


# Sample Certificate of Insurance

An **original** Certificate of Insurance (COI) which conforms to the standards indicated below must be submitted no later than **January 31, 2025**, by all Exhibitor Appointed Contractors (EAC's).

**\* NOTE: ALL DATES MUST INCLUDE COVERAGE DURING MOVE-IN, SHOW DAYS AND MOVE-OUT (February 19 - March 2 2025).**

**ADD NAMES**

	<b>CERTIFICATE OF LIABILITY INSURANCE</b>	DATE (MM/DD/YYYY)																																
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 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).																																		
<p><b>INSURANCE COMPANY ISSUING THIS CERTIFICATE</b></p> <p><b>COMPANY NAME, SUBSIDIARY NAMES, OR D.B.A. NAMES AND ADDRESS</b></p>	PRODUCER CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #	FAX (A/C, No): INSURER A: INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:																																
COVERAGES <span style="float: right;">CERTIFICATE NUMBER: 1257137535</span> <span style="float: right;">REVISION NUMBER:</span>																																		
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.																																		
INSR LTR TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER POLICY EFF (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY) LIMITS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">A</td> <td style="width: 60%;">                     COMMERCIAL GENERAL LIABILITY  <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR                       GEN'L AGGREGATE LIMIT APPLIES PER:  <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC                      OTHER:                 </td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 5%;"></td> <td style="width: 10%;">                     EACH OCCURRENCE                      DAMAGE TO RENTED PREMISES (Ea occurrence)                      MED EXP (Any one person)                      PERSONAL &amp; ADV INJURY                      GENERAL AGGREGATE                      PRODUCTS - COMP/OP AGG                 </td> <td style="width: 5%;">\$</td> </tr> <tr> <td>A</td> <td>                     AUTOMOBILE LIABILITY  <input type="checkbox"/> ANY AUTO  <input type="checkbox"/> ALL OWNED AUTOS  <input type="checkbox"/> HIRED AUTOS  <input type="checkbox"/> SCHEDULED AUTOS  <input type="checkbox"/> NON-OWNED AUTOS                 </td> <td></td> <td></td> <td></td> <td></td> <td>                     COMBINED SINGLE LIMIT (Ea accident)                      BODILY INJURY (Per person)                      BODILY INJURY (Per accident)                      PROPERTY DAMAGE (Per accident)                 </td> <td>\$</td> </tr> <tr> <td>B</td> <td>                     UMBRELLA LIAB                      EXCESS LIAB                      OCCUR                      CLAIMS-MADE                 </td> <td></td> <td></td> <td></td> <td></td> <td>                     EACH OCCURRENCE                      AGGREGATE                 </td> <td>\$</td> </tr> <tr> <td>C</td> <td>                     WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                      ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?                      (Mandatory in NY)                      If yes, describe under DESCRIPTION OF OPERATIONS below                 </td> <td>Y/N</td> <td>N/A</td> <td></td> <td></td> <td>                     PER STATUTE                      OTH-ER                      E.L. EACH ACCIDENT                      E.L. DISEASE - EA EMPLOYEE                      E.L. DISEASE - POLICY LIMIT                 </td> <td>\$</td> </tr> </table>		A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$	A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$	B	UMBRELLA LIAB EXCESS LIAB OCCUR CLAIMS-MADE					EACH OCCURRENCE AGGREGATE	\$	C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NY) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	<p style="background-color: yellow;">The National Association of Home Builders; its Members, Directors, Officers, Agents, and Employees; Las Vegas Convention Center; and Freeman are listed as additionally insured from February 19 - March 2, 2025.</p>																																	
CERTIFICATE HOLDER	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE																																	
National Association of Home Builders Attn: Exposition Sales Area 1201 15 <sup>th</sup> Street, N.W. Washington, DC 20005-2800	[Signature]																																	

**INSURANCE COMPANY ISSUING THIS CERTIFICATE**

**COMPANY NAME, SUBSIDIARY NAMES, OR D.B.A. NAMES AND ADDRESS**

**POLICY NUMBERS**

**POLICY DATES FROM/TO \***

**POLICY NUMBERS**

**POLICY DATES FROM/TO \***

**MUST BE INCLUDED!**