

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.

CO LT R	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<p>GENERAL LIABILITY</p> <p><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY</p> <p><input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR</p>				<p>EACH OCCURRENCE \$ 1,000,000.00</p> <p>GENERAL AGGREGATE \$</p> <p>PRODUCTS-COMP/OP AGG</p> <p>PERSONAL & ADV INJURY \$</p> <p>FIRE DAMAGE (Any one fire) \$</p> <p>MED EXP (Any one person) \$</p>
B	<p>AUTOMOBILE LIABILITY</p> <p><input type="checkbox"/> ANY AUTO</p> <p><input type="checkbox"/> ALL OWNED AUTOS</p> <p><input type="checkbox"/> SCHEDULED AUTOS</p>				<p>COMBINED SINGLE LIMIT \$</p>
C	<p><input type="checkbox"/> HIRED AUTOS</p> <p><input type="checkbox"/> NON-OWNED AUTOS</p>				<p>BODILY INJURY (Per person) \$ 500,000.00</p> <p>PROPERTY DAMAGE \$ 500,000.00</p>
	<p>GARAGE LIABILITY</p> <p><input type="checkbox"/> ANY AUTO</p>				<p>AUTO ONLY - EA ACCIDENT \$</p> <p>OTHER THAN AUTO ONLY:</p> <p>EACH ACCIDENT \$</p> <p>AGGREGATE \$</p>
	<p>EXCESS LIABILITY</p> <p><input type="checkbox"/> UMBRELLA FORM</p> <p><input type="checkbox"/> OTHER THAN UMBRELLA FORM</p>				<p>EACH OCCURRENCE \$</p> <p>AGGREGATE \$</p>
D	<p>WORKERS COMPESATION AND EMPLOYERS' LIABILITY</p> <p>Workers Compensation Insurance Coverage meeting the requirements established by the State: Illinois</p> <p>THE PROPRIETOR/ PARTNERS/ EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL</p>				<p>STATUROYTY LIMITS</p> <p>EACH ACCIDENT \$ 1,000,000.00</p> <p>DISEASE - POLICY LIMIT \$ 1,000,000.00</p> <p>DISEASE - EACH EMPLOYEE \$ 1,000,000.00</p>
	<p>OTHER</p>				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

SHOW NAME: **ADDITIONAL INSURED:**

RE: 2021 C2E2 EVENT

The Freeman Companies, SMG and Metropolitan and Exposition Authority, Chicago Park District, Erie Crown Theater its facilities and their officers, directors, employees thereof; and their officers, directors, employees, agents, successors, assigns, and affiliates as additional insured. Reed Exhibitions, Reed Elsevier Inc., its facilities and their officers, directors, employees thereof; and their officers and directors

CERTIFICATE HOLDER

Reed Exhibitions
201 Meritt 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