

1. 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.

2. INSURED  
**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  
 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	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"/> _____ GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	000P98298-A11	01/01/09	01/01/10	EACH OCCURENCE	\$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	01/01/09	01/01/10	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:				\$	
					\$	
A	UMBRELLA/EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	XL1234567	01/01/09	01/01/10	EACH OCCURENCE	\$1,000,000
	AGGREGATE				\$1,000,000	
					\$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	A4145-SS-PJ37	01/01/09	01/01/10	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 Professional Liability	000P98298-A11	01/01/09	01/01/10	Each Occurrence & Aggregate	\$1,000,000 \$3,000,000

5. DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
 GES Exposition Services, Inc. (Official Service Provider), Merchandise Mart (Show Management), Pier 94 (Facility), and Architectural Digest Home Design Show (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: March 18 - 21, 2010 at city of New York.

6. CERTIFICATE HOLDER: X ADDITIONAL INSURED; INSURER LETTER: X CANCELLATION

GES Exposition Services  
 Exhibitor Services  
 125 North Street  
 Teterboro, NJ 07608

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  
 John Smith, CIC

- 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 Services Provider Information (form L-3) in this exhibitor manual).
- FORM OF COVERAGE: Must be "occurrence" from of coverage.
- NAME ADDITIONAL INSUREDS: GES Exposition Services, Inc. (Official Service Provider), Merchandise Mart (Show Management), Architectural Digest Home Design Show (Show) and Pier 94 (Facility) as additional insureds on a primary and non-contributory basis.
- CERTIFICATE HOLDER: Must be GES Exposition 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 Services Provider 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.