

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.

COLT R	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	←————→			EACH OCCURRENCE	\$ 1,000,000.00
	<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	AUTOMOBILE LIABILITY	←————→			MED EXP (Any one person)	\$
	<input type="checkbox"/> ANY AUTO				COMBINED SINGLE LIMIT	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY	\$ 500,000.00
C	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$ 500,000.00
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY	←————→			AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	\$
					AGGREGATE	\$
	EXCESS LIABILITY	←————→			EACH OCCURRENCE	\$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	←————→			STATUROY LIMITS	
	Workers Compensation Insurance Coverage meeting the requirements established by the State: Massachusetts				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:

RE: 202 EQUITANA
Kentucky

ADDITIONAL INSURED: →

Reed Exhibitions a division of RELX, Inc., Fern Expo, Kentucky Horse Park, an agency of the Commonwealth of Kentucky (the "Park") their directors, officers, agents, commission, staff, volunteers, employees, members, successors, assigns and affiliates as additional insured.

CERTIFICATE HOLDER

Reed Exhibitions
201 Merritt 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