CERTIFICATE OF INSURANCE **SAMPLE**

DATE(MM/DD/YY)

PRODUCER
INSURANCE AGENT LISTING

For EDC use only
please be sure to specify
the information highlighted
on your insurance certificate as shown on this Sample.

INSURED

EDC COMPANY INFORMATION

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.

COMPANIES AFFORDING COVERAGE

COMPANY **A**	Insurance Company Information
COMPANY **B**	Insurance Company Information
COMPANY **C**	Insurance Company Information
COMPANY **D**	Insurance Company Information

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIO INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THI CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERM EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	**GENERAL LIABILITY**				**EACH OCCURRENCE**	$	**1,000,000.00**
	COMMERCIAL GENERAL LIABILITY				GENERAL AGGREGATE	$	
	CLAIMS MADE ☐ OCCUR ☐				PRODUCTS-COMP/OP AGG		
	_____				PERSONAL & ADV INJURY	$	
					FIRE DAMAGE (Any one fire)	$	
					MED EXP (Any one person	$	
B	**AUTOMOBILE LIABILITY**				COMBINED SINGLE LIMIT	$	
	ANY AUTO						
	ALL OWNED AUTOS						
	SCHEDULED AUTOS				**BODILY INJURY**		
C	HIRED AUTOS				**(Per person)**	$	**500,000.00**
	NON-OWNED AUTOS						
	_____				**PROPERTY DAMAGE**	$	**500,000.00**
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	$	
	ANY AUTO				OTHER THAN AUTO ONLY:		
	_____				EACH ACCIDENT	$	
					AGGREGATE	$	
	EXCESS LIABILITY				EACH OCCURRENCE	$	
	UMBRELLA FORM				AGGREGATE	$	
	OTHER THAN UMBRELLA FORM						
D	**WORKERS COMPESATION AND EMPLOYERS' LIABILITY**				**STATUROTY LIMITS**		
					EACH ACCIDENT	$	1,000,000.00
	Workers Compensation Insurance Coverage meeting the requirements established by the State: NEVADA						
	THE PROPRIETOR/ PARTNERS/ ☐ INCL				DISEASE - POLICY LIMIT	$	1,000,000.00
	EXECUTIVE OFFICERS ARE: ☐ EXCL				DISEASE - EACH EMPLOYEE	$	1,000,000.00
	OTHER						

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DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

SHOW NAME: **Global Gaming** 2005

RE:

ADDITIONAL INSURED:

The Freeman Companies, Las Vegas Convention & Visitors Authority, American Gaming Association, Reed Exhibitions, Reed Elsevier Inc, their officers, directors, employees, agents, successors, assigns, and affiliates; and Interface Group-Nevada, Inc, Interface Group-Massachusetts, Inc., and their respective subsidiaries and the principal(s), directors, officers and employees thereof as additional insured; and Bear, Stearns & Co., Inc. as administrative agent and as collateral agent and Venetian Casino Resort, L.L.C., and its affiliated companies.

CERTIFICATE HOLDER

Reed Exhibitions
383 Main Avenue
Norwalk, CT 06851

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CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL ____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT

BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE