

Certificate of Liability Insurance Instructions

SAMPLE FOLLOWS the Instructions.

Contact your Insurance Company to order the Certificate of Liability Insurance.

Description on Certificate should include the Name of the Show, Location (City & State) and Dates of the Show.

Certificates should have as the Certificate Holder:

TradeFair Group an Access Intelligence Company
11000 Richmond Avenue, Suite 500
Houston, TX 77042

Certificates should be sent to ATTN: Theresa Nguyen (name should NOT be on the Certificate)

Deadline: Before Exhibitor set-up begins.

*******CONTINUE TO SEE SAMPLE*******

Certificate of Insurance

In consideration of the premiums charged for the insurance policies shown in this certificate, this certificate of insurance is issued to the certificate holder shown below. This certificate does not amend, extend or alter the coverage afforded by the policies listed below except as shown below.

NAME AND ADDRESS OF AGENCY <b style="font-size: 1.2em;">THIS is provided by YOUR Insurance Company	COMPANIES AFFORDING COVERAGES COMPANY LETTER A COMPANY LETTER B
NAME AND ADDRESS OF INSURED <b style="font-size: 1.2em;">YOUR COMPANY NAME and ADDRESS	COMPANY LETTER C COMPANY LETTER D COMPANY LETTER E

This is to certify that the insurance policies listed below have been issued to the insured and are in force at this time. It is agreed that none of these policies will be cancelled, non-renewed or reduced in coverage (except in the application of the aggregate liability limits provision) until after 30 days written notice of such action has been delivered to the certificate holder at its address shown below. The policies shown in this certificate are primary to any insurance carried by the certificate holder or any self insurance thereof, with respect to the activities of the insured named above.

COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS		
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> OWNER'S & CONTRACTORS PROTECTIVE <input type="checkbox"/> X.C.U. COVERAGES <input type="checkbox"/> _____ <input type="checkbox"/> _____				GENERAL AGGREGATE	\$	
					PRODUCT COMP. OPS AGGREGATE	\$	
					PERSONAL & ADVERTISING INJURY	\$	
					EACH OCCURRENCE	\$	
					FIRE DAMAGE (ANY ONE FIRE)	\$	
					MEDICAL EXPENSE (ANY ONE PERSON)	\$	
					SPECIFIC AGGREGATES *(SEE BELOW)	\$	AS ABOVE
	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 <input type="checkbox"/> _____				BODILY INJURY (EACH PERSON)	\$	
					BODILY INJURY (EACH ACCIDENT)	\$	
					PROPERTY DAMAGE	\$	
					BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE				BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	EACH OCCURRENCE
					STATUTORY	\$	AGGREGATE
	WORKER'S COMPENSATION and EMPLOYER'S LIABILITY				(EACH ACCIDENT)	\$	
					(DISEASE POLICY LIMIT)	\$	
					(DISEASE EACH EMPLOYEE)	\$	
	OTHER						

The City of Tampa is included as an additional insured as respects the General, Automobile, and Excess Liability Policies described herein.

DESCRIPTION OF OPERATIONS/VEHICLE/SPECIAL ITEMS:
SHOW NAME & YEAR; LOCATION (City, State); DATES of SHOW _____
(Give this info to YOUR Ins. Co to insert.)

NAME AND ADDRESS OF CERTIFICATE HOLDER (Give this info to YOUR Ins. Co.) TradeFair Group, an Access Intelligence Co 11000 Richmond Ave, Ste 500 Houston, TX 77042	Date Issued: Authorized Representative: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> (Original Signature Required) (Print/Type Name) Address: Telephone # _____ FAX # _____
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