

2023 NAB Show Sample Certificate of Insurance

Accord™	CERTIFICATE OF LIABILITY INSURANCE	Date: (MM/DD/YY) Date
PRODUCER ABC INSURANCE COMPANY 123 MAIN STREET ANYTOWN, TEXAS 12345		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 EXHIBITOR APPOINTED CONTRACTOR EAC ADDRESS CITY, STATE ZIP		
COMPANIES AFFORDING COVERAGE		
		COMPANY A: General liability requirements
		COMPANY B:
		COMPANY C:
		COMPANY D:

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	Minimum Coverage Limits
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTORS' PROT	YOUR POLICY NUMBER	DATE EFFECTIVE	DATE EXPIRES	GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS - COMP/OP ADD	\$ 1,000,000
					PERSONAL & ADV INJURY	\$ 1,000,000
					EACH OCCURRENCE	\$ 1,000,000
					FIRE DAMAGE (Any one fire)	\$ 100,000
					MED EXP (Any one person)	\$ 5,000
					AUTOMOBILE LIABILITY <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				BODILY INJURY (per person)	\$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> OTHER THAN UMBRELLA FORM				BODILY INJURY (per accident)	\$
A	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY THE PROPRIETOR/ PARTNER/EXECUTIVE <input checked="" type="checkbox"/> INCL OFFICERS ARE: <input type="checkbox"/> EXCL	YOUR POLICY NUMBER	DATE EFFECTIVE	DATE EXPIRES	<input checked="" type="checkbox"/> WORK STATUTORY LIMITS	\$
					OTHER	\$
					EL EACH ACCIDENT	\$
					EL - DISEASE - POLICY LIMIT	\$
	OTHER				EL - DISEASE - EA E	\$

DESCRIPTION OF OPERATIONS/LOCATIONS, VEHICLES/ EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS Must list National Association of Broadcasters, Las Vegas Convention Center/LVCVA and Freeman as additionally insured April 10-21, 2023	
CERTIFICATE HOLDER Certificate holder must be National Association of Broadcasters or NAB Show Exhibit Services 1 M Street, SE Washington, DC 20003	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED BE CANCELLED BEFORE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
AUTHORIZED REPRESENTATIVE	

MUST INCLUDE

Workers Compensation - you must have this, but we don't specify limits. You may have a separate document which is fine, but we need copies of both on file.