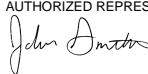


ACORD 1.		CERTIFICATE OF LIABILITY INSURANCE			DATE (MM/DD/YY) 01/01/16		
PRODUCER ABC Insurance Agency Fax: (212) 555-6100 1234 Broker Lane New York, NY 10895 Attn: Joe Agent (212) 555-6102 ext. 1234				THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER, THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.			
				INSUREERS AFFORDING COVERAGE			
INSURED 2. Big Boom Company, Inc. 1234 Corporate Lane New York, NY 10895 Attn: Joe Smith Phone: (212) 555-5349 Fax: (212) 555-9819				INSURER A: Hartford Insurance Company of Illinois INSURER B: Aetna Casualty & Surety Company INSURER C: Travelers Insurance Company INSURER D: Royal Insurance Company INSURER E:			
COVERAGES							
3. 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	4. TYPE OF INSURANCE	POLICY NUMBER	7. POLICY EFFECTIVE DATE (MM/DD/YY)	8. POLICY EXPIRATION DATE (MM/DD/YY)	9. LIMITS		
A	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	000P98298-A11	01/01/16	01/01/17	EACH OCCURENCE	\$1,000,000	
					FIRE DAMAGE (Any one fire)	\$ 50,000	
					MED EXP (Any one person)	\$ 5,000	
					PERSONAL & ADV INJURY	\$1,000,000	
					GENERAL AGGRREGATE	\$2,000,000	
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> _____	SKLS-029499S	01/01/16	01/01/17	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
					BODILY INJURY (Per person)	\$	
					BODILY INJURY (Per accident)	\$	
					PROPERTY DAMAGE (Per accident)	\$	
					AUTO ONLY-EA ACCIDENT	\$	
A	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				OTHER THAN AUTO ONLY:	\$	
	A	UMBRELLA/EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	XL1234567	01/01/16	01/01/17	EACH OCCURENCE	\$1,000,000
						AGGREGATE	\$1,000,000
							\$
							\$
						\$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	A4145-SS-PJ37	01/01/16	01/01/17	X WC STATU-ORY LIMITS	OTHER	
					E.L. EACH ACCIDENT	\$1,000,000	
					E.L. DISEASE-EA EMPLOYEE	\$1,000,000	
D	OTHER				E.L. DISEASE -POLICY LIMIT	\$1,000,000	
					Each Occurrence & Aggregate		
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS 5. Global Experience Specialists, Inc. (GES) (General Service Provider), National Mining Association (NMA), Hall-Erickson, Inc. (HEI) (Show Management), Las Vegas Convention Center (LVCC), and MINExpo International® 2016 are named as additional insured on a primary and non-contributory basis for general liability and auto liability insurance. The general liability and workers compensation policies waive the right of subrogation against GES, NMA, HEI, LVCC and MINExpo International® 2016. Global Experience Specialists, Inc. (GES) and/or the consignor are included as Loss Payee for property and/or inland marine insurance. Show date(s) are September 26 – 28, 2016, in city of Las Vegas at the Las Vegas Convention Center.							
CERTIFICATE HOLDER		X ADDITIONAL INSURED; INSURER LETTER: X		CANCELLATION			
6. 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  10.			

1. PRODUCER: Insurance Agent / Broker who issues certificate.
2. NAME OF INSURED: Must be the legal name of contracting party.
3. TYPES OF INSURANCE: Must include types required by contract. See Official Services Provider Information (form L-3) in this exhibitor manual).
4. FORM OF COVERAGE: Must be "occurrence" form of coverage.
5. NAME ADDITIONAL INSURED: The Commercial General and Auto Liability Policies shall name Global Experience Specialists, Inc. (GES) (General Service Provider), National Mining Association (NMA), Hall-Erickson, Inc. (HEI) (Show Management), Las Vegas Convention Center (LVCC), and MINExpo International® 2016 as additional insured on a primary and non-contributory basis (see sample certificate of insurance)
6. CERTIFICATE HOLDER: Must be Global Experience Specialists, Inc. (GES)
7. POLICY EFFECTIVE DATE: Must be prior to or coincidental with the first day of Exhibitor Move-In.
8. POLICY EXPIRATION DATE: Must be on or after the last day of Exhibitor Move-Out.
9. 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).
10. AUTHORIZED REPRESENTATIVE: Must be signed (not stamped) by an authorized representative of Producer.