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## C2E2 - COI Example CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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).											
	DUCER	such endors	ement	(S).	CONTAC	т					
					NAME:   PHONE FAX   (A/C, No, Ext): (A/C, No):						
Insurance Provider Street					È-MÀIL						
City, State, Zip Code					ADDRESS: INSURER(S) AFFORDING COVERAGE						
					INSURER A : Liability Company						
INSURED					INSURER B :						
EAC Company					INSURER C :						
	reet				INSURER D :						
Ci	ty, State, Zip Code				INSURE						
					INSURE						
CO/	VERAGES	CER	TIFICA	TE NUMBER: 1				<b>REVISION NUMBER:</b>			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BE N ISSUED 1. THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF AN CONTUACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED OF 1. SUBJECT BESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY IN SEE. REL. CED BY PAID CLAIMS.											
	TYPE OF INSURANC	E	INSD W	VD POLICY NU BER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	-		
A			Y		-	1/1/2024	12/1/2024	EACH OCCURRENCE DAMAGE TO RENTED	\$1,000		
ŀ	CLAIMS-MADE X	OCCUR						PREMISES (Ea occurrence)	\$300,0		
ŀ								MED EXP (Any one person)	\$5,000		
ŀ	] GEN'L AGGREGATE LIMIT APPLI							PERSONAL & ADV INJURY	\$1,000		
	POLICY X PRO- JECT	LOC						GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$2,000 \$2,000		
ŀ	OTHER:							FRODUCTS - COMF/OF AGG	\$2,000 \$	,000	
А			Y	(		1/1/2024	12/1/2024	COMBINED SINGLE LIMIT	\$1,000	.000	
ſ	X ANY AUTO			Auto coverage is			12/ 1/202 1	(Ea accident) BODILY INJURY (Per person)			
ŀ		HEDULED		required if bringing				BODILY INJURY (Per accident)	,		
ł	NO	HEDULED TOS N-OWNED		vehicles on the sho	w			PROPERTY DAMAGE	\$		
ł		TOS		floor				(Per accident)	\$		
В	X UMBRELLA LIAB X	OCCUR	Y	(		1/1/2024	12/1/2024	EACH OCCURRENCE	\$		
ŀ	EXCESS LIAB	CLAIMS-MADE						AGGREGATE	\$		
Ì	DED RETENTION \$								\$		
	WORKERS COMPENSATION		```	(		1/1/2024	12/1/2024	X PER OTH- STATUTE ER	•		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXE							E.L. EACH ACCIDENT	\$1,000	,000	
	OFFICER/MEMBER EXCLUDED?	Y	N/A					E.L. DISEASE - EA EMPLOYEE	\$1,000	,000	
	If yes, describe under DESCRIPTION OF OPERATIONS	below						E.L. DISEASE - POLICY LIMIT			
DES	SCRIPTION OF OPERATIONS / LOO	CATIONS / VEHIC	CLES (AC	CORD 101, Additional Remarks Sched	lule, may	be attached if me	ore space is requ	uired)			
<b>SHOW</b> : C2E2   <b>DATES</b> : April 24 - 29, 2024   <b>SITE</b> : Chicago, Illinois It is agreed that the following are added as Additional Insured to the General, Automobile, and Umbrella Liability policies with respect to operations performed by the Named Insured in connection with this project: C2E2, Chicago Comic & Entertainment Expo, Reed Exhibitions a division of RELX Inc., Freeman Expositions, LLC, Global Spectrum, L.P. d/b/a OVG360, Ovations Food Services, L.P., the Metropolitan Pier and Exposition Authority, the Chicago Park District, and each of their respective agents, trustees, officers, board members and employees.											
		,		1	CANC						
Reed Exhibitions a division of RELX, Inc. 201 Merritt 7 Norwalk, CT 06851				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
					AUTHOF	AUTHORIZED REPRESENTATIVE					
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