

# SAMPLE CERTIFICATE OF INSURANCE EXHIBITOR-APPOINTED CONTRACTOR

This certificate must be provided to Event Management from the Exhibitor Appointed Contractor that will be working on the exhibit floor (NOT THE EXHIBITOR) prior to Amusement Expo International. All dates must include coverage during move-in, Event 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.				
		<b>COMPANIES AFFORDING COVERAGE</b>				
		COMPANY/ LETTER A				
INSURED		COMPANY/ LETTER B				
		COMPANY/ LETTER C				
		COMPANY/ LETTER D				
		COMPANY/ LETTER E				
<b>COVERAGES</b>						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME 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 LT	TYPE OF INSURANCE	POLICY NUMBERS	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	<b>GENERAL LIABILITY</b>				GENERAL AGGREGATE	\$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG.	\$
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR.				EACH OCCURRENCE	\$
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				FIRE DAMAGE (Any one fire)	\$
					MED. EXPENSE (Any one person)	\$
	<b>AUTOMOBILE LIABILITY</b>				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					
	<b>EXCESS LIABILITY</b>				EACH OCCURRENCE	
	<input type="checkbox"/>				AGGREGATE	
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				STATUTORY LIMITS	
	<b>WORKER'S COMPENSATION</b>				EACH ACCIDENT	
	AND				DISEASE - POLICY LIMIT	
	<b>EMPLOYER'S LIABILITY</b>				DISEASE - EACH EMPLOYEE	
	<b>OTHER</b>					
<b>DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS</b>						
W.T. Glasgow, Inc., the Billiard Congress of America, South Point Hotel, Casino & Spa and Heritage Exposition Services are added as additional insures for General Liability for the period July 31 – August 5, 2017 in regards to Billiard & Home Leisure Expo.						
<b>CERTIFICATE HOLDER</b>				<b>CANCELLATION</b>		
W.T. Glasgow, Inc. 10070 W. 190 <sup>th</sup> 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 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)						© ACORD CORPORATION 1990