CERTIFICATE OF INSURANCE SAMPLE DATE(MM/							DATE(MM/DD/YY)							
PRODUCER INSURANCE AGENT LISTING For EAC and Exhibitor please be sure to specify the information highlighted INSURED on your insurance certificate as shown on this reference Sample. EAC COMPANY INFORMATION			A insurance 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 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	POLICY EXPIRATION DATE (N	BM/DD/W\	LIMIT	c								
LIK	TYPE OF INSURANCE POLICY NUMBER GENERAL LIABILITY	DATE (MM/DD/YY)	POLICY EXPIRATION DATE (N	IM/DD/YY)	EACH OCCURRENCE		2,000,000.00							
A	COMMERCIAL GENERAL LIABILITY				GENERAL AGGREGATE	\$								
	CLAIMS MADE OCCUR		nd Exhibitor		PRODUCTS-COMP/OP AGG PERSONAL & ADV INJURY	\$								
		please be s	ure to specify		FIRE DAMAGE (Any one fire)	\$								
			on highlighted	aa Camala	MED EXP (Any one person	\$								
В	AUTOMOBILE LIABILITY On your insurance C ANY AUTO ALL OWNED AUTOS	eruncate as	shown on this referen	се запре	COMBINED SINGLE LIMIT	\$								
C	SCHEDULED AUTOS				BODILY INJURY	6	500,000,00							
C	HIRED AUTOS NON-OWNED AUTOS				(Per person)	э	500,000.00							
					PROPERTY DAMAG	E \$	500,000.00							
	GARAGE LIABILITY	For EAC a	nd Exhibitor		AUTO ONLY - EA ACCIDENT	\$								
	ANY AUTO	please be s	ure to specify on highlighted shown on this referen		OTHER THAN AUTO ONLY:									
		ne intormati ortificato co	on nigniighted chourn on this referen	oo Comple	EACH ACCIDENT AGGREGATE	\$								
	EXCESS LIABILITY OIT YOUR INSURANCE C	eruncate as	SHOWN ON WIS TEIETER	i ce Sample	EACH OCCURRENCE	\$								
	UMBRELLA FORM				AGGREGATE	\$								
	OTHER THAN UMBRELLA FORM WORKERS COMPESATION AND					-								
D	EMPLOYERS' LIABILITY				STATUROTY LIMITS EACH ACCIDENT	•	1,000,000.00							
	Workers Compensation Insurance Coverage meeting the requirements establishe	ed by the State:	New York		LACHACODEN	Ψ	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						y y							
					Reed Exhibitions a	divi	sion of RELX							
DE	SCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS SHOW NAME: ADDITIONAL INSURED: ADDITIONAL INSURED:		Inc., The Freeman Companies, New York Convention Center operating											
RE: 2023 NEW YORK COMIC CON Corporation, State of New York Convention Center Development Corporation,							er							
NY Event NYCC Empire State Development Corporation, Triborough Bridge a							h Bridge and							
					Tunnel Authority an Javits Convention (respective boards o	Cent	ter and their							
					officers, agents and affiliates.									
CIT	ERTIFICATE HOLDER	CANCELLA	PION											
		ICIES BE CANCE	LLED BEFORE THE											
	ed Exhibitions 1 Merrit 7	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 SLICH NOTICE SHALL IMPOSE NO ORLIGATION OF LIABILITY											
For EAC and Exhibitor			BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.											
please be sure to specify the information highlighted			AUTHORIZED REPRESENTATIVE											
	the information nightighted on your insurance certificate as shown on this reference Sample.													