CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Month/Date/Year

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 rights to the certificate holder in lieu of such endorsement(s).

Insurance Agent/ Broker Street Address or P.O. Box, City, State, Zip Code	CONTACT NAME: Insurance Agent/ Broker Name PHONE (A/C, No, Ext): Phone Number FAX (A/C, No): E-MAIL ADDRESS: Email Address	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Name of Insurance Company	
Exhibitor Name Exhibitor Street Adress or P.O.Box Vendor City, State & Zip Code	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			Enter Policy #	Must take effect by the first move in date of the event.	Must not expire prior to the last move out date of event.	EACH OCCURRENCE	£ 2,000,000
	CLAIMS-MADE | X | OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	
							MED EXP (Any one person)	
							PERSONAL & ADV INJURY	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	£2,000,000
	POLICY | PRO-JECT | X | LOC						PRODUCTS - COMP/OP AGG	
	OTHER:							$
B	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY | SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY | NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB | OCCUR						EACH OCCURRENCE	$ If it applies
	EXCESS LIAB | CLAIMS-MADE						AGGREGATE	$ If it applies
	DED | RETENTION $ 10,000							$
B B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N	N / A		Enter Policy # REQUIRED FOR EAC's (Exhibitor Appointed Contractors) Only!!	Must take effect by the first move In date of the event	Must not expire prior to the last move out date	X PER STATUTE | OTH-ER	REQUIRED FOR EAC's
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	Minimum £1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	Minimum £1,000,000
							E.L. DISEASE - POLICY LIMIT	Minimum £1,000,000

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

Evidence of Insurance

In regards to the Insured's operations at the (EVENT NAME), at the (VENUE NAME), (DATE OF SHOW) (including move-in and out dates), it is understood and agreed that Informa Connect and VENUE NAME are added as additional insured.

CERTIFICATE HOLDER

Informa Connect, parent company of (EVENT NAME)
24 School Street, 2nd Floor, Boston, MA 02108

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

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