MRO Americas - COI Example



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/01/2023

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).										
PRODUCER					CONTACT					
Insurance Provider					NAME:					
Street					Ë-MAIL ADDRESS:					
City, State, Zip Code					INSURER(S) AFFORDING COVERAGE					
					INSURER A: Liability Company					
INSURED					INSURER B:					
EAC Company					INSURER C:					
Street					INSURER D:					
City, State, Zip Code					INSURER E:					
					RF:					
COVERAGES CERTIFY THAT THE POLICIES	VE D	VIICEL D.3		REVISION NUMBER:	IE DOL	ICY DEDIOD				
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 OF AN CONTLACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOR JED Y 1. TOLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY IN THE BEE, RELICED BY PAID CLAIMS.										
INSR LTR TYPE OF INSURANCE		SUBR WVD	POLICY NU 3ER		POL Y EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	TS		
A X COMMERCIAL GENERAL LIABILITY	OMMERCIAL GENERAL LIABILITY Y Y				1/1/2023	1/1/2024	EACH OCCURRENCE \$1,000,00		000	
CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000		00	
							MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
GEN'L AGGREGATE LIMIT APPLIES PER:	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,	000	
POLICY X PRO- JECT LOC		1					PRODUCTS - COMP/OP AGG	\$2,000,000		
OTHER:								\$		
A AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X HIRED AUTOS AUTOS X AUTOMOBILE LIABILITY Y Y Auto coverage is required if bringin vehicles on the sh			Auto coverne io		1/1/2023	1/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
							BODILY INJURY (Per person)	\$		
							BODILY INJURY (Per accident)	t) \$		
)W			PROPERTY DAMAGE (Per accident)	\$			
			floor					\$		
B X UMBRELLA LIAB X OCCUR Y Y				1/1/2023	1/1/2024	EACH OCCURRENCE	NCE \$			
EXCESS LIAB CLAIMS-MADE	IAB CLAIMS-MADE						AGGREGATE	\$		
DED RETENTION\$								\$		
A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y N / A				1/1/2023	1/1/2024	X PER STATUTE ER				
						E.L. EACH ACCIDENT	\$1,000,000			
If yes, describe under							E.L. DISEASE - EA EMPLOYEE	OYEE \$1,000,000		
DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$1,000,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
SHOW: MRO Americas DATES: April 9-11, 2024 SITE: Chicago, Illinois										
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:										
MRO Americas, Informa Media, Aviation Week Network, Freeman Expositions, LLC, Metropolitan Pier &										
Exposition Authority and their respective successors.										
CERTIFICATE HOLDER CANCELLATION										
Informa Media 605 3rd Avenue New York, NY 10158					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
				AUTHO	RIZED REPRESEI	NTATIVE				

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