

ACORD **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY) 06/06/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER INSURANCE AGENT/BROKER NAME STREET ADDRESS CITY, STATE, ZIP PHONE:	1. YOUR AGENT'S NAME PHONE (A/C, No. Ext): 555-555-5555 FAX (A/C, No.): 555-555-5555 E-MAIL ADDRESS: YOUR AGENT'S EMAIL ADDRESS
INSURED 2. NAME OF INSURED. **THIS MUST BE THE LEGAL NAME OF THE CONTRACTING PARTY, THE EXHIBITOR-APPOINTED CONTRACTOR.**	INSURER(S) AFFORDING COVERAGE INSURER A: GENERAL LIABILITY INSURER NAME INSURER B: AUTOMOBILE LIABILITY INSURER NAME INSURER C: UMBRELLA LIABILITY INSURER NAME INSURER D: WORKERS' COMP LIABILITY INSURER NAME INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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.

INSUR LTR	TYPE OF INSURANCE	ADD SUBJECT (BUS, VEH)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXPI (MM/DD/YYYY)	8. LIMITS
A	3. GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y Y	POLICY # INSURER A	00/00/0000	00/00/0000	6. 7. EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES / EA OCCURRENCE \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y Y	POLICY # INSURER B	00/00/0000	00/00/0000	COMBINED SINGLE LIMIT (EA ACCIDENT) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB CLAIMS-MADE	Y Y	POLICY # INSURER C	00/00/0000	00/00/0000	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	POLICY # INSURER D	00/00/0000	00/00/0000	WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
YOU MUST LIST THE FOLLOWING AS ADDITIONAL INSURED: SHOW MANAGEMENT; SHOW NAME; FACILITY. THESE ENTITIES MUST BE NAMED AS ADDITIONAL INSURED ON A PRIMARY AND NON-CONTRIBUTORY BASIS, EXCEPT FOR WORKERS' COMPENSATION. THE INSURANCE PROVIDED FOR THE BENEFIT OF AGS EXPOSITION SERVICE COMPANY INC SHALL BE PRIMARY INSURANCE IN RESPECT TO ANY CLAIM, LOSS, OR LIABILITY, ARISING OUT OF THE NAMED INSURED'S OPERATIONS FOR WHICH THE NAMED INSURED IS LIABLE. ANY OTHER INSURANCE MAINTAINED BY AGS EXPOSITION SERVICE COMPANY INC SHALL BE EXCESS AND NON-CONTRIBUTORY. THE SHOW DATES ARE: MONTH, DAY (S), YEAR AND IN CITY, STATE. ****EXHIBITING COMPANY NAME**** 4.

5. CERTIFICATE HOLDER AGS EXPOSITION SERVICE COMPANY INC 4561 SW 34TH STREET ORLANDO, FL 32811	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 9. IMA YUR BROKER, CAF, CIC X Signature
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- PRODUCER:** Insurance Agent/Broker who issues certificate.
- NAME OF INSURED:** This must be the legal name of the contracting party.
- TYPES OF INSURANCE:** This must include all types required by contract. See the "Official Service Contractors and Exhibitor Appointed Contractors form in this Event Services Manual. General Liability and Umbrella Liability must be "OCCURANCE" type.
- NAME OF ADDITIONAL INSUREDS:** In this area, you must list Show Management (by name), the Show itself (by name), and the facility (by name) as additional insureds on a primary and non-contributory basis.
- CERTIFICATE HOLDER:** AGS Expo Services, Inc. (AGS) MUST be listed as the certificate holder.
- POLICY EFFECTIVE DATE:** This date must be prior to or coincidental with the first day of Exhibitor Move-In.
- POLICY EXPIRATION DATE:** This date must be on or after the last day of Exhibitor Move-Out.
- Limits:** The monetary limits must be the same or greater than what is required by contract. See the "Official Service Contractors and Exhibitor Appointed Contractors form in this Event Services Manual.
- AUTHORIZED REPRESENTATIVE:** This form must be signed (not stamped) by an authorized representative of the producer of the certificate.