ACORD CERTIFICATE OF LIA	BILITY INSURANCE	ATE			
Insurance Company Name Fax: (212) 555-6100 Insurance Company Address 1 Insurance Company Address 2	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.				
Attn: Agent Name (212) 555-6102 ext. 1234	INSUREERS AFFORDING COVERAGE				
INSURED 2.	INSURER A: Hartford Insurance Company of Illinois				
Exhibiting Company Name	INSURER B: Aetna Casualty & Surety Company				
Exhibiting Company Address 1 Exhibiting Company Address 2 Attn: Exhibiting Company Contact Name Phone: (212) 555-5349 Fax: (212) 555-9819	INSURER C: Travelers Insurance Company				
	INSURER D: Royal Insurance Company				
	INSURER E:				
COVERAGES					
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.					

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INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	9. LIMITS	
А	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE OCCUR GENERAL AGGREGATE LIMIT APPLIES PER POLICY PROJECT LOC	000P98298-AI1	01/01/25	01/01/26	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
В	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS GARAGE LIABILITY ANY AUTO	SKLS-029499S	01/01/25	01/01/26	COMBINED SINGLE LIMIT (Each accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) AUTO ONLY-EA ACCIDENT OTHER THAN	\$1,000,000 \$ \$ \$
					AUTO ONLY: \$	
Α	UMBRELLA/EXCESS LIABILITY ☑ OCCUR ☐ CLAIMS MADE ☐ DEDUCTIBLE ☐ RETENTION \$	XL1234567	01/01/25	01/01/26	EACH OCCURENCE AGGREGATE	\$1,000,000 \$1,000,000 \$ \$ \$
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	A4145-SS-PJ37	01/01/25	01/01/26	X WC STATU- ORY LIMITS E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE -POLICY LIMIT	\$1,000,000 \$1,000,000 \$1,000,000
D	OTHER				Each Occurrence & Aggregate	

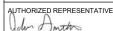
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Emerald (Show Management), Freeman (Official Service Provider), The Hyatt Regency Coconut Point (Facility), and Construction Super Conference (Show) are hereby named as additional insured, except for Workers' Compensation. Emerald and/or the consignor are included as Loss Payee. 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 noncontributory. Show coverage date(s) are: December 9-11, 2025 in Bonita Springs, FL.

CERTIFICATE HOLDER X ADDITIONAL INSURED; INSURER LETTER: X CANCELLATION

Construction Super Conference 31910 Del Obispo #200 San Juan Capistrano, CA 92675 Att: Maeghan Horvath

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





- 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), Construction Super Conference (Show) and The Hyatt Regency Coconut Point (Facility) as additional insureds on a primary and
- non-contributory basis. Show dates are December 9-11, 2025.
- 6. CERTIFICATE HOLDER: Con, 31910 Del Obispo #200, San Juan Capistrano, CA 92675, Attn: Maeghan Horvath
- 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.