

ACORD					CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YY) 01/01/03	
PRODUCER ABC Insurance Agency Fax: (212) 555-6100 1234 Broker Lane New York, NY 10895 Attn: Joe Agent (212) 555-6102 ext. 1234			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.					
INSURED Big Boom Company, Inc. 1234 Corporate Lane New York, NY 10895 Attn: Joe Smith Phone: (212) 555-5349 Fax: (212) 555-9819			INSUREERS AFFORDING COVERAGE INSURER A: Hartford Insurance Company of Illinois INSURER B: Aetna Casualty & Surety Company INSURER C: Travelers Insurance Company INSURER D: Royal Insurance Company INSURER E:					
COVERAGES THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OF 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	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YY)	POLICY EXPIRATION DATE(MM/DD/YY)	LIMITS			
A	GENERAL LIABILITY	000P98298-AI1	01/01/03	01/01/04	EACH OCCURRENCE	\$1,000,000		
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$ 50,000		
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000		
	<input type="checkbox"/>				PERSONAL & ADV INJURY	\$1,000,000		
	<input type="checkbox"/>				GENERAL AGGRREGATE	\$2,000,000		
	GENERAL AGGRREGATE LIMIT APPLIES PER:				PRODUCTS-COMP/OP AGG	\$2,000,000		
<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC								
B	AUTOMOBILE LIABILITY	SKLS-029499S	01/01/03	01/01/04	COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000		
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$		
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$		
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$		
	<input checked="" type="checkbox"/> HIRED AUTOS							
	<input checked="" type="checkbox"/> NON-OWNED AUTOS							
<input type="checkbox"/>								
<input type="checkbox"/>								
A	GARAGE LIABILITY	XL1234567	01/01/03	01/01/04	AUTO ONLY-EA ACCIDENT	\$1,000,000		
	<input checked="" type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$		
	<input type="checkbox"/>				AUTO ONLY: AGG	\$		
C	EXCESS LIABILITY	A4145-SS-PJ37	01/01/03	01/01/04	EACH OCCURRENCE	\$1,000,000		
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$1,000,000		
	<input type="checkbox"/> DEDUCTIBLE					\$		
	<input type="checkbox"/> RETENTION \$					\$		
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	000P98298-AI1	01/01/03	01/01/04	<input checked="" type="checkbox"/> WC STATU- ORY LIMITS	OTHER		
					E.L. EACH ACCIDENT	\$1,000,000		
					E.L. DISEASE-EA EMPLOYEE	\$1,000,000		
		E.L. DISEASE - POLICY LIMIT	\$1,000,000					
	OTHER				Each Occurrence & Aggregate	\$1,000,000		
	Professional Liability					\$3,000,000		
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS GES Exposition Services, Inc. (Official Contractor), IDG World Expo (Show Management), Moscone Convention Center North (Facility), and LinuxWorld Conference and Expo & NGDC Next Generation Data Center (Show) are hereby named as additional insured, except for Workers' Compensation. GES Exposition Services, Inc. and/or the consignor are included as Loss Payee. The insurance provided for the benefit of GES Exposition Services, Inc., shall be primary insurance as respects any claim, loss, or liability, arising out of the Named Insured's operations for which the Named Insured is liable. Any other insurance maintained by GES shall be excess and non-contributory. Show date(s) are: August 5 - 7, 2008 at city of San Francisco.								
CERTIFICATE HOLDER <input checked="" type="checkbox"/>			ADDITIONAL INSURED; INSURER LETTER: <u>X</u>			CANCELLATION		
GES Exposition Services, Inc. Exhibitor Services 3875 Bay Center Place Hayward, CA 94545			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OF REPRESENTATIONS					
			AUTHORIZED REPRESENTATIVE <i>John Smith, CIC</i> John Smith, CIC					
ACORD 25 (2001/08)								

- PRODUCER: Insurance Agent / Broker who issues certificate.
- NAME OF INSURED: Must be the legal name of contracting party.
- TYPES OF INSURANCE: Must include types required by contract. See Official Contractors Information (form L-3) in this exhibitor manual).
- FORM OF COVERAGE: Must be "occurrence" form of coverage.
- NAME ADDITIONAL INSURED: GES Expositions Services, Inc. (Show Contractor), IDG World Expo (Show Management), Moscone Convention Center North (Facility), and LinuxWorld Conference and Expo & NGDC Next Generation Data Center (Show) must be named as additional insureds.
- CERTIFICATE HOLDER: Must be GES Expositions Services, Inc.
- POLICY EFFECTIVE DATE: Must be prior to or coincidental with the first day of exhibitor move-in.
- POLICY EXPIRATION DATE: Must be on or after the last day of exhibitor move-out.
- LIMITS OF INSURANCE: Must be the same or greater than required by contract. See Official Contractors Information (form L-3) in this exhibitor manual).
- NOTICE OF CANCELLATION: 30 days notice must be provided.
- AUTHORIZED REPRESENTATIVE: Must be signed (not stamped) by an authorized representative of Producer.