



1.

CERTIFICATE OF LIABILITY INSURANCE

OP ID: KD

DATE (MM/DD/YYYY)

03/10/16

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

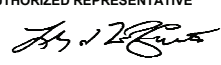
PRODUCER Acme Insurance Company 1234 Broker Lane Wallawalla, WA 10101	Phone: 222-333-4444 Fax: 222-333-4441	CONTACT NAME: Ima N. Agent PHONE (A/C, No., Ext): 222-555-0123 E-MAIL ADDRESS: agent@acmeinsurance.com PRODUCER CUSTOMER ID #: LASVE-1	FAX (A/C, No): 222-555-1234
	INSURER(S) AFFORDING COVERAGE INSURER A: Employers Mutual Casualty Co. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

3. 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.

INSR LTR	4. TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	9. LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$500 Prp Dmg Liab Ded per Claim GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			2X95907	7. 09/16/15	8. 09/16/16	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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
	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			2X95907	09/16/15	09/16/16	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000			2X95907	09/16/15	09/16/16	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	A4145-SC-2311	09/16/15	09/16/16	WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

5. DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Re: (Show @ Venue Dates (plus set up/tear down)
See Attached Addendum for Additional Insured
*30 Day Notice of Cancellation except 10 Days for Non-Payment of Premium

6. CERTIFICATE HOLDER Las Vegas Expo, Inc 4075 East Post Road Las Vegas, NV 89120	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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10.

- PRODUCER: Insurance Agent/Broker who issues certificate.
- NAME OF INSURED: Must be the legal name of contracting party.
- TYPES OF INSURANCE: Must include types required by contract. See Official Services Provider Information (form-L-3) in this exhibitor manual.)
- FORM OF COVERAGE: Must be "occurrence" from coverage.
- NAME ADDITIONAL INSUREDS: Las Vegas Expo, Inc. (Official Service Provider), <show organizer name> (Show Management), <show name> (Show) and <facility name> (Facility) as additional insureds on a primary and non-contributory basis.
- CERTIFICATE HOLDER: Must be Las Vegas Expo, Inc.
- POLICY EFFECTIVE DATE: Must be prior to or coincidental with the first day of Exhibitor Move-In.
- POLICY EXPIRATION DATE: Must be on or after the last day of Exhibitor Move-Out.
- LIMITS OF INSURANCE: Must be the same or greater than required by contract. See #10 on Agreement and Rules and Regulations between Las Vegas Expo, Inc. and EAC (L-4).
- AUTHORIZED REPRESENTATIVE: Must be signed (not stamped) by an authorized representative of Producer.