

<b>ACORD</b>		<b>CERTIFICATE OF LIABILITY INSURANCE</b>			DATE	
<b>PRODUCER</b> Insurance Company Name                      Fax: (212) 555-6100 Insurance Company Address 1 Insurance Company Address 2 Attn: Agent Name (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.				
<b>INSURED</b> Exhibiting Company Name Exhibiting Company Address 1 Exhibiting Company Address 2 Attn: Exhibiting Company Contact Name Phone: (212) 555-5349    Fax: (212) 555-9819		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:				
<b>COVERAGES</b>						
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	7. POLICY EFFECTIVE DATE (MM/DD/YY)	8. POLICY EXPIRATION DATE (MM/DD/YY)	9. 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-AI1	10/01/26	10/01/27	EACH OCCURRENCE    \$2,000,000	
	FIRE DAMAGE (Any one fire)    \$ 50,000					
	MED EXP (Any one person)    \$ 5,000					
	PERSONAL & ADV INJURY    \$1,000,000					
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	10/01/26	10/01/27	COMBINED SINGLE LIMIT    \$1,000,000	
	(Each accident)					
	BODILY INJURY    \$					
	(Per person)					
C	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____	XL1234567	10/01/26	10/01/27	BODILY INJURY    \$	
	(Per accident)					
	PROPERTY DAMAGE    \$					
	(Per accident)					
A	UMBRELLA/EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	A4145-SS-PJ37	10/01/26	10/01/27	AUTO ONLY-EA ACCIDENT	
	OTHER THAN AUTO ONLY:    \$    \$					
	EACH OCCURRENCE    \$1,000,000					
	AGGREGATE    \$1,000,000					
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	A4145-SS-PJ37	10/01/26	10/01/27	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				Each Occurrence & Aggregate	
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS						
IAAPA, Orange County Convention Center, GES, their entities, subsidiaries, agents, representatives, officers, staff, volunteers, and employees, as additionally insured for IAAPA Expo 2026, November 12-22, 2026.						
CERTIFICATE HOLDER		X ADDITIONAL INSURED; INSURER LETTER: X			CANCELLATION	
IAAPA 4155 West Taft Vineland Road Orlando, FL 32837		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 				

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 INSURED: IAAPA (Association), GES (Official Service Provider), and the Orange County Convention Center (Facility) as additional insured on a primary and a non-contributory basis. Inclusive show dates are November 13-23, 2025.

6. CERTIFICATE HOLDER: IAAPA, 4155 West Taft Vineland Road, Orlando, FL 32837
7. POLICY EFFECTIVE DATE: Must be prior to or coincidental with the first day of Exhibitor Move-In, November 13, 2025.
8. POLICY EXPIRATION DATE: Must be on or after the last day of Exhibitor Move-Out, November 23, 2025.
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.