

**ACORD** **1.** **CERTIFICATE OF LIABILITY INSURANCE** DATE

PRODUCER Insurance Company Name                      Fax: (212) 555-6100 Insurance Company Address 1 Insurance Company Address 2 Attn: Agent Name (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.  INSUREERS AFFORDING COVERAGE
--	---

INSURED <b>2.</b> Exhibiting Company Name Exhibiting Company Address 1 Exhibiting Company Address 2 Attn: Exhibiting Company Contact Name Phone: (212) 555-5349    Fax: (212) 555-9819	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:
---	---

**3.** 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	4. TYPE OF INSURANCE	POLICY NUMBER	7. POLICY EFFECTIVE DATE (MM/DD/YY)	8. POLICY EXPIRATION DATE (MM/DD/YY)	9. LIMITS																
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	000P98298-A11	01/01/26	01/01/27	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURENCE</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>FIRE DAMAGE (Any one fire)</td><td style="text-align: right;">\$ 50,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$ 5,000</td></tr> <tr><td>PERSONAL &amp; ADV INJURY</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$2,000,000</td></tr> <tr><td>PRODUCTS-COMP/OP AGG</td><td style="text-align: right;">\$2,000,000</td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	EACH OCCURENCE	\$1,000,000	FIRE DAMAGE (Any one fire)	\$ 50,000	MED EXP (Any one person)	\$ 5,000	PERSONAL & ADV INJURY	\$1,000,000	GENERAL AGGREGATE	\$2,000,000	PRODUCTS-COMP/OP AGG	\$2,000,000				
EACH OCCURENCE	\$1,000,000																				
FIRE DAMAGE (Any one fire)	\$ 50,000																				
MED EXP (Any one person)	\$ 5,000																				
PERSONAL & ADV INJURY	\$1,000,000																				
GENERAL AGGREGATE	\$2,000,000																				
PRODUCTS-COMP/OP AGG	\$2,000,000																				
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> _____	SKLS-029499S	01/01/26	01/01/27	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Each accident)</td><td style="text-align: right;">\$1,000,000</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 (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>AUTO ONLY-EA ACCIDENT</td><td> </td></tr> <tr><td>OTHER THAN AUTO ONLY:</td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	COMBINED SINGLE LIMIT (Each accident)	\$1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$	AUTO ONLY-EA ACCIDENT		OTHER THAN AUTO ONLY:					
COMBINED SINGLE LIMIT (Each accident)	\$1,000,000																				
BODILY INJURY (Per person)	\$																				
BODILY INJURY (Per accident)	\$																				
PROPERTY DAMAGE (Per accident)	\$																				
AUTO ONLY-EA ACCIDENT																					
OTHER THAN AUTO ONLY:																					
A	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____	XL1234567	01/01/26	01/01/27	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURENCE</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>AGGREGATE</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td> </td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURENCE	\$1,000,000	AGGREGATE	\$1,000,000		\$		\$		\$						
EACH OCCURENCE	\$1,000,000																				
AGGREGATE	\$1,000,000																				
	\$																				
	\$																				
	\$																				
C	UMBRELLA/EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	A4145-SS-PJ37	01/01/26	01/01/27	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">X</td> <td style="text-align: center;">WC STATU- ORY LIMITS</td> <td style="text-align: center;">OTHER</td> <td> </td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td> </td><td> </td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>E.L. DISEASE-EA EMPLOYEE</td><td> </td><td> </td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>E.L. DISEASE -POLICY LIMIT</td><td> </td><td> </td><td style="text-align: right;">\$1,000,000</td></tr> </table>	X	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
X	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																		
D	OTHER				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Each Occurrence &amp; Aggregate</td><td> </td></tr> </table>	Each Occurrence & Aggregate															
Each Occurrence & Aggregate																					

**5.** DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
 Emerald (Show Management), Freeman (Official Service Provider), the Phoenix Convention Center (Facility), and Environments for Aging (Show) are hereby named as additional insured, except for Workers' Compensation. The insurance provided for the benefit of Emerald, 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 Emerald shall be excess and non-contributory. Show date(s) are: March 16-18, 2026.

CERTIFICATE HOLDER  ADDITIONAL INSURED: INSURER LETTER:  CANCELLATION

<b>6.</b> EmeraldX/ Environments for Aging 31910 Del Obispo, #200 San Juan Capistrano, CA 92675 Attn: Wendy Booth	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 
--	---

1. PRODUCER: Name, address and phone number of insurance carrier.
2. INSURED: Company name, address, phone number and booth number of company insured.
3. COVERAGES: Coverage must be provided for Comprehensive General Liability, Automotive Liability (if applicable), and Workmen's Compensation, complete with policy numbers, effective dates of Coverage and limits of coverage.
4. FORM OF COVERAGE: Must be "occurrence" form of coverage.
5. NAME OF ADDITIONAL INSUREDS: Emerald (Show Management), Freeman (Official Service Provider), Environments for Aging (Show) and the Phoenix Convention Center (Facility) as additional insureds on a primary and non-contributory basis. Show dates are March 16-18, 2026.
6. CERTIFICATE HOLDER: Emerald – Environments for Aging, 31910 Del Obispo, #200, San Juan Capistrano, CA 92675, Attn: Wendy Booth
7. POLICY EFFECTIVE DATE: Must be prior to or coincidental with the first day of Exhibitor Move-In.
8. POLICY EXPIRATION DATE: Must be on or after the last day of Exhibitor Move-Out.
9. LIMITS OF INSURANCE: Must be the same or greater than required by contract. See Insurance Requirements.
10. AUTHORIZED REPRESENTATIVE: Must be signed (not stamped) by an authorized representative of Producer.