



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Month/Date/Year

PRODUCER Insurance Agent/Broker Name Insurance Agent/Broker Street Address or P.O. Box Insurance Agent/Broker City, State & Zip Code Contact & Phone Number	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.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Exhibitor Name Exhibitor Street Address or P.O. Box Vendor City, State & Zip Code	INSURER A: Name of Insurance Company	Enter NAIC#
	INSURER B: Name of Insurance Company (if applicable)	Enter NAIC#
	INSURER C: Name of Insurance Company (if applicable)	Enter NAIC#
	INSURER D: Name of Insurance Company (if applicable)	Enter NAIC#
	INSURER E: Name of Insurance Company (if applicable)	Enter NAIC#

COVERAGES
 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
<input checked="" type="checkbox"/> GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Enter Policy #	Enter Effective Date (Must take effect by the first move in date <u>Sept 26, 2024</u>)	Enter Expiration Date (Must include all move out dates <u>Oct 01, 2024</u>)	EACH OCCURENCE	1,000,000
				DAMAGE TO RENTED PREMISES (Ea occurrence)	
				MED EXP (Any one person)	
				PERSONAL & ADV INJURY	
				GENERAL AGGREGATE	2,000,000
				PRODUCTS - COMP/OP AGG	1,000,000
					\$
<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____	Enter Policy # Required for all (EAC's) Exhibitor Appointed Contractors	Enter Effective Date (Must take effect by the first move in date <u>Sept 26, 2024</u>)	Enter Expiration Date (Must include all move out dates <u>Oct 01, 2024</u>)	COMBINED SINGLE LIMIT (Each Occurrence)	1,000,000
				BODILY INJURY (Per person)	\$
				BODILY INJURY (Per accident)	\$
				PROPERTY DAMAGE (Per accident)	\$
<input checked="" type="checkbox"/> GARAGE LIABILITY <input checked="" type="checkbox"/> ANY <input type="checkbox"/> AUTO	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	AUTO ONLY - EA ACCIDENT	NOT NECESSARY
				OTHER THAN AUTO ONLY: EA ACC	\$ NOT NECESSARY
				AGG	\$ NOT NECESSARY
<input checked="" type="checkbox"/> EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$Enter Amount	Enter Policy # (if required)	Enter Effective Date (Must take effect by the first move in date <u>Sept 26, 2024</u>)	Enter Expiration Date (Must include all move out dates <u>Oct 01, 2024</u>)	EACH OCCURENCE	\$ IF IT APPLIES
				AGGREGATE	\$ IF IT APPLIES
					\$
					\$
					\$
<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	Enter Policy # Required for all (EAC's) Exhibitor Appointed Contractors	Enter Effective Date (Must take effect by the first move in date <u>Sept 26, 2024</u>)	Enter Expiration Date (Must include all move out dates <u>Oct 01, 2024</u>)	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
				E.L. EACH ACCIDENT	1,000,000
				E.L. DISEASE - EA EMPLOYEE	1,000,000
				E.L. DISEASE - POLICY LIMIT	1,000,000
<input type="checkbox"/> OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Additional Insured: Informa Markets, USA Beauty LLC dba Premiere Show Group, Greater Columbus Convention Center, Freeman

CERTIFICATE HOLDER Informa Markets USA Beauty dba Premiere Show Group 5850 T G Lee Blvd Suite #210 Orlando, FL 32822	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE 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 OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE