

February 3-7 (Exhibits 4-7) Orlando, Florida



INSURANCE CERTIFICATE

DATE:

| | |
|---|---|
| PRODUCER | 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. |
| INSURANCE AGENCY OR BROKER | COMPANIES AFFORDING COVERAGE |
| | COMPANY A |
| INSURED (Complete one for each company being insured) | COMPANY B |
| Company Name: | COMPANY C |
| Booth #: | COMPANY D |
| Address: | |
| SUBCONTRACTOR | |

COVERAGES

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, AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| CO LTR | TYPE PF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | LIMITS | | |
|--------|---|---------------|----------------------------------|------------------------------|-------------|-----------|
| B | GENERAL LIABILITY <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur <input type="checkbox"/> Owner's & Contractors Prot <input type="checkbox"/> Contractual Liability | | | General Aggregate | \$2,000,000 | |
| | | | | Products-Comp/Op Agg | \$2,000,000 | |
| | | | | Personal & Adv Injury | \$1,000,000 | |
| | | | | Each Occurance | \$1,000,000 | |
| | | | | Fire Damage (Any one fire) | \$ N/A | |
| | | | | Med Exp (Any one person) | \$ N/A | |
| B | AUTOMOTIVE LIABILITY <input type="checkbox"/> Any Autos <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos | | | Combined Single Limit | \$ N/A | |
| | | | | Bodily Injury (Per person) | \$ N/A | |
| | | | | Bodily Injury (Per accident) | \$ N/A | |
| | | | | Property Damage | \$ N/A | |
| B | EXCESS LIABILITY <input type="checkbox"/> Umbrella Form <input type="checkbox"/> Other Than Umbrella Form | | | Each Occurance | \$ N/A | |
| | | | | Aggregate | \$ N/A | |
| | | | | | \$ | |
| B | WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY The Proprietor/ Partner/Executive <input type="checkbox"/> INCL Officers Are: <input type="checkbox"/> EXCL | | | WC Statutory Limits | Other | \$ |
| | | | | El Each Accident | | \$100,000 |
| | | | | EL Disease - Policy Limit | | \$500,000 |
| | | | | EL Disease - EA Employee | | \$100,000 |

| CERTIFICATE HOLDER | CANCELLATION |
|---|---|
| VMX Conference 5003 SW 41st Blvd Gainesville, FL 32608-4980 | SHOULD ANY OF THE ABOVE POLICIES BE CANCELED OR MATERIALLY CHANGED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30_DAYS (EXCEPT 10 DAYS FOR NON-PAYMENT) WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. |
| AUTHORIZED REPRESENTATIVE | |

RETURN COMPLETED FORM BY FAX, EMAIL OR MAIL TO:

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