PRODUCER INSURANCE AGENT LISTING For EAC and Exhibitor please be sure to specify		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.				
the information highlighted		COMPANIES AFFORDING COVERAGE				
INSURED on your insurance certificate as shown on this Reference Sample.		A Insurance Company Information				
		B Insurance Company Information				
		C Insurance Company Information				
COVERAGES	D	D Insurance Company Information				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITIO CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORI EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY H	ON OF ANY CONTRACT	OR OTHER DOCU DESCRIBED HERE	MENT WITH RESPECT TO W	HICH TI		
	POLICY EFFECTIVE	POLICY EXPIRATION				
TYPE OF INSURANCE POLICY NUMBER GENERAL LIABILITY	DATE (MM/DD/YY)	DATE (MM/DD/YY)	LIMI EACH OCCURRENC		2,000,000.00	
COMMERCIAL GENERAL LIABILITY			GENERAL AGGREGATE	торания \$	-,000,000.00	
			PRODUCTS-COMP/OP AGG	-		
CLAIMS MADE OCCUID	EAC and Exhibito		PERSONAL & ADV INJURY	\$		
	be sure to specif	y .	FIRE DAMAGE (Any one fire)	\$		
	ormation highlight		MED EXP (Any one person	\$		
AUTOMOBILE LIABILITY ON YOUR INSURANCE CE	rtificate as shown	on this Sampl	COMBINED SINGLE LIMIT	\$		
ALL OWNED AUTOS				_		
SCHEDULED AUTOS			BODILY INJURY			
HIRED AUTOS			(Per person)	\$	500,000.00	
NON-OWNED AUTOS			PROPERTY DAMAG	<b>E</b> \$	500,000.00	
		-				
	EAC and Exhibitor		AUTO ONLY - EA ACCIDENT	\$		
ANY AUTO <b>DIEAS</b>	e be sure to specify formation highlighted		OTHER THAN AUTO ONLY:			
the im	iormation highlighted		EACH ACCIDEN			
on your insurance certific	cate as shown on this	Refernce Samp		E\$		
EXCESS LIABILITY			EACH OCCURRENCE	\$		
UMBRELLA FORM OTHER THAN UMBRELLA FORM			AGGREGATE	¢		
WORKERS COMPESATION AND						
EMPLOYERS' LIABILITY			STATUROTY LIMITS			
			EACH ACCIDENT	\$	1,000,000.00	
Workers Compensation Insurance Coverage meeting the require	ements established	by the State: F	orida			
				¢	1 000 000 00	
THE PROPRIETOR/ PARTNERS/ INCL EXECUTIVE OFFICERS ARE: EXCL			DISEASE - POLICY LIMIT DISEASE - EACH EMPLOYEE	_	1,000,000.00 1,000,000.00	
OTHER			DISEASE - EACH EMPLOTEE	φ	1,000,000.00	
ESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS		The Freem	an Companies, Orang	e Con	ntv	
SHOW NAME: ADDITIONAL INSURED		Convention Center, City of Orlando, Reed Exhibitions a division of RELX Inc., PGA of America, and their officers, directors, employees, agents, successors, assigns, and affiliates as additional insured				
RE: PGA Merchandise Show						
2023						
2023						
		additional	uisureu			
ERTIFICATE HOLDER		F THE ABOVE DES	CRIBED POLICIES BE CANC			
)1 Meritt 7			ISSUING COMPANY WILL E			
Norwalk, CT 06851		DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY				
For EAC and exhibitor use			IY, ITS AGENTS OR REPRESE			