

T H E
AESTHETIC SHOW

SAMPLE EXHIBITOR CERTIFICATE OF INSURANCE

CERTIFICATE OF INSURANCE				ISSUE DATE (MM/DD/YY)												
PRODUCER <p style="text-align: center;">Insurance Broker</p>	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THIS CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.															
INSURED <p style="text-align: center;">Exhibitor</p>	COMPANIES AFFORDING COVERAGE Company A Insurance Company Company B Insurance Company Company C Insurance Company Company D Insurance Company Company E Insurance Company															
COVERAGE																
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 LTR	TYPE OF INSURANCE	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS												
A	GENERAL LIABILITY X COMMERCIAL LIABILITY CLAIMS MADE _____ OWNERS AND CONTRACTORS PROT.	11/19/2020	11/24/2020	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">EACH OCCURRENCE</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (each Occurrence)</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>MED EXPENSE (Any one person)</td><td style="text-align: right;">\$10,000</td></tr> <tr><td>PERSONNAL & ADV INJURY</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$2,000,000</td></tr> <tr><td>PRODUCTS – COMP AGG.</td><td style="text-align: right;">\$2,000,000</td></tr> </table>	EACH OCCURRENCE	\$1,000,000	DAMAGE TO RENTED PREMISES (each Occurrence)	\$1,000,000	MED EXPENSE (Any one person)	\$10,000	PERSONNAL & ADV INJURY	\$1,000,000	GENERAL AGGREGATE	\$2,000,000	PRODUCTS – COMP AGG.	\$2,000,000
EACH OCCURRENCE	\$1,000,000															
DAMAGE TO RENTED PREMISES (each Occurrence)	\$1,000,000															
MED EXPENSE (Any one person)	\$10,000															
PERSONNAL & ADV INJURY	\$1,000,000															
GENERAL AGGREGATE	\$2,000,000															
PRODUCTS – COMP AGG.	\$2,000,000															
A	AUTOMOBILE LIABILITY ANY AUTOS ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS GARAGE LIABILITY			<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">COMBINED SINGLE LIMIT</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>BODILY INJURY (per person)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE</td><td style="text-align: right;">\$</td></tr> </table>	COMBINED SINGLE LIMIT	\$1,000,000	BODILY INJURY (per person)	\$	BODILY INJURY (per accident)	\$	PROPERTY DAMAGE	\$				
COMBINED SINGLE LIMIT	\$1,000,000															
BODILY INJURY (per person)	\$															
BODILY INJURY (per accident)	\$															
PROPERTY DAMAGE	\$															
A	EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM			<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">EACH OCCURENCE</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>AGGREGATE</td><td style="text-align: right;">\$2,000,000</td></tr> </table>	EACH OCCURENCE	\$1,000,000	AGGREGATE	\$2,000,000								
EACH OCCURENCE	\$1,000,000															
AGGREGATE	\$2,000,000															
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY			<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">STATUTORY LIMITS</td><td></td></tr> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>FIRE DAMAGE (any 1 fire)</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>MED EXPENSE (any 1 person)</td><td style="text-align: right;">\$1,000,000</td></tr> </table>	STATUTORY LIMITS		EACH OCCURRENCE	\$1,000,000	FIRE DAMAGE (any 1 fire)	\$1,000,000	MED EXPENSE (any 1 person)	\$1,000,000				
STATUTORY LIMITS																
EACH OCCURRENCE	\$1,000,000															
FIRE DAMAGE (any 1 fire)	\$1,000,000															
MED EXPENSE (any 1 person)	\$1,000,000															
OTHER																
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS UBM / Informa Markets (Show Management), The Aesthetic Show (Show); GES (General Decorator); The Wynn Las Vegas, LLC, their officers, agents & employees, GES, their officers, agents and employees are included as additional insured. It is further agreed that this insurance is primary to all other similar coverage carried by The Wynn Las Vegas, LLC, and the licensee and their insurance shall have no right of recovery or subrogation against the Licensor. Coverage may not be canceled or a major change in coverage may not be implemented without at least thirty (30) days prior written notice given to Licensor. PRIMARY AND NON CONTRIBUTORY ON ALL POLICIES EXCEPT WORKERS COMPENSATION.																
CERTIFICATE HOLDER	CANCELLATION															
The Aesthetic Show Informa Markets 2901 28 th St., Ste. 100 Santa Monica, CA 90405	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 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.															