b>1,000,000.00</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>	←————→			COMBINED SINGLE LIMIT \$
	<input type="checkbox"/> ANY AUTO				<b>BODILY INJURY</b>
	<input type="checkbox"/> ALL OWNED AUTOS				(Per person) \$ <b>500,000.00</b>
	<input type="checkbox"/> SCHEDULED AUTOS				<b>PROPERTY DAMAGE</b> \$ <b>500,000.00</b>
	<input type="checkbox"/> HIRED AUTOS				
<input type="checkbox"/> NON-OWNED AUTOS					
<b>D</b>	<b>GARAGE LIABILITY</b>	←————→			AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:
	_____				EACH ACCIDENT \$
					AGGREGATE \$
<b>D</b>	<b>EXCESS LIABILITY</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>STATUROTY LIMITS</b>
	Workers Compensation Insurance Coverage meeting the requirements established by the State: Washington				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
<b>OTHER</b>					

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

**SHOW NAME: ECCC**      **ADDITIONAL INSURED:** →  
**RE: Emerald City Comic Con**

**Reed Exhibitions a division of RELX Inc., GES, Washington State Convention Center, and the members, officers, directors, agents, employees, successors, assigns and affiliates**

**CERTIFICATE HOLDER**

Reed Exhibitions  
201 Merrit 7  
Norwalk, CT 06851

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the information highlighted  
on your insurance certificate as shown on this Reference Sample.

**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**