ACORD *1.*



PRODUCER

CERTIFICATE OF LIABILITY INSURANCE DATE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND

Insurance Company Name Fax: (212) 555-6100

Insurance Company Address 1

Insurance Company Address 2

Attn: Agent Name (212) 555-6102 ext. 1234

INSURED *2.*

Exhibiting Company Name

Exhibiting Company Address 1

Exhibiting Company Address 2

Attn: Exhibiting Company Contact Name

Phone: (212) 555-5349 Fax: (212) 555-9819

COVERAGES

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 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:

*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

POLICY EFFECTIVE DATE (MM/DD/YY)

POLICY EXPIRATION DATE (MM/DD/YY)

*9.* LIMITS

GENERAL LIABILITY

COMMERCIAL GENERAL LIABILITY CLAIMS MADE OCCUR

A

GENERAL AGGREGATE LIMIT APPLIES PER POLICY PROJECT LOC

AUTOMOBILE LIABILITY

ANY AUTO

ALL OWNED AUTOS SCHEDULED AUTOS

B HIRED AUTOS

NON-OWNED AUTOS

*7. 8.*

*SAMPLE COPY*

000P98298-AI1 01/01/25 01/01/26 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 AGGREGATE $2,000,000

PRODUCTS-COMP/OP AGG $2,000,000

SKLS-029499S 01/01/25 01/01/26 COMBINED SINGLE LIMIT $1,000,000

(Each accident)

BODILY INJURY $

(Per person)

BODILY INJURY $

(Per accident)

PROPERTY DAMAGE $ (Per accident)

GARAGE LIABILITY

ANY AUTO

AUTO ONLY-EA ACCIDENT OTHER THAN $ $

AUTO ONLY: $

UMBRELLA/EXCESS LIABILITY

OCCUR CLAIMS MADE

A

DEDUCTIBLE RETENTION $

XL1234567 01/01/25 01/01/26

EACH OCCURENCE $1,000,000

AGGREGATE $1,000,000

$

$

$

ORY LIMITS

WORKERS COMPENSATION AND

C

A4145-SS-PJ37 01/01/25 01/01/26 X WC STATU-

OTHER

EMPLOYERS' LIABILITY

OTHER

D

E.L. EACH ACCIDENT $1,000,000

E.L. DISEASE-EA EMPLOYEE $1,000,000

E.L. DISEASE -POLICY LIMIT $1,000,000

Each Occurrence & Aggregate

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

Emerald (Show Management), Freeman (Official Service Provider), the Columbus Convention Center (Facility), and EDspaces (Show) are hereby named as additional insured, except for Workers’ Compensation. The insurance provided for the benefit of Emerald, 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 Emerald shall be excess and non-contributory. Show date(s) are: November 5-7, 2025 in Columbus, Ohio.

*5.*

CERTIFICATE HOLDER X ADDITIONAL INSURED; INSURER LETTER: X CANCELLATION

Emerald / EDspaces

*6.*

Attn: Tracey Roberts

31910 Del Obispo #200

San Juan Capistrano, CA 92675

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

*10.*

AUTHORIZED REPRESENTATIVE

1. PRODUCER: Name, address and phone number of insurance carrier.

2. INSURED: Company name, address, phone number and booth number

of company insured.

3. COVERAGES: Coverage must be provided for Comprehensive General

Liability, Automotive Liability (if applicable), and Workmen’s

Compensation, complete with policy numbers, effective dates of

Coverage and limits of coverage.

4. FORM OF COVERAGE: Must be "occurrence" form of coverage.

5. NAME OF ADDITIONAL INSUREDS: Emerald (Show Management), Freeman (Official Service Provider), EDspaces (Show) and the Columbus Convention Center (Facility) as additional insureds on a primary and non-contributory basis. Show dates are November 5-7, 2025.

6. CERTIFICATE HOLDER: Emerald – EDspaces, 31910 Del Obispo #200, San Juan Capistrano, CA 92675, Attn: Tracey Roberts

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 Insurance Requirements.

10. AUTHORIZED REPRESENTATIVE: Must be signed (not stamped)

by an authorized representative of Producer.