

CERTIFICATE OF INSURANCE SAMPLE

DATE(MM/DD/YY)

PRODUCER
INSURANCE AGENT LISTING

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.

COMPANIES AFFORDING COVERAGE

INSURED
EXHIBITING COMPANY INFORMATION

- COMPANY **A** Insurance Company Information
- COMPANY **B** Insurance Company Information
- COMPANY **C** Insurance Company Information
- COMPANY **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 DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY				EACH OCCURRENCE	\$ 1,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				GENERAL AGGREGATE	\$
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PRODUCTS-COMP/OP AGG	
	<input type="checkbox"/> CONTRACTUAL LIABILITY				PERSONAL & ADV INJURY	\$
	<input checked="" type="checkbox"/> LIQUOR LIABILITY				GENERAL AGGREGATE	\$ 2,000,000.00
				MED EXP (Any one person)	\$	
B	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY	
	<input type="checkbox"/> ALL OWNED AUTOS				(Per person)	\$ 500,000.00
C	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$ 500,000.00
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	\$
					AGGREGATE	\$
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
D	WORKERS COMPESATION AND EMPLOYERS' LIABILITY				STATUOTY LIMITS	
	Workers Compensation Insurance Coverage meeting the requirements established by the State: New York				EACH ACCIDENT	\$ 1,000,000.00
	THE PROPRIETOR/ PARTNERS/ <input type="checkbox"/> INCL				DISEASE - POLICY LIMIT	\$ 1,000,000.00
	EXECUTIVE OFFICERS ARE: <input type="checkbox"/> EXCL				DISEASE - EACH EMPLOYEE	\$ 1,000,000.00
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

SHOW NAME:
RE: 2025 BCB Brooklyn

ADDITIONAL INSURED: 

Reed Exhibitions a division of RELX Inc., FB International, Park Street Imports, 1-10 Bush Terminal Owner LP, 19-20 Bush Terminal Owner LP, Jamestown Commercial Management Company, L.P., and their respective lenders, partners, directors, officers, directors, employees, and agents, as their respective interests may appear, as additional insureds

CERTIFICATE HOLDER

Reed Exhibitions USA
401 Merritt 7
5th Floor
Norwalk, CT 06851

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL ___ 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