## Pax West - COI Example



## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 01/01/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITION the terms and conditions of the policy, certain policies certificate holder in lieu of such endorsement(s).	s may require an endorse	ement. A state				
PRODUCER		CONTACT NAME:				
Insurance Provider	PHONE	<u> </u>		FAX (A/C, No):		
Street		l È-MÁIL				
City, State, Zip Code		ADDRESS:  INSURER(S) AFFORDING COVERAGE				
		INSURER A: Liability Company				
INSURED		1 1				
		INSURER B:				
EAC Company Street		INSURER C:				
City, State, Zip Code		INSURER D:				
City, State, Zip Code		INSURER E:				
		ER F:				
COVERAGES CERTIFICATE NUM		(1100) D3		REVISION NUMBER:	IE DOLL	OV DEDICE
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BLIN ISSUID 1. THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION 5 AN CONTLACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOR JED Y 1. JULICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY IN THE REPORT OF SUCH POLICY EXP.						
INSR LTR TYPE OF INSURANCE ADDL SUBR INSD WVD	POLICY NU 3ER	POL Y EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A X COMMERCIAL GENERAL LIABILITY Y Y		1/1/2024	1/1/2025	EACH OCCURRENCE \$1,000,000		000
CLAIMS-MADE X OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)	DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000	
				MED EXP (Any one person)	`	
				PERSONAL & ADV INJURY		
GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$2,000,0	000
POLICY X PRO- JECT LOC				PRODUCTS - COMP/OP AGG	\$2,000,0	
OTHER:				Host Liquor Liab	\$	
A AUTOMOBILE LIABILITY Y Y		1/1/2024	1/1/2025	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,0	000
X ANY AUTO ALL OWNED AUTOS X HIRED AUTOS  X HIRED AUTOS  X ANY AUTO AUTOS Floor  Auto coverage is required if bringing vehicles on the sho				BODILY INJURY (Per person)	<u> </u>	
				BODILY INJURY (Per accident)	<u> </u>	
				PROPERTY DAMAGE	\$	
				(Per accident)	\$	
B X UMBRELLA LIAB X OCCUP Y Y		1/1/2024	1/1/2025		•	
TVOTOS LLIS		1/1/2024	17172023	EACH OCCURRENCE	\$	
CLAIIVIS-IVIADE				AGGREGATE	\$	
DED RETENTION A WORKERS COMPENSATION		1/1/2024	1/1/2025	y PER OTH-	\$	
AND EMPLOYERS' LIABILITY Y/N		1/1/2024	1/1/2025	X PER OTH- STATUTE ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. EACH ACCIDENT	\$1,000,000	
				E.L. DISEASE - EA EMPLOYEE \$1,000,000		000
				E.L. DISEASE - POLICY LIMIT   \$1,000,000		
DESCRIPTION OF OBERATIONS / OCATIONS / VEHICLES (ACORD 404 /	Additional Bomarka Sahadula, ma	u ha attachad if me		irad		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  SHOW: Pax West   DATES: August 27 - September 4, 2024   SITE: Seattle, WA  It is agreed that the following are added as Additional Insured to the General, Automobile, and Umbrella Liability policies						
with respect to operations performed by the Named Insured in connection with this project: Pax West Event, Penny Arcade,						
Global Experience Specialists, Inc., Reed Exhibitions a division or RELX Inc., Seattle Convention Center (SCC), The						
Washington State Convention Center Public Facilities District (WSCC PDF) and each of their licensor, officers, directors,						
agents, successors, assigns, and employees shall be names as additional insured.						
CERTIFICATE HOLDER	CANC	CANCELLATION				
Reed Exhibitions Attn: Pax West 201 Merritt 7,	THE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Norwalk, CT 06851		AUTHORIZED REPRESENTATIVE				