

**ACORD** 1. **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YY)  
01/01/17

PRODUCER <b>ABC Insurance Agency</b> 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
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INSURED <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">2.</span> <b>Big Boom Company, Inc.</b> 1234 Corporate Lane New York, NY 10895 Attn: Joe Smith Phone: (212) 555-5349      Fax: (212) 555-9819	INSURER A: <b>Hartford Insurance Company of Illinois</b> INSURER B: <b>Aetna Casualty &amp; Surety Company</b> INSURER C: <b>Travelers Insurance Company</b> INSURER D: <b>Royal Insurance Company</b> INSURER E:
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**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
<b>A</b>	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	<b>000P98298-A11</b>	<b>01/01/17</b>	<b>01/01/18</b>	EACH OCCURRENCE <b>\$1,000,000</b>
	<input type="checkbox"/> FIRE DAMAGE (Any one fire) <b>\$ 50,000</b>				
	<input type="checkbox"/> MED EXP (Any one person) <b>\$ 5,000</b>				
	<input type="checkbox"/> PERSONAL & ADV INJURY <b>\$1,000,000</b>				
	<input type="checkbox"/> GENERAL AGGRREGATE <b>\$2,000,000</b>				
<input type="checkbox"/> PRODUCTS-COMP/OP AGG <b>\$2,000,000</b>					
<b>B</b>	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"/> _____	<b>SKLS-029499S</b>	<b>01/01/17</b>	<b>01/01/18</b>	COMBINED SINGLE LIMIT <b>\$1,000,000</b> (Ea accident)
	BODILY INJURY      \$				
	(Per person)				
	BODILY INJURY      \$				
	(Per accident)				
PROPERTY DAMAGE      \$					
(Per accident)					
<b>C</b>	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____	<b>XL1234567</b>	<b>01/01/17</b>	<b>01/01/18</b>	AUTO ONLY-EA ACCIDENT
	OTHER THAN AUTO ONLY:      \$      \$				
	AUTO ONLY:      \$      \$				
<b>A</b>	UMBRELLA/EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	<b>A4145-SS-PJ37</b>	<b>01/01/17</b>	<b>01/01/18</b>	EACH OCCURRENCE <b>\$1,000,000</b>
	AGGREGATE <b>\$1,000,000</b>				
	_____      \$				
	_____      \$				
	_____      \$				
<b>C</b>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<b>A4145-SS-PJ37</b>	<b>01/01/17</b>	<b>01/01/18</b>	X WC STATU-ORY LIMITS      OTHER
	E.L. EACH ACCIDENT <b>\$1,000,000</b>				
	E.L. DISEASE-EA EMPLOYEE <b>\$1,000,000</b>				
	E.L. DISEASE -POLICY LIMIT <b>\$1,000,000</b>				
<b>D</b>	OTHER				Each Occurrence & Aggregate

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS**

5. Global Experience Specialists, Inc. (GES) (Official Service Provider), American Association of Oral and Maxillofacial Surgeons Annual Meeting (Show Management), Moscone Center (Facility), and American Association of Oral and Maxillofacial Surgeons Annual Meeting (Show) 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. Show date(s) are: October 12 - 14, 2017 at city of San Francisco.

**CERTIFICATE HOLDER**  **ADDITIONAL INSURED; INSURER LETTER:**  **CANCELLATION**

<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">6.</span> Global Experience Specialists, Inc. (GES) Exhibitor Services 460 B Grandview Dr. South San Francisco, CA 94080	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 <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">10.</span>
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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), American Association of Oral and Maxillofacial Surgeons Annual Meeting (Show Management), American Association of Oral and Maxillofacial Surgeons Annual Meeting (Show) and Moscone Center (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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