


ACORD 1. CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YY) 01/01/17			
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	7. POLICY EFFECTIVE DATE (MM/DD/YY)	8. 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	01/01/17	01/01/18	EACH OCCURRENCE \$1,000,000
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> _____				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 PRODUCTS-COMP/OP AGG \$2,000,000
B	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____ <input type="checkbox"/> _____	SKLS-029499S	01/01/17	01/01/18	COMBINED SINGLE LIMIT \$1,000,000 (Ea accident) BODILY INJURY \$ (Per person) BODILY INJURY \$ (Per accident) PROPERTY DAMAGE \$ (Per accident)
	UMBRELLA/EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				AUTO ONLY-EA ACCIDENT OTHER THAN \$ \$ AUTO ONLY: \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY A4145-SS-PJ37 01/01/17 01/01/18	XL1234567	01/01/17	01/01/18	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$ \$ \$
	OTHER				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), Affiliate Summit East (conference Management), New York Marriott Marquis (Facility), and Affiliated Summit East Conference (conference) are hereby named as additional insured, except for Workers' Compensation. Global Experience Specialists, Inc. (GES) and/or the consignor are included as Loss Payee. The insurance provided for the benefit of Global Experience Specialists, Inc. (GES), 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 GES shall be excess and non-contributory. conference date(s) are: July 30 - August 1, 2017 at city of New York.					
6. CERTIFICATE HOLDER		X ADDITIONAL INSURED; INSURER LETTER: X		CANCELLATION	
Global Experience Specialists, Inc. (GES) Exhibitor Services 203 Kuller Rd Suite 100 Clifton, NJ 07011		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. See General Information form in this Exhibitor Services Manual.
4. **Form of Coverage:** Must be "occurrence" form of coverage.
5. **Name of Additional Insureds:** Global Experience Specialists, Inc. (GES) (Official Service Provider), Affiliate Summit East (conference Management), Affiliated Summit East Conference (conference) and New York Marriott Marquis (Facility) as additional insureds on a primary and non-contributory basis.
6. **Certificate Holder:** Must be Global Experience Specialists, Inc. (GES)

7. **Policy Effective Date:** Must be prior to or coincidental with the first day of Exhibitor Move-In.
8. **Policy Expiration Date:** Must be on or after the last day of Exhibitor Move-Out.
9. **Limits of Insurance:** Must be the same or greater than required by contract. See #11 on Agreement and Rules and Regulations between GES and EAC.
10. **Authorized Representative:** Must be signed (not stamped) by an authorized representative of Producer.



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