

# SAMPLE CERTIFICATE OF INSURANCE EXHIBITOR-APPOINTED CONTRACTOR

This certificate must be provided to Show Management from the **Exhibitor-Appointed Contractor** that will be working on the exhibit floor (**NOT THE EXHIBITOR**) prior to the Show. All dates must include coverage during move-in, Show days, and move-out. **Please note: A fax copy is not acceptable.** You must forward an **original** certificate of insurance.

• ADD INSURANCE CARRIER'S NAMES

• CONTRACTOR'S INSURANCE COMPANY ISSUING THIS CERTIFICATE

• CONTRACTOR'S COMPANY NAME, SUBSIDIARY NAMES, OR D.B.A. NAMES

• ADDRESS

• POLICY NUMBERS

• POLICY DATES FROM/TO

• POLICY NUMBERS

• POLICY DATES FROM/TO

• MUST BE INCLUDED

CERTIFICATE OF INSURANCE						ISSUE DATE (MM/DD/YY)
PRODUCER		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.				
INSURED		COMPANIES AFFORDING COVERAGE				
		COMPANY LETTER	A			
		COMPANY LETTER	B			
		COMPANY LETTER	C			
		COMPANY LETTER	D			
		COMPANY LETTER	E			
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	
	GENERAL LIABILITY				GENERAL AGGREGATE	\$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS/COMP/OP AGG.	\$
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				PERSONAL & ADV. INJURY	\$
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE	\$
					FIRE DAMAGE (Any one fire)	\$
					MED. EXPENSE (Any one person)	\$
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	<input type="checkbox"/> Hired Autos					
	<input type="checkbox"/> NON-OWNED AUTOS					
	<input type="checkbox"/> GARAGE LIABILITY					
	EXCESS LIABILITY				EACH OCCURRENCE	
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE	
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS	
					EACH ACCIDENT	
					DISEASE—POLICY LIMIT	
					DISEASE—EACH EMPLOYEE	
	OTHER					
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS						
William T. Glasgow, Inc., Auto Care Association, CVSN, MEMA, Freeman Company, and the Gaylord Texan are added as additional insureds for General Liability for the period January 19-26, 2024 for HDAW 2024.						
CERTIFICATE HOLDER			CANCELLATION			
William T. Glasgow, Inc. 10070 West 190th Place Mokena, IL 60448			SHOULD ANY OF THE ABOVE DESCRIBED POLICES 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 MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.			
			AUTHORIZED REPRESENTATIVE			
ACORD 25-6 (7/99) <span style="float: right;">© ACORD CORPORATION 1990</span>						