

**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 <b>A</b>	<b>Insurance Company Information</b>
COMPANY <b>B</b>	<b>Insurance Company Information</b>
COMPANY <b>C</b>	<b>Insurance Company Information</b>
COMPANY <b>D</b>	<b>Insurance Company Information</b>

**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 LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<b>A</b>	<b>GENERAL LIABILITY</b> COMMERCIAL GENERAL LIABILITY  <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				<b>EACH OCCURRENCE</b> \$ <b>2,000,000.00</b>
					GENERAL AGGREGATE \$
					PRODUCTS-COMP/OP AGG
					PERSONAL & ADV INJURY \$
					FIRE DAMAGE (Any one fire) \$
					MED EXP (Any one person) \$
<b>B</b>	<b>AUTOMOBILE LIABILITY</b> ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$
					<b>BODILY INJURY</b> (Per person) \$ <b>500,000.00</b>
					<b>PROPERTY DAMAGE</b> \$ <b>500,000.00</b>
<b>C</b>	GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY:
					EACH ACCIDENT \$
					AGGREGATE \$
	EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$
					AGGREGATE \$
<b>D</b>	<b>WORKERS COMPESATION AND EMPLOYERS' LIABILITY</b>  Workers Compensation Insurance Coverage meeting the requirements established by the State: New York  THE PROPRIETOR/ PARTNERS/ EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				<b>STATUROYTY LIMITS</b>
					EACH ACCIDENT \$ <b>1,000,000.00</b>
					DISEASE - POLICY LIMIT \$ <b>1,000,000.00</b>
					DISEASE - EACH EMPLOYEE \$ <b>1,000,000.00</b>
	OTHER				

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**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

**SHOW NAME:** **ADDITIONAL INSURED:**  
**RE: 2023 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, 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 affiliates.**

**CERTIFICATE HOLDER**

Reed Exhibitions  
201 Merrit 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**