

EXHIBITOR FORM

JANUARY 19-23 (EXHIBITS 20-23)



INSURANCE CERTIFICATE

VETERINARY MEETING & EXPO

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	
INSURED (Complete one for each company being insured) Company Name: Booth #: Address: SUBCONTRACTOR	COMPANIES AFFORDING COVERAGE
	COMPANY A
	COMPANY B
	COMPANY C
	COMPANY D
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
NAVC 622 E. Washington Street, Suite 300, Orlando, FL 32801	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 VIA EMAIL OR THROUGH EXHIBITOR SERVICE CENTER

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