



1. PRODUCER: Insurance Agent/Broker who issues certificate
2. NAME OF INSURED: Must be the legal name of contracting party
3. TYPES OF INSURANCE: Must include types required by contract
4. FORM OF COVERAGE: Must be "occurrence" form of coverage
5. NAME OF ADDITIONAL INSUREDS: GIE Media, d.b.a. Paper & Plastics Recycling Conference (Show Management), and its officers, directors and employees.
6. CERTIFICATE HOLDER: Must be GIE Media d.b.a Paper & Plastics Recycling Conference
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 the required amount noted in the exhibitor contract.
10. AUTHORIZED REPRESENTATIVE: Must be signed (not stamped) by an authorized representative of Producer.

**ACORD** **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY): 11/11/2021

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 ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

**1** PRODUCER: INSURANCE AGENCY  
 3030A KOBLENK  
 City, State, Postal Code  
 Attn: John Smith  
 Phone: 555-555-5555 Fax: 555-555-5555

**2** INSURED: EXHIBITING COMPANY  
 Street Address  
 City, State, Postal Code  
 Attn: Exhibitor Contact  
 Phone: 555-555-5555

INSURER A: Insurance Company A, NAIC #: 000000  
 INSURER B:  
 INSURER C:  
 INSURER D:  
 INSURER E:  
 INSURER F:

CERTIFICATE NUMBER: CL21111150253 REVISION NUMBER:

**3** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR 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.

INSURER	TYPE OF INSURANCE	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>	POLICY #	XX/XX/2022	XX/XX/2022	EACH OCCURRENCE: \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence): \$1,000,000 MED EXP (Any one person): \$15,000 PERSONAL & ADV INJURY: \$1,000,000 GENERAL AGGREGATE: \$2,000,000 PRODUCTS-COMP/OP AGG: \$2,000,000
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED: AUTOS ONLY, SCHEDULED AUTOS, NON-OWNED AUTOS ONLY HIRING: AUTOS ONLY, NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident): \$2,000,000 BODILY INJURY (Per person): \$ BODILY INJURY (Per accident): \$ PROPERTY DAMAGE (Per accident): \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB					EACH OCCURRENCE: \$1,000,000 AGGREGATE: \$1,000,000
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER - STATUTE: \$ OTHER: \$ E.L. EACH ACCIDENT: \$1,000,000 E.L. DISEASE - EA EMPLOYEE: \$1,000,000 E.L. DISEASE - POLICY LIMIT: \$1,000,000

**4** GEN'L AGGREGATE LIMIT APPLIES PER: POLICY, PROD, JEOT, LOC, OTHER

**5** DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Additional Insured: GIE Media, d.b.a. Paper & Plastics Recycling Conference, and its officers, directors and employees.

**6** CERTIFICATE HOLDER: GIE Media, Inc.  
 d.b.a. Paper & Plastics Recycling Conference  
 5811 Canal Road  
 Valley View, OH 44125

**7** POLICY EFFECTIVE DATE: XX/XX/2022

**8** POLICY EXPIRATION DATE: XX/XX/2022

**9** LIMITS OF INSURANCE: See table above

**10** AUTHORIZED REPRESENTATIVE: \_\_\_\_\_

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