



IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT NAME:	
Agency Name		PHONE (A/C, No, Ext):	FAX (A/C, No):
Address		E-MAIL ADDRESS:	
City ST Zip		PRODUCER CUSTOMER ID #:	
INSURED		INSURER(S) AFFORDING COVERAGE	
		INSURER A : Sample Company	
		INSURER B : Sample Company	
		INSURER C : Sample Company	
		INSURER D : Sample Company	
		INSURER E :	
		INSURER F :	
Insured Name Address City ST Zip		NAIC #	

REVISION NUMBER:

INSR LTR	TYPE OF INSURANCE			ADDL INSP	SUBR WA/P	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	GENERAL LIABILITY			X	X	Policy #	01/01/2026	01/01/2027	EACH OCCURRENCE		\$ 1,000,000
	X	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)		\$ 100,000
		CLAIMS-MADE	X OCCUR						MED EXP (Any one person)		\$ 5,000
	X	Deductible \$							PERSONAL & ADV INJURY		\$ 1,000,000
									GENERAL AGGREGATE		\$ 2,000,000
									PRODUCTS - COMP/OP AGG		\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:										\$
	POLICY	X PRO-JECT		LOC			\$				
B	AUTOMOBILE LIABILITY			X	X	Policy #	01/01/2026	01/01/2027	COMBINED SINGLE LIMIT (Ea accident)		\$ 1,000,000
	X	ANY AUTO							BODILY INJURY (Per person)		\$
		ALL OWNED AUTOS							BODILY INJURY (Per accident)		\$
		SCHEDULED AUTOS							PROPERTY DAMAGE (PER ACCIDENT)		\$
	X	HIRED AUTOS							Comp Ded		\$ 1,000,000
	X	NON-OWNED AUTOS							Coll Ded		\$ 1,000,000
C	X	UMBRELLA LIAB	X OCCUR	Policy #	01/01/2026	01/01/2027	EACH OCCURRENCE		\$ 2,000,000		
		EXCESS LIAB					CLAIMS-MADE	AGGREGATE		\$ 2,000,000	
	X	DEDUCTIBLE							\$		
	RETENTION \$ 0						\$				
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			N/A	X	Policy #	01/01/2026	01/01/2027	X WC STATUTORY LIMITS OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED ² (Mandatory in NH)								E.L. EACH ACCIDENT		\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - EA EMPLOYEE		\$ 1,000,000
									E.L. DISEASE - POLICY LIMIT		\$ 1,000,000

Las Vegas Expo Inc DBA LVE (Official Service Provider), *<Show Organizer Name>* (Show Management), *<Show Name>* (Show), and *<Facility Name>* (Facility) as additional insureds on a primary and non-contributory basis.

CANCELLATION

Las Vegas Expo Inc DBA LVE 6225 Annie Oakley Drive Las Vegas, NV 89120	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Signature</i>