

ACORD 1. **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YY) 01/01/18

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	POLICY EFFECTIVE DATE (MM/DD/YY)	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	7. 01/01/18	8. 01/01/19	EACH OCCURRENCE \$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	01/01/18	01/01/19	COMBINED SINGLE LIMIT \$1,000,000
					(Ea accident)
					BODILY INJURY \$
					(Per person)
					BODILY INJURY \$
A	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____	XL1234567	01/01/18	01/01/19	PROPERTY DAMAGE \$
					(Per accident)
					AUTO ONLY-EA ACCIDENT
					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 \$	A4145-SS-PJ37	01/01/18	01/01/19	EACH OCCURRENCE \$1,000,000
					AGGREGATE \$1,000,000
					\$
					\$
					\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	A4145-SS-PJ37	01/01/18	01/01/19	X WC STATU-ORY LIMITS OTHER
					E.L. EACH ACCIDENT \$1,000,000
					E.L. DISEASE-EA EMPLOYEE \$1,000,000
					E.L. DISEASE -POLICY LIMIT \$1,000,000
D	OTHER				Each Occurrence & Aggregate

5. DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 Global Experience Specialists, Inc. (GES) (Official Service Provider). All Show Organizers under contract with GES, and All Facilities where shows occur (collectively, "Parties") are hereby named as additional insureds, except for Workers' Compensation. The insurance provided for the benefit of Parties, 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 Parties shall be excess and non-contributory.

CERTIFICATE HOLDER	X ADDITIONAL INSURED; INSURER LETTER: X	CANCELLATION
6. Global Experience Specialists, Inc. (GES) National Service Center c/o CertFocus (web portal) 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 

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.
4. **Form of Coverage:** Must be "occurrence" form of coverage.
5. **Name of Additional Insureds:** Global Experience Specialists, Inc. (GES), All Show Organizers under contract with GES, and All Facilities where shows occur as additional insureds on a primary and non-contributory basis.
6. **Certificate Holder:** Must be Global Experience Specialists, Inc. (GES)
7. **Limits of Insurance:** Must be the same or greater than required by contract.
8. **Authorized Representative:** Must be signed (not stamped) by an authorized representative of Producer.

Submit COI for EACs: <https://gesportal.vertikalrms.com/>



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