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 2.
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:

COVERAGES

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	POLICY EFFECTIVE DATE 7. (MM/DD/YY)	POLICY EXPIRATION DATE 8. (MM/DD/YY)	9. LIMITS	
A	GENERAL LIABILITY ☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS MADE ☒ OCCUR ☐ _____ ☐ GENERAL AGGREGATE LIMIT APPLIES PER ☐ POLICY ☐ PROJECT ☐ LOC	000P98298-AI1	01/27/27	02/04/27	EACH OCCURENCE FIRE DAMAGE (Any one fire) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS-COMP/OP AGG	$1,000,000 $ 50,000 $ 5,000 $1,000,000 $2,000,000 $2,000,000
B	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ☒ NON-OWNED AUTOS ☐ _____ ☐	SKLS-029499S	01/27/27	02/04/27	COMBINED SINGLE LIMIT (Each accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000 $ $ $
	GARAGE LIABILITY ☐ ANY AUTO ☐				AUTO ONLY-EA ACCIDENT OTHER THAN AUTO ONLY: $	 $
A	UMBRELLA/EXCESS LIABILITY ☒ OCCUR ☐ CLAIMS MADE ☐ DEDUCTIBLE ☐ RETENTION $	XL1234567	01/27/27	02/04/27	EACH OCCURENCE AGGREGATE 	$1,000,000 $1,000,000 $ $ $
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	A4145-SS-PJ37	01/27/27	02/04/27	X WC STATU-ORY LIMITS E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE -POLICY LIMIT	OTHER $1,000,000 $1,000,000 $1,000,000
D	OTHER				Each Occurrence & Aggregate	

SAMPLE COPY

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

5. Rockview Management Group (Show Management), T3 (Official Service Provider), The Javits Convention Center (Facility), and NY NOW (Show) are hereby named as additional insured, except for Workers' Compensation. The insurance provided for the benefit of Rockview Management Group, 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 Rockview Management Group shall be excess and non-contributory. Show date(s) are: January 31 – February 2, 2027 at the Javits Convention Center, NY, NY.

CERTIFICATE HOLDER | X | ADDITIONAL INSURED; INSURER LETTER: X | CANCELLATION

6. Rockview Management Group Inc./ NY NOW
2827 Dover Road NW, Atlanta GA 30327

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

10.

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: Rockview (Show Management), T3 (Official Service Provider), NY NOW (Show) and The Javits Convention Center (Facility) as additional insureds on a primary and non-contributory basis.
6. CERTIFICATE HOLDER: Rockview Management Group Inc/ NY NOW, 2827 Dover Road NW, Atlanta GA 30327
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.