

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 have ADDITIONAL INSURED provisions or 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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER  <b>Insurance Agent/Broker, Street Address or P.O. Box, City, State, Zip Code</b>	CONTACT NAME: <b>Insurance Agent/Broker Name</b>	
	PHONE (A/C, No, Ext): <b>Phone Number</b>	FAX (A/C, No):
E-MAIL ADDRESS: <b>Email Address</b>		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : <b>Name of Insurance Company</b>		
INSURER B :		
INSURER C :		
INSURER D :		
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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	<b>COMMERCIAL GENERAL LIABILITY</b>  CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> JECT <input checked="" type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Enter Policy #</b>	(Must take effect by the first move in date May 18th, 2025)	(Must include all move out dates May 21st, 2025)	EACH OCCURRENCE <b>\$2,000,000</b> DAMAGE TO RENTED PREMISES (Each occurrence) <b>\$300,000</b> MED EXP (Any one person) \$ PERSONAL & ADV INJURY <b>\$2,000,000</b> GENERAL AGGREGATE <b>\$2,000,000</b> PRODUCTS - COMP/OP AGG <b>\$2,000,000</b> \$ COMBINED SINGLE LIMIT (Each accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<input checked="" type="checkbox"/>	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			<b>Enter Policy #</b>	(Must take effect by the first move in date May 18th, 2025)	(Must include all move out dates May 21st, 2025)	EACH OCCURRENCE <b>\$If it applies</b> AGGREGATE <b>\$If it applies</b> \$ PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> <b>REQUIRED FOR EAC'S</b> E.L. EACH ACCIDENT <b>\$ Minimum 1 MILLION</b> E.L. DISEASE - EA EMPLOYEE <b>\$ Minimum 1 MILLION</b> E.L. DISEASE - POLICY LIMIT <b>\$ Minimum 1 MILLION</b>
<input checked="" type="checkbox"/>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	<b>Enter Policy # REQUIRED FOR EAC'S</b> (Exhibitor Appointed Contractors) ONLY!!!	(Must take effect by the first move in date May 18th, 2025)	(Must include all move out dates May 21st, 2025)	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

In regards to the insured's operations at the FEI: The Front End of Innovation 2025, at the Omni Boston Hotel at the Seaport, May 18th, 2025 - May 21st, 2025 (including move-in and out dates), it is understood and agreed that **Omni Boston Hotel at the Seaport, Informa Connect, FEI** are added as **additional insured**.

CERTIFICATE HOLDER	CANCELLATION
<b>Informa Connect: 605 Third Avenue, 22nd Floor, New York, NY 10158</b>	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