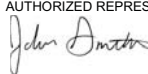


ACORD <b>1.</b> CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YY) 01/01/13				
<b>PRODUCER</b> <b>ABC Insurance Agency</b> Fax: (212) 555-6100 <b>1234 Broker Lane</b> <b>New York, NY 10895</b> <b>Attn: Joe Agent (212) 555-6102 ext. 1234</b>		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER, THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.  INSUREERS AFFORDING COVERAGE				
<b>INSURED <b>2.</b></b> <b>Big Boom Company, Inc.</b> <b>1234 Corporate Lane</b> <b>New York, NY 10895</b> <b>Attn: Joe Smith</b> <b>Phone: (212) 555-5349 Fax: (212) 555-9819</b>		<b>INSURER A: Hartford Insurance Company of Illinois</b> <b>INSURER B: Aetna Casualty &amp; Surety Company</b> <b>INSURER C: Travelers Insurance Company</b> <b>INSURER D: Royal Insurance Company</b> <b>INSURER E:</b>				
<b>COVERAGES</b> <b>3.</b> THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OF 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.						
INSR LTR	<b>4.</b> TYPE OF INSURANCE	POLICY NUMBER	<b>7.</b> POLICY EFFECTIVE DATE (MM/DD/YY)	<b>8.</b> POLICY EXPIRATION DATE (MM/DD/YY)	<b>9.</b> LIMITS	
<b>A</b>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	<b>000P98298-A11</b>	<b>01/01/13</b>	<b>01/01/14</b>	EACH OCCURENCE	<b>\$1,000,000</b>
	<input checked="" type="checkbox"/> FIRE DAMAGE (Any one fire)				<b>\$ 50,000</b>	
	<input checked="" type="checkbox"/> MED EXP (Any one person)				<b>\$ 5,000</b>	
	<input checked="" type="checkbox"/> PERSONAL & ADV INJURY				<b>\$1,000,000</b>	
	<input checked="" type="checkbox"/> GENERAL AGGRREGATE				<b>\$2,000,000</b>	
<input type="checkbox"/> PRODUCTS-COMP/OP AGG	<b>\$2,000,000</b>					
<b>B</b>	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 checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> _____	<b>SKLS-029499S</b>	<b>01/01/13</b>	<b>01/01/14</b>	COMBINED SINGLE LIMIT	<b>\$1,000,000</b>
	(Ea accident)					
	BODILY INJURY				<b>\$</b>	
	(Per person)					
	BODILY INJURY				<b>\$</b>	
(Per accident)						
PROPERTY DAMAGE	<b>\$</b>					
(Per accident)						
<b>A</b>	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____ <input type="checkbox"/> _____	<b>XL1234567</b>	<b>01/01/13</b>	<b>01/01/14</b>	AUTO ONLY-EA ACCIDENT	<b>\$</b>
	OTHER THAN				<b>\$</b>	
	AUTO ONLY:				<b>\$</b>	
<b>A</b>	UMBRELLA/EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	<b>A4145-SS-PJ37</b>	<b>01/01/13</b>	<b>01/01/14</b>	EACH OCCURENCE	<b>\$1,000,000</b>
	AGGREGATE				<b>\$1,000,000</b>	
					<b>\$</b>	
					<b>\$</b>	
					<b>\$</b>	
<b>C</b>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<b>A4145-SS-PJ37</b>	<b>01/01/13</b>	<b>01/01/14</b>	<input checked="" type="checkbox"/> WC STATU- ORY LIMITS	OTHER
	E.L. EACH ACCIDENT				<b>\$1,000,000</b>	
	E.L. DISEASE-EA EMPLOYEE				<b>\$1,000,000</b>	
	E.L. DISEASE -POLICY LIMIT	<b>\$1,000,000</b>				
<b>D</b>	OTHER				Each Occurrence & Aggregate	
<b>DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS</b> <b>5.</b> Global Experience Specialists, Inc. (GES) (Official Service Provider), Nielsen Business Media (Show Management), Mandalay Bay Convention Center (Facility), and Interbike 2013 (Show) are hereby named as additional insured, except for Workers' Compensation. Global Experience Specialists, Inc. (GES) and/or the consignor are included as Loss Payee. The insurance provided for the benefit of Global Experience Specialists, Inc. (GES), shall be primary insurance as respects any claim, loss, or liability, arising out of the Named Insured's operations for which the Named Insured is liable. Any other insurance maintained by GES shall be excess and non-contributory. Show date(s) are: September 18 - 20, 2013 at city of Las Vegas.						
<b>CERTIFICATE HOLDER</b> <input checked="" type="checkbox"/>		<b>ADDITIONAL INSURED; INSURER LETTER:</b> <input checked="" type="checkbox"/>		<b>CANCELLATION</b>		
<b>6.</b> Global Experience Specialists, Inc. (GES) Exhibitor Services 7000 Lindell Road Las Vegas, NV 89118		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED 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 DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OF REPRESENTATIONS  AUTHORIZED REPRESENTATIVE 				

- PRODUCER: Insurance Agent / Broker who issues certificate.
- NAME OF INSURED: Must be the legal name of contracting party.
- TYPES OF INSURANCE: Must include types required by contract. See Official Services Provider Information (form L-3) in this exhibitor manual).
- FORM OF COVERAGE: Must be "occurrence" form of coverage.
- NAME ADDITIONAL INSURED: Global Experience Specialists, Inc. (GES) (Official Service Provider), Nielsen Business Media (Show Management), Interbike 2013 (Show) and Mandalay Bay Convention Center (Facility) as additional insureds on a primary and non-contributory basis.
- CERTIFICATE HOLDER: Must be Global Experience Specialists, Inc. (GES)
- POLICY EFFECTIVE DATE: Must be prior to or coincidental with the first day of Exhibitor Move-In.
- POLICY EXPIRATION DATE: Must be on or after the last day of Exhibitor Move-Out.
- LIMITS OF INSURANCE: Must be the same or greater than required by contract. See #10 on Agreement and Rules and Regulations between GES and EAC (L-4).
- AUTHORIZED REPRESENTATIVE: Must be signed (not stamped) by an authorized representative of Producer.