



1.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/01/2017

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 SAMPLE INSURANCE COMPANY 1050 CONNECTIVUT AVENUE NW, SUITE 700 WASHINGTON, DC 20036-5386	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
INSURED ABC COMPANY STREET ADDRESS CITY, STATE ZIP CODE	INSURER(S) AFFORDING COVERAGE INSURER A: Sample INSURER B: INSURER C: INSURER D: INSURER E:	
		NAIC #

2.

3.

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER: 9

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURE AM ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DON'T WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HE IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	4. TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICYNUMBER	POLICY EFF MM/DD/YYYY	POLICY EXP (MM/DD/YYYY)	LIMITS	9.
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			POLICY NUMBER	MM/DD/YYYY	MM/DD/YYYY	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES(Ea occurrence) \$ 1,000,000 MED EXP Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$	
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			POLICY NUMBER	MM/DD/YYYY	MM/DD/YYYY	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
A	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			POLICY NUMBER	MM/DD/YYYY	MM/DD/YYYY	EACH OCCURRENCE \$ AGGREGATE \$ \$	
A	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		POLICY NUMBER	MM/DD/YYYY	MM/DD/YYYY	X WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	

5.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: 2023 NBAA-BACE, OCTOBER 17 - 19, 2023; PLUS MOVE-IN & MOVE-OUT PERIOD

NBAA, THE LAS VEGAS CONVENTION CENTER & VISITORS AUTHORITY, AND FREEMAN ARE INCLUDED AS ADDITIONAL INSURED (EXCEPT FOR WORKERS COMPENSATION). THIS INSURANCE IS PRIMARY AND NON-CONTRIBUTORY OVER ANY EXISTING INSURANCE. THE ABOVE CERTIFIED POLICIES INCLUDE WAIVER OF SUBROGATION IN FAVOR OF ADDITIONAL INSURED PARTIES.

CERTIFICATE HOLDER

CANCELLATION

NATIONAL BUSINESS AVIATION ASSOCIATION, INC.
ATTN: EXHIBITS TEAM
1200 G STREET NW, SUITE 1100
WASHINGTON, DC 20005

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
of Marsh USA Inc.

10.

1. PRODUCER: Insurance Agent / Broker who issues certificate.
2. NAME OF INSURED: Must be the legal name of contracting party (EXHIBITOR OR EAC).
3. TYPES OF INSURANCE: Must include types required by contract. See Official Services Provider Information in this exhibitor service kit.
4. FORM OF COVERAGE: Must be "occurrence" form of coverage.
5. NAME ADDITIONAL INSUREDS: National Business Aviation Association, Inc. (Show Management); The Las Vegas Convention Center & Visitors Authority (Venue); and Freeman (Official Service Provider) as additional insureds on a primary and non-contributory basis.
6. CERTIFICATE HOLDER: Must be National Business Aviation Association, Inc. (NBAA).

7. POLICY EFFECTIVE DATE: Must be prior to or coincidental with the first day of Exhibitor Move-In -- October 11, 2023
8. POLICY EXPIRATION DATE: Must be on or after the last day of Exhibitor Move-Out -- October 21, 2023
9. LIMITS OF INSURANCE: Must be the same or greater than required by contract. See #10 on Agreement and Rules and Regulations between NBAA and EAC (L-4).
10. AUTHORIZED REPRESENTATIVE: Must be signed (not stamped) by an authorized representative of Producer.