

**2018 IEEE PES T&D  
Sample Certificate of Insurance**

<b>Accord™</b>	<b>CERTIFICATE OF LIABILITY INSURANCE</b>	Date: (MM/DD/YY)  <b>Date</b>
<b>PRODUCER</b> ABC INSURANCE COMPANY 123 MAIN STREET ANYTOWN, TEXAS 12345		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OF ALTER THE CONVERGAGE AFFORDED BY THE POLICIES BELOW.
<b>INSURED</b> EXHIBITOR APPOINTED CONTRACTOR EAC ADDRESS CITY, STATE ZIP		COMPANIES AFFORDING COVERAGE COMPANY A: COMPANY B: COMPANY C: COMPANY D:

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	<b>Minimum Coverage Limits</b>
<b>A</b>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTORS' PROT _____	<b>YOUR POLICY NUMBER</b>	<b>DATE EFFECTIVE</b>	<b>DATE EXPIRES</b>	GENERAL AGGREGATE	\$ <b>1,000,000</b>
					PRODUCTS - COMP/OP ADD	\$ <b>1,000,000</b>
					PERSONAL & ADV INJURY	\$ <b>1,000,000</b>
					EACH OCCURRENCE	\$ <b>1,000,000</b>
					FIRE DAMAGE (Any one fire)	\$ <b>100,000</b>
					MED EXP (Any one person)	\$ <b>5,000</b>
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS _____		4/12/2018	4/21/2018	COMBINED SINGLE LIMIT	\$
					BODILY INJURY (per person)	\$
					BODILY INJURY (per accident)	\$
					PROPERTY DAMAGE	\$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO _____		4/12/2018	4/21/2018	AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN AUTO ONLY	\$
					EACH ACCIDENT	\$
					AGGREGATE	\$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> OTHER THAN UMBRELLA FORM	<b>Excess Liability Umbrella may be used to increase the limits of any of the fields to meet these requirements.</b>			EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
<b>A</b>	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY THE PROPRIETOR/ PARTNER/EXECUTIVE <input checked="" type="checkbox"/> INCL OFFICERS ARE: <input type="checkbox"/> EXCL	<b>YOUR POLICY NUMBER</b>	<b>DATE EFFECTIVE</b>	<b>DATE EXPIRES</b>	<input checked="" type="checkbox"/> WORK STATUTORY LIMITS <input type="checkbox"/> OTHER	\$
					EL EACH ACCIDENT	\$ <b>100,000</b>
					EL- DISEASE - POLICY LIMIT	\$ <b>100,000</b>
					EL- DISEASE - EA EMPLOYEE	\$ <b>100,000</b>
	OTHER Professional Liability		4/12/2018	4/21/2018	Each Occurrence & Aggregate	

DESCRIPTION OF OPERATIONS/LOCATIONS.VEHICLES/ EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
**IEEE PES, Show Management, Freeman and the City and County of Denver, SMG, and it's Officers, Agents, and Employees are named as additional insured under General Liability for all aspects of the Show Dates, 4/12/18 - 4/21/18 in Denver, CO**

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
<b>Canfield Event Management LLC (CEM)</b> <b>ATTN: Shawn Boon</b> <b>Fax: 866-936-6708 or Email: Shawn@cemllc.com</b>	SHOULD ANY OF THE THE ABOVE DESCRIBED BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER 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 OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE