

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

DATE OF ISSUE

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	INSURANCE BROKER	CONTACT NAME:				
	123 BROKER LANE	PHONE (A/C, No, Ext):		FAX (A/C, No):		
	ANYTOWN, NY 99999	E-MAIL ADDRESS:				
	ATTENTION: JOHN SMITH		INSURER(S) AFFORDING COVERAGE		NAIC#	
	PHONE: (212) 555-5555 FAX: (212) 555-5556	INSURER A:	<b>INSURANCE COMPANY A</b>			
INSURED	EAC TRADE SHOW CONTRACTOR	INSURER B:	INSURANCE COMPANY B			
	123 MAIN STREET	INSURER C:				
	ANYTOWN, NY 99999	INSURER D :				
	ATTENTION: JOE SMITH PHONE: (212) 555-5555 FAX: (212) 555-5556	INSURER E :				
		INSURER F:				

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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, 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	ADDL INSR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	s	
A	GENERAL LIABILITY  COMMERCIAL GENERAL LIABILITY	X	-	NO	NO	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$ \$	\$2,000,000 \$100,000 \$5,000	
	CLAIIVIS-IVIADE OCCUR			123456-A	LATER THAN 2/25/25	EARLIER THAN 3/5/25	( , , , , ,	\$	\$2,000,000
							GENERAL AGGREGATE	\$	\$2,000,000
	POLICY PROJECT LOC							\$	\$2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO						BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS		$\Lambda \Lambda \Lambda$	$\wedge \wedge \wedge \wedge \wedge \wedge$			PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DED RETENTION\$						MO OTATU OTU	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			123456-B	NO LATER THAN 2/25/25	NO EARLIER THAN 3/5/25	WC STATU- TORY LIMITS ER		
В			X				E.L. EACH ACCIDENT	\$	\$1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$	\$1,000,000
					2/23/23	3 3 23	E.L. DISEASE - POLICY LIMIT	\$	\$1,000,000
			,						

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

THE FOLLOWING ARE TO BE NAMED AS ADDITIONAL INSURED EXCEPT FOR WORKERS' COMPENSATION:

- JACOB K, JAVITS CONVENTION CENTER
- T3 EXPO
- THE TOY ASSOCIATION, INC.

WORKERS' COMPENSATION WILL PROVIDE A WAIVER OF SUBROGATION IN FAVOR OF ALL ENTITIES LISTED ABOVE.

CERTIFICATE HOLDER	CANCELLATION					
THE TOY ASSOCIATION, INC. 1375 BROADWAY, SUITE 1001	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
NEW YORK, NY 10018	AUTHORIZED REPRESENTATIVE					