



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) DATE COMPLETED

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER INSURANCE COMPANY NAME INSURANCE COMPANY ADDRESS 1 INSURANCE COMPANY ADDRESS 2 CITY, STATE, ZIP	CONTACT NAME: INSURANCE COMPANY CONTACT NAME PHONE: CONTACT PHONE # FAX: FAX # EMAIL: CONTACT EMAIL #
	INSURER(S) AFFORDING COVERAGE
	NAIC #
	INSURER A: INSURANCE COMPANY NAME NAIC#
	INSURER B: INSURANCE COMPANY NAME (if applicable) NAIC#
	INSURER C: INSURANCE COMPANY NAME (if applicable) NAIC#
	INSURER D:
	INSURER E:
	INSURER F:

INSURED EAC COMPANY NAME EAC STREET ADDRESS CITY, STATE, ZIP	NAIC# NAIC# NAIC#
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COVERAGES

CERTIFICATE NUMBER: _____

CERTIFICATE # _____

REVISION NUMBER: _____

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A B or C	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		POLICY NUMBER(S)	EFFECTIVE DATES MUST BE PRIOR TO OR COINCIDE WITH THE 1 st DAY OF EXHIBITOR MOVE-IN	EXPIRATION DATES MUST BE ON OR AFTER THE LAST DAY OF EXHIBITOR MOVE-OUT	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea. occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A B or C	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY	X		Automobile Liability Options: "Any Auto" OR "Owned", "Hired", "Non-Owned" (as applicable) OR "Owned" and Provide Umbrella Coverage (for hired and non-owned vehicles) OR Umbrella Coverage if no owned vehicles to cover hired and non-owned			COMBINED SINGLE LIMIT (Ea. accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A B or C	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A B or C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in Nh) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N					PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Global Experience Specialists, Inc. (GES) (Official Service Provider), Informa Tech (Show Management), and ICMI Contact Center Expo2023 (Show) are to be listed as additional insureds on a primary and noncontributory basis on all policies of coverage (except workers compensation). Loews Royal Pacific and Universal's Aventura Hotel., its parent companies, subsidiaries, affiliates, joint venture partners, and their respective directors, officers, and employees are named as Additional Insureds on the General Liability and Auto Liability where required by written contract. Loews Royal Pacific Resort (Facility) are to be listed as additional insureds on a primary and noncontributory basis on all policies of coverage (except workers compensation). Umbrella follows form.

CERTIFICATE HOLDER

Informa Tech
85 2nd St.
San Francisco, CA 94105

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

Signature of Authorized Insurance Producer Representative