

# SAMPLE CERTIFICATE OF INSURANCE EXHIBITOR-APPOINTED CONTRACTOR

This certificate must be provided to Event Management from the Exhibitor Appointed Contractor that will be working on the exhibit floor (NOT THE EXHIBITOR) prior to Amusement Expo. All dates must include coverage during move-in, Event Days and move-out. Please note: A fax copy is not acceptable. You must forward an original certificate of insurance.

\* ADD INSURANCE CARRIER'S NAMES

\* CONTRACTOR'S INSURANCE  
COMPANY ISSUING THIS  
CERTIFICATE

\* CONTRACTOR'S COMPANY  
NAME, SUBSIDIARY NAMES,  
OR D.B.A. NAMES

ADDRESS

\* POLICY NUMBERS

\* POLICY DATES FROM / TO

\* POLICY NUMBERS

\* POLICY DATES FROM / TO

\* MUST BE INCLUDED

CERTIFICATE OF INSURANCE						ISSUE DATE (MM/DD/YY)
PRODUCER			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.			
<b>COMPANIES AFFORDING COVERAGE</b>						
INSURED			COMPANY/ LETTER    A			
			COMPANY/ LETTER    B			
			COMPANY/ LETTER    C			
			COMPANY/ LETTER    D			
			COMPANY/ LETTER    E			
<b>COVERAGES</b>						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME 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	TYPE OF INSURANCE	POLICY NUMBERS	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY	(Your Policy #)	(Effective)	(Expires)	GENERAL AGGREGATE	\$2,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG.	\$2,000,000
					Pers. & Adv. Injury	\$1,000,000
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE	\$1,000,000
					FIRE DAMAGE (Any one fire)	\$100,000
					MED. EXPENSE (Any one person)	\$5,000
	AUTOMOBILE LIABILITY	(Your Policy #)	(Effective)	(Expires)	COMBINED SINGLE LIMIT	\$1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	<input type="checkbox"/> GARAGE LIABILITY					
	EXCESS LIABILITY				EACH OCCURRENCE	\$5,000,000
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$5,000,000
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY	(Your Policy #)	(Effective)	(Expires)	STATUTORY LIMITS	
					EACH ACCIDENT	\$1,000,000
					DISEASE - POLICY LIMIT	\$1,000,000
					DISEASE - EACH EMPLOYEE	\$1,000,000
	OTHER					
<b>DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS</b>						
Re: Amusement Expo						
The following are included as additional ....						
<b>CERTIFICATE HOLDER</b>				<b>CANCELLATION</b>		
W.T. Glasgow, Inc. 10070 W. 190 <sup>th</sup> Place Mokena, IL 60448				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 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		
ACORD 25-6 (7/99)				© ACORD CORPORATION 1990		