

SAMPLE

| CERTIFICATE OF INSURANCE | | | | DATE (MM/DD/YY) | | | | | | | | | | | | | | | |
|--|--|---------------|---------------------------------|----------------------------------|--|-----------------------|-----------------|----------------------------|----------|-------------------------------|----------------|-----------------|---------|------------------------------|----------|----------------------------------|----------------|----------|--|
| PRODUCER YOUR INSURANCE COMPANY NAME/PHONE NUMBER OF CONTACT PERSON CODE SUB-CODE INSURED YOUR COMPANY NAME AND ADDRESS | 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. | | | | | | | | | | | | | | | | | | |
| COMPANIES AFFORDING COVERAGE | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border: none;">COMPANY LETTER</td> <td style="width: 10%; border: none;">A</td> <td style="width: 75%; border: none;"></td> </tr> <tr> <td style="border: none;">COMPANY LETTER</td> <td style="border: none;">B</td> <td style="border: none; text-align: center;">SAMPLE</td> </tr> <tr> <td style="border: none;">COMPANY LETTER</td> <td style="border: none;">C</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">COMPANY LETTER</td> <td style="border: none;">D</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">COMPANY LETTER</td> <td style="border: none;">E</td> <td style="border: none;"></td> </tr> </table> | | | | | COMPANY LETTER | A | | COMPANY LETTER | B | SAMPLE | COMPANY LETTER | C | | COMPANY LETTER | D | | COMPANY LETTER | E | |
| COMPANY LETTER | A | | | | | | | | | | | | | | | | | | |
| COMPANY LETTER | B | SAMPLE | | | | | | | | | | | | | | | | | |
| COMPANY LETTER | C | | | | | | | | | | | | | | | | | | |
| COMPANY LETTER | D | | | | | | | | | | | | | | | | | | |
| COMPANY LETTER | E | | | | | | | | | | | | | | | | | | |
| COVERAGES THIS IS TO CERTIFY THAT 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. THIS 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. | | | | | | | | | | | | | | | | | | | |
| INST LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE(MM/DD/YY) | POLICY EXPIRATION DATE(MM/DD/YY) | ALL LIMITS IN THOUSANDS | | | | | | | | | | | | | | |
| | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. OWNERS' & CONTRACTORS' PROT. | SAMPLE | YOUR EFFECTIVE DATES | | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">GENERAL AGGREGATE</td> <td style="text-align: right;">\$1,000</td> </tr> <tr> <td>PRODUCTS-COM-OPS AGGREGATE</td> <td style="text-align: right;">\$1,000</td> </tr> <tr> <td>PERSONAL & ADVERTISING INJURY</td> <td style="text-align: right;">\$1,000</td> </tr> <tr> <td>EACH OCCURRENCE</td> <td style="text-align: right;">\$1,000</td> </tr> <tr> <td>FIRE & DAMAGE (Any one fire)</td> <td style="text-align: right;">\$50</td> </tr> <tr> <td>MEDICAL EXPENSE (Any one person)</td> <td style="text-align: right;">\$5</td> </tr> </table> | GENERAL AGGREGATE | \$1,000 | PRODUCTS-COM-OPS AGGREGATE | \$1,000 | PERSONAL & ADVERTISING INJURY | \$1,000 | EACH OCCURRENCE | \$1,000 | FIRE & DAMAGE (Any one fire) | \$50 | MEDICAL EXPENSE (Any one person) | \$5 | | |
| GENERAL AGGREGATE | \$1,000 | | | | | | | | | | | | | | | | | | |
| PRODUCTS-COM-OPS AGGREGATE | \$1,000 | | | | | | | | | | | | | | | | | | |
| PERSONAL & ADVERTISING INJURY | \$1,000 | | | | | | | | | | | | | | | | | | |
| EACH OCCURRENCE | \$1,000 | | | | | | | | | | | | | | | | | | |
| FIRE & DAMAGE (Any one fire) | \$50 | | | | | | | | | | | | | | | | | | |
| MEDICAL EXPENSE (Any one person) | \$5 | | | | | | | | | | | | | | | | | | |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY | SAMPLE | | | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">COMBINED SINGLE LIMIT</td> <td style="text-align: right;">\$1,000</td> </tr> <tr> <td>BODILY INJURY (Per person)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>BODILY INJURY (Per accident)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>PROPERTY DAMAGE</td> <td style="text-align: right;">\$</td> </tr> </table> | COMBINED SINGLE LIMIT | \$1,000 | BODILY INJURY (Per person) | \$ | BODILY INJURY (Per accident) | \$ | PROPERTY DAMAGE | \$ | | | | | | |
| COMBINED SINGLE LIMIT | \$1,000 | | | | | | | | | | | | | | | | | | |
| BODILY INJURY (Per person) | \$ | | | | | | | | | | | | | | | | | | |
| BODILY INJURY (Per accident) | \$ | | | | | | | | | | | | | | | | | | |
| PROPERTY DAMAGE | \$ | | | | | | | | | | | | | | | | | | |
| | EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM | | | | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"></td> <td style="text-align: center;">EACH OCCURRENCE</td> <td style="text-align: center;">AGGREGATE</td> </tr> <tr> <td></td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> </table> | | EACH OCCURRENCE | AGGREGATE | | \$ | \$ | | | | | | | | |
| | EACH OCCURRENCE | AGGREGATE | | | | | | | | | | | | | | | | | |
| | \$ | \$ | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY | SAMPLE | | | STATUTORY \$ 1,000 (EACH ACCIDENT) \$ (DISEASE- POLICY LIMIT) \$ (DISEASE - EACH EMPLOYEE) | | | | | | | | | | | | | | |
| | OTHER | | | | | | | | | | | | | | | | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL ITEMS ADDITIONAL INSURED: (NAME OF EVENT) OCCURRING IN (YEAR). SMG, SPORTS AND EXHIBITION AUTHORITY OF PITTSBURGH AND ALLEGHENY COUNTY, AND COMMONWEALTH OF PA | | | | | | | | | | | | | | | | | | | |

CERTIFICATE HOLDER

CANCELLATION

| | |
|---|---|
| SMG/ DAVID L. LAWRENCE CONVENTION CENTER 1000 FT. DUQUENSE BOULEVARD PITTSBURGH, PA 15222 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEROF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OR ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. |
| | AUTHORIZED REPRESENTATIVE |