

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

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div> <h2 style="margin: 0;">CERTIFICATE OF INSURANCE</h2> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;"> ISSUE DATE (MM/DD/YY) <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 2px;"></div> </div> </div>														
PRODUCER INSURED 	<div style="border: 1px solid black; padding: 5px; font-size: 0.8em;"> 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. </div> <div style="border: 1px solid black; padding: 5px; font-weight: bold; text-align: center; margin-top: 5px;"> COMPANIES AFFORDING COVERAGE </div> <table style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 30%; border: 1px solid black; padding: 2px;">COMPANY LETTER</td> <td style="border: 1px solid black; padding: 2px;">A</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">COMPANY LETTER</td> <td style="border: 1px solid black; padding: 2px;">B</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">COMPANY LETTER</td> <td style="border: 1px solid black; padding: 2px;">C</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">COMPANY LETTER</td> <td style="border: 1px solid black; padding: 2px;">D</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">COMPANY LETTER</td> <td style="border: 1px solid black; padding: 2px;">E</td> </tr> </table>				COMPANY LETTER	A	COMPANY LETTER	B	COMPANY LETTER	C	COMPANY LETTER	D	COMPANY LETTER	E
COMPANY LETTER	A													
COMPANY LETTER	B													
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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 <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG. \$ PERSONAL & ADV. INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED. EXPENSE (Any one person) \$									
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$									
	EXCESS LIABILITY <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE 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, Auto Care Association, CVSN, MEMA Aftermarket Suppliers, Freeman Company, and the Gaylord Texan are added as additional insureds for General Liability for the period January 17-24, 2025 for HDAW 2025.														
CERTIFICATE HOLDER			CANCELLATION											
William T. Glasgow, Inc. 10070 West 190th Place Mokena, IL 60448			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>30</u> 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											
<div style="display: flex; justify-content: space-between;"> ACORD 25-6 (7/99) © ACORD CORPORATION 1990 </div>														