

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, SUBSIDIARY NAMES,
OR D.B.A. NAMES**

ADDRESS

*** POLICY NUMBERS**

*** POLICY DATES FROM / TO**

*** POLICY NUMBERS**

*** POLICY DATES FROM / TO**

*** MUST BE INCLUDED**

[] 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.				
INSURED			COMPANIES AFFORDING COVERAGE				
			COMPANY/ LETTER A				
			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.							
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	
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG.	\$2,000,000	
					Pers. & Adv. Injury	\$1,000,000	
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR.				EACH OCCURRENCE	\$1,000,000	
	<input type="checkbox"/> 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	
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$	
	<input type="checkbox"/> HIRED AUTOS						
	<input type="checkbox"/> NON-OWNED AUTOS						
	<input type="checkbox"/> GARAGE LIABILITY						
	EXCESS LIABILITY				EACH OCCURRENCE	\$5,000,000	
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$5,000,000	
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM						
	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY	(Your Policy #)	(Effective)	(Expires)	STATUTORY LIMITS		
					EACH ACCIDENT	\$1,000,000	
					DISEASE - POLICY LIMIT	\$1,000,000	
					DISEASE - EACH EMPLOYEE	\$1,000,000	
	OTHER						
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS							
Re: AAPEX 2025 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. 190 th 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 <u>30</u> 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			
ACORD 25-6 (7/99)				© ACORD CORPORATION 1990			