

<b>ACORD</b> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">1.</span> <b>CERTIFICATE OF LIABILITY INSURANCE</b>		DATE																							
<b>PRODUCER</b> Insurance Company Name                      Fax: (212) 555-6100 Insurance Company Address 1 Insurance Company Address 2 Attn: Agent Name (212) 555-6102 ext. 1234		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>INSUREERS AFFORDING COVERAGE</b>																							
<b>INSURED</b> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">2.</span> Exhibiting Company Name Exhibiting Company Address 1 Exhibiting Company Address 2 Attn: Exhibiting Company Contact Name Phone: (212) 555-5349    Fax: (212) 555-9819		INSURER A: Hartford Insurance Company of Illinois INSURER B: Aetna Casualty & Surety Company INSURER C: Travelers Insurance Company INSURER D: Royal Insurance Company INSURER E:																							
<b>COVERAGES</b> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">3.</span> THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OF 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.																									
INSR LTR	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">4.</span> TYPE OF INSURANCE	POLICY NUMBER	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">7.</span> POLICY EFFECTIVE DATE (MM/DD/YY)	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">8.</span> POLICY EXPIRATION DATE (MM/DD/YY)	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">9.</span> LIMITS																				
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	000P98298-AI1	01/01/23	01/01/24	EACH OCCURENCE                      \$1,000,000 FIRE DAMAGE (Any one fire)        \$ 50,000 MED EXP (Any one person)         \$ 5,000 PERSONAL & ADV INJURY            \$1,000,000 GENERAL AGGREGATE                \$2,000,000 PRODUCTS-COMP/OP AGG            \$2,000,000																				
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> _____	SKLS-029499S	01/01/23	01/01/24	COMBINED SINGLE LIMIT            \$1,000,000 (Ea accident) BODILY INJURY                        \$ (Per person) BODILY INJURY                        \$ (Per accident) PROPERTY DAMAGE                    \$ (Per accident) AUTO ONLY-EA ACCIDENT OTHER THAN                            \$    \$ AUTO ONLY:                            \$    \$																				
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____																								
A	UMBRELLA/EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	XL1234567	01/01/23	01/01/24	EACH OCCURENCE                      \$1,000,000 AGGREGATE                              \$1,000,000 _____ \$ _____ \$ _____ \$																				
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	A4145-SS-PJ37	01/01/23	01/01/24	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">X</td> <td style="width: 15%;">WC STATU- ORY LIMITS</td> <td style="width: 10%;"></td> <td style="width: 10%;">OTHER</td> <td style="width: 60%;"></td> </tr> <tr> <td></td> <td>E.L. EACH ACCIDENT</td> <td></td> <td></td> <td>\$1,000,000</td> </tr> <tr> <td></td> <td>E.L. DISEASE-EA EMPLOYEE</td> <td></td> <td></td> <td>\$1,000,000</td> </tr> <tr> <td></td> <td>E.L. DISEASE -POLICY LIMIT</td> <td></td> <td></td> <td>\$1,000,000</td> </tr> </table>	X	WC STATU- ORY LIMITS		OTHER			E.L. EACH ACCIDENT			\$1,000,000		E.L. DISEASE-EA EMPLOYEE			\$1,000,000		E.L. DISEASE -POLICY LIMIT			\$1,000,000
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D	OTHER				Each Occurrence & Aggregate																				
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">5.</span> Emerald (Show Management), Freeman (Official Service Provider), The Javits Convention Center (Facility), and JA Fall (Show) are hereby named as additional insured, except for Workers' Compensation. The insurance provided for the benefit of Emerald shall be primary insurance as respects any claim, loss, or liability, arising out of the Named Insured's operations for which the Named Insured is liable. Any other insurance maintained by Emerald shall be excess and non-contributory. Show date(s) are: October 29-31, 2023 at the Javits Convention Center, NY, NY.																									
CERTIFICATE HOLDER <input checked="" type="checkbox"/>		ADDITIONAL INSURED: INSURER LETTER: <input checked="" type="checkbox"/>		CANCELLATION																					
<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">6.</span> Emerald /JA NY Fall 31910 Del Obispo #200 San Juan Capistrano, CA 92675 Attn: Maliah Vivanco		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED 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 DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OF REPRESENTATIONS  AUTHORIZED REPRESENTATIVE <span style="border: 1px solid black; border-radius: 50%; padding: 2px; float: right;">10.</span>																							

1. PRODUCER: Name, address and phone number of insurance carrier.
2. INSURED: Company name, address, phone number and booth number of company insured.
3. COVERAGES: Coverage must be provided for Comprehensive General Liability, Automotive Liability (if applicable), and Workmen's Compensation, complete with policy numbers, effective dates of Coverage and limits of coverage.
4. FORM OF COVERAGE: Must be "occurrence" form of coverage.
5. NAME OF ADDITIONAL INSUREDS: Emerald (Show Management), Freeman (Official Service Provider), JA Fall (Show) and The Javits Convention Center (Facility) as additional insureds on a primary and non-contributory basis. Show

6. CERTIFICATE HOLDER: Emerald – JA NY Fall, 31910 Del Obispo #200, San Juan Capistrano, CA 92675, attn. Maliah Vivanco
7. POLICY EFFECTIVE DATE: Must be prior to or coincidental with the first day of Exhibitor Move-In.
8. POLICY EXPIRATION DATE: Must be on or after the last day of Exhibitor Move-Out.
9. LIMITS OF INSURANCE: Must be the same or greater than required by contract. See Insurance Requirements.
10. AUTHORIZED REPRESENTATIVE: Must be signed (not stamped) by an authorized representative of Producer.