

ACORD CERTIFICATE OF LIABILITY INSURANCE					DATE (MM/DD/YY) 01/01/03	
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.			
INSURED Big Boom Company, Inc. 1234 Corporate Lane New York, NY 10895 Attn: Joe Smith Phone: (212) 555-5349 Fax: (212) 555-9819			INSUREERS AFFORDING COVERAGE 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 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.						
INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YY)	POLICY EXPIRATION DATE(MM/DD/YY)	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"/>	000P98298-AI1	01/01/03	01/01/04	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	
	PRODUCTS-COMP/OP AGG				\$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	01/01/03	01/01/04	COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000
	BODILY INJURY (Per person)				\$	
	BODILY INJURY (Per accident)				\$	
	PROPERTY DAMAGE (Per accident)				\$	
	AUTO ONLY-EA ACCIDENT				\$1,000,000	
	OTHER THAN AUTO ONLY: EA ACC AGG				\$	
A	EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	XL1234567	01/01/03	01/01/04	EACH OCCURRENCE	\$1,000,000
	AGGREGATE				\$1,000,000	
					\$	
					\$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	A4145-SS-PJ37	01/01/03	01/01/04	<input checked="" type="checkbox"/> WC STATU-ORY LIMITS OTHER	
	E.L. EACH ACCIDENT				\$1,000,000	
	E.L. DISEASE-EA EMPLOYEE				\$1,000,000	
D	OTHER Professional Liability	000P98298-AI1	01/01/03	01/01/04	Each Occurrence & Aggregate	\$1,000,000 \$3,000,000
	DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS GES Exposition Services, Inc. (Official Contractor), National Trade Productions (Show Management), Ernest N. Morial Convention Center (Facility), and 2008 APWA International Public Works Congress & Exposition (Show) are hereby named as additional insured, except for Workers' Compensation. GES Exposition Services, Inc. and/or the consignor are included as Loss Payee. The insurance provided for the benefit of GES Exposition Services, Inc., 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. Show date(s) are: August 17 - 19, 2008 at city of New Orleans.					
CERTIFICATE HOLDER <input checked="" type="checkbox"/>		ADDITIONAL INSURED; INSURER LETTER: <u>X</u>		CANCELLATION 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		
GES Exposition Services, Inc. Exhibitor Services 1415 N Cockrell Hill Road Suite 300 Dallas, TX 75211		AUTHORIZED REPRESENTATIVE <i>John Smith, CIC</i> John Smith, CIC		10.		
ACORD 25 (2001/08)						

- PRODUCER: Insurance Agent / Broker who issues certificate.
- NAME OF INSURED: Must be the legal name of contracting party.
- TYPES OF INSURANCE: Must include types required by contract. See Official Contractors Information (form L-3) in this exhibitor manual).
- FORM OF COVERAGE: Must be "occurrence" form of coverage.
- NAME ADDITIONAL INSURED: GES Expositions Services, Inc. (Show Contractor), National Trade Productions (Show Management), Ernest N. Morial Convention Center (Facility), and 2008 APWA International Public Works Congress & Exposition (Show) must be named as additional insureds.
- CERTIFICATE HOLDER: Must be GES Expositions Services, Inc.
- POLICY EFFECTIVE DATE: Must be prior to or coincidental with the first day of exhibitor move-in.
- POLICY EXPIRATION DATE: Must be on or after the last day of exhibitor move-out.
- LIMITS OF INSURANCE: Must be the same or greater than required by contract. See Official Contractors Information (form L-3) in this exhibitor manual).
- NOTICE OF CANCELLATION: 30 days notice must be provided.
- AUTHORIZED REPRESENTATIVE: Must be signed (not stamped) by an authorized representative of Producer.