

PRODUCER

Insurance Diversified Agency
30285 Bruce Ind. Parkway #B
Solon OH 44139

Andrew J Carson, CIC

Phone No. 440-349-5700 Fax No. 440-349-5704

INSURED

Your Company / Individual Name
Your Address

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

A

Your Insurance Company

COMPANY

B

COMPANY

C

COMPANY

D

Contact SHOW INSURANCE
1-440-349-6650
www.showinsurance.com

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
X	GENERAL LIABILITY	POLICY NUMBER	03/23/2014	03/27/2014	BODILY INJURY OCC \$ 1,000,000A
	<input type="checkbox"/> COMPREHENSIVE FORM				BODILY INJURY AGG \$ 2,000,000
	<input type="checkbox"/> PREMISES/OPERATIONS				PROPERTY DAMAGE OCC \$ 100,000
	<input type="checkbox"/> UNDERGROUND EXPLOSION & COLLAPSE HAZARD				PROPERTY DAMAGE AGG \$ 100,000
	<input type="checkbox"/> PRODUCTS/COMPLETED OPER				BI & PD COMBINED OCC \$ 1,000,000
	<input type="checkbox"/> CONTRACTUAL				BI & PD COMBINED AGG \$ 2,000,000
	<input type="checkbox"/> INDEPENDENT CONTRACTORS				PERSONAL INJURY AGG \$ 1,000,000
	<input type="checkbox"/> BROAD FORM PROPERTY DAMAGE				
	<input type="checkbox"/> PERSONAL INJURY				
	AUTOMOBILE LIABILITY				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS (Private Pass)				
	<input type="checkbox"/> ALL OWNED AUTOS (Other than Private Passenger)				
	<input type="checkbox"/> HIRED AUTOS				
	NON-OWNED AUTOS				
	GARAGE LIABILITY				
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	If alcoholic samples are being served, also list ARAMARK as additional insured and make sure your certificate indicates your Liquor Liability coverage with limits.			WC STATUTORY LIMITS \$
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL EACH ACCIDENT \$
	OTHER				

Sample Certificate

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DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Questex Media Group, LLC, Nightclub & Bar Convention and Trade Show, GES and Las Vegas Convention Center are named as additional insured.

CERTIFICATE HOLDER

Questex Media Group, LLC and Nightclub & Bar Convention and Trade Show
c/o Show Insurance
30285 Bruce Industrial Parkway, Suite B
Solon, OH 44139

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Andrew J Carson, CIC