	CERTIFICATE OF INSURANCE SAMPLE					DATE(MM/DD/YY)	
PRODUCER INSURANCE AGENT LISTING For EAC and Exhibitor places he sure to specify		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.					
please be sure to specify the information highlighted			COMPANIES AFFORDING COVERAGE				
IN	m VISURED on your insurance certificate as shown on this reference Sample	A	A Insurance Company Information				
EA	AC COMPANY INFORMATION	B Insurance Company Information					
			C Insurance Company Information				
			D Insurance Company Information				
(COVERAGES THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED T INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRA CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICI EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCE	O THE INSURED NAI ACT OR OTHER DOCU ES DESCRIBED HERI	MED ABOVE FOR THE POLICY PERIOD JMENT WITH RESPECT TO WHICH THIS				
СО		POLICY EFFECTIVE					
LTR	TYPE OF INSURANCE POLICY NUMBER GENERAL LIABILITY	DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	EACH OCCURRENCE	1	1,000,000.00	
A	COMMERCIAL GENERAL LIABILITY			GENERAL AGGREGATE	\$	-,,	
	CLAIMS MADE OCCUR	For EAC ar	nd Exhibitor	PRODUCTS-COMP/OP AGG PERSONAL & ADV INJURY	\$		
		please be su the informatio	re to specify	FIRE DAMAGE (Any one fire)	\$		
	AUTOMOBILE LIABILITY on your insurance	the informatio	n nignlignted shown on this reference Sam	MED EXP (Any one person	\$		
В	ANY AUTO	con unicate as t		COMBINED SINGLE LIMIT	\$		
	ALL OWNED AUTOS SCHEDULED AUTOS			BODILY INJURY			
C	HIRED AUTOS		•	(Per person)	\$	500,000.00	
	NON-OWNED AUTOS			PROPERTY DAMAGE	\$	500,000.00	
		For EAC an	d Exhibitor		Ľ		
	GARAGE LIABILITY ANY AUTO			AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY:	\$		
		please be su the informatio	n highlighted	EACH ACCIDENT	\$		
	excess liability on your insurance of	certificate as s	shown on this reference Sam	AGGREGATE EACH OCCURRENCE	\$		
	UMBRELLA FORM			AGGREGATE	\$		
	OTHER THAN UMBRELLA FORM WORKERS COMPESATION AND						
D	EMPLOYERS' LIABILITY			STATUROTY LIMITS		1 000 000 00	
D	Workers Compensation Insurance Coverage meeting the requirements establish	ed by the State: I	New York	EACH ACCIDENT	2	1,000,000.00	
						1 000 000 00	
	THE PROPRIETOR/ PARTNERS/ INCL EXECUTIVE OFFICERS ARE: EXCL			DISEASE - POLICY LIMIT DISEASE - EACH EMPLOYEE	\$	1,000,000.00	
	OTHER						
DE	SCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS SHOW NAME: RE: 2022 NEW YORK COMIC CON NY Event NYCC		Reed Exhibitions a division of RELX Inc., The Freeman Companies, New York Convention Center operating Corporation, State of New York Convention Center Development Corporation, The Empire State Development Corporation, Triborough Bridge and Tunnel Authority and the Jacob K. Javits Convention Center and their respective boards of directors, officers, agents and employees and				
CF	ERTIFICATE HOLDER	CANCELLAT	ION	affiliates.		, Joseph and	
Reed Exhibitions 383 Main Avenue			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL				
	orwalk, CT 06851		DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY				
For EAC and Exhibitor please be sure to specify			OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.				
			AUTHORIZED REPRESENTATIVE				