## 2022 NAB Show New York Sample Certificate of Insurance

Acc	ordтм		CERTIFI	CATE OF					Date: (MM/DD/YY) Date	
ABC INSURANCE COMPANY			INSURANCE COMPANY NAME AND ADDRESS			THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORM CONFERS NO TIGHTS UPON THE CERTIFICATE HOLDE DOES NOT AMEND, EXTEND OF ALTER THE CONVERAG POLICIES BELOW.			. THIS CERTIFICATE	
INSURED			CONTRACTOR'S NAME			0.0140.411/4	COMPANIES AFFORDING COVER		GE	
540 ADDD500			AND ADDRESS			COMPANY A: requirements COMPANY B: COMPANY C: COMPANY D:				
CO LTR TYPE OF INSURANCE				'NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)			Minimum Coverage Limits	
A	GENERAL LIABILITY COMMERCIAL CLAIMS MADE OWNER'S & CONTR/	YOUR POLICY NUMBER		DATE EFFECTIVE	DATE EXPIRES	GENERAL AGGREGA PRODUCTS - COMP/C PERSONAL & ADV IN EACH OCCURRENCE FIRE DAMAGE (Any or	)P ADD JURY	s         2,000,000           \$         1,000,000           \$         1,000,000           \$         1,000,000           \$         1,000,000           \$         1,000,000           \$         100,000		
		TOMOBILE LIABILITY		<b>N</b>	<u> </u>	1	MED EXP (Any one person) COMBINED SINGLE LIMIT		\$ 100,000 \$ 5,000	
	ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS						BODILY INJURY (per p	BODILY INJURY (per person)		
	NON-OWNED AUTOS	,	Policy Nu you need one liste	d to have			BODILY INJURY (per a	,	\$	
	GARAGE LIABILITY ANY AUTO				Policy Da		AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY		\$	
	EXCESS LIABILITY			October 2022	16-23,	EACH ACCIDENT AGGREGATE EACH OCCURRENCE AGGREGATE		\$ \$ \$ \$		
A	PARTNER/EXCUTIVE X INCL		YOUR POLICY NUMBER		DATE EFFECTIVE	DATE EXPIRES	WORK STATU- TORY LIMITS EL EACH ACCIDENT EL- DISEASE - POLICY LIMIT		\$ \$ \$ \$	
	OFFICERS ARE:	EXCL					r v	Compe nust ha ve don	s nsation - you ave this, but 't specify ⁄ou may have	
DESCRIPTION OF OPERATIONS/LOCATIONS.VEHICLES/ EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS Must list National Association of Broadcasters, Javits Center and Freeman as additionally insured October 16-23, 2022 Certificate holder must be National Certificate holder must be National										
Asso NAE 1 M	ociation of Br 3 Show Exhib Street, SE	oadcaste it Service	rs or		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.					
Washington, DC 20003										

MUST INCLUDE