SAMPLE CERTIFICATE OF INSURANCE
EXHIBITOR-APPOINTED CONTRACTOR

This certificate must be provided to Event Management from the Exhibitor Appointed Contractor that will be working on the exhibit floor (NOT THE EXHIBITOR) prior to AAPEX. All dates must include coverage during move-in, Event Days and move-out. Please note: A fax copy is not acceptable. You must forward an original certificate of insurance.

*ADD INSURANCE CARRIER'S NAMES

*CONTRACTOR'S INSURANCE COMPANY ISSUING THIS CERTIFICATE

*CONTRACTOR'S COMPANY NAME, SUBSIDARY NAMES, OR D.B.A. NAMES

ADDRESS

CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

PRODUCER	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

COMPANY/ LETTER A	
INSURED	COMPANY/ LETTER B
	COMPANY/ LETTER C
	COMPANY/ LETTER D
	COMPANY/ LETTER E

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME 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.

*POLICY NUMBERS

*POLICY DATES FROM / TO

*POLICY NUMBERS

*POLICY DATES FROM / TO

CO LT	TYPE OF INSURANCE	POLICY NUMBERS	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY	(Your Policy #)	(Effective)	(Expires)	GENERAL AGGREGATE	$2,000,000
	☐ COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG.	$2,000,000
					Pers. & Adv. Injury	$1,000,000
	☐ CLAIMS MADE ☐ OCCUR.				EACH OCCURRENCE	$1,000,000
	☐ OWNER'S & CONTRACTOR'S PROT. ☐ _____				FIRE DAMAGE (Any one fire)	$100,000
					MED. EXPENSE (Any one person)	$5,000
	AUTOMOBILE LIABILITY	(Your Policy #)	(Effective)	(Expires)	COMBINED SINGLE LIMIT	$1,000,000
	☐ ANY AUTO ALL OWNED AUTOS				BODILY INJURY (Per person)	$
	☐ SCHEDULED AUTOS HIRED AUTOS				BODILY INJURY (Per accident)	$
	☐ NON-OWNED AUTOS GARAGE LIABILITY				PROPERTY DAMAGE	$
	EXCESS LIABILITY				EACH OCCURENCE	$5,000,000
	☐ UMBRELLA FORM				AGGREGATE	$5,000,000
	☐ OTHER THAN UMBRELLA FORM					
					STATUTORY LIMITS	
	WORKER'S COMPENSATION	(Your Policy #)	(Effective)	(Expires)	EACH ACCIDENT	$1,000,000
	AND				DISEASE – POLICY LIMIT	$1,000,000
	EMPLOYER'S LIABILITY				DISEASE – EACH EMPLOYEE	$1,000,000
	OTHER					

*MUST BE INCLUDED

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Re: AAPEX 2024
The following are included as additional insureds on a primary & non-contributory basis for General Liability: Auto Care Association, Motor & Equipment Manufacturers Association, William T. Glasgow, Inc., Pioneer OpCo, LLC, Expo and Convention Center, LLC, Venetian Las Vegas Gaming, LLC, Grand Canal Shops II, LLC, The Shoppes at the Palazzo, LLC, Freeman Expositions, LLC, Eastside Convention Center, LLC dba Caesars Forum, Caesars Entertainment, Inc., Caesars Enterprise Services, LLC, and each of their parent, subsidiaries, affiliates and their officers, members, directors, agents, and employees and/or servants. Waiver of subrogation in favor of the additional insureds applies to General Liability and Workers Compensation.

CERTIFICATE HOLDER	CANCELLATION
W.T. Glasgow, Inc. 10070 W. 190th Place Mokena, IL 60448	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED 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 MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE

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