

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) current date

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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 have ADDITIONAL INSURED provisions or 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).							
	ODUCER	ME:	FAX				
Exhibitor's Agent Info			(A/C, No, Ext): (A/C, No):				
		E-M ADI	AIL DRESS:				
			INSURER(S) AFFORDING COVERAGE				NAIC #
		INS	INSURER A : General Liability Carrier Name				
INSU	URED	INS	INSURER B : Auto Carrier Name				
Ex	hibitor's Name & Address	INS	INSURER C : Umbrella Carrier Name				
		INS	INSURER D : Workers Compensation Carrier Name				
			INSURER E :				
			INSURER F :				
COVERAGES CERTIFICATE NUMBER:			REVISION NUMBER:				
			/E 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 PERTAIL, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITE SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR LTR	R TYPE OF INSURANCE SD W PC	LICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY	1			EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	<mark>1,000,000</mark>
A					MED EXP (Any one person)	\$	
	Y Y	Policy #	Effec date	Exp date	PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$	
	POLICY PRO- JECT LOC				PRODUCTS - COMP/OP AGG	\$	
					FRODUCTS - COMF/OF AGG	\$	
	OTHER:				COMBINED SINGLE LIMIT	\$	1,000,000
	X ANY AUTO				(Ea accident) BODILY INJURY (Per person)	\$	
в	X OWNED X SCHEDULED Y	uto Policy	Effec da	Exp date	BODILY INJURY (Per accident)	-	
	HIRED NON-OWNED				PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY				(Per accident)	\$	
	X UMBRELLA LIAB X OCCUR						1,000,000
C		Umbrella Policy #	Efferrate	Exp date		\$	1,000,000
					AGGREGATE	\$	1,000,000
	DED RETENTION \$   WORKERS COMPENSATION				PER OTH- STATUTE ER	\$	
	AND EMPLOYERS' LIABILITY Y / N				•		Exhibitor's
D		VC Policy #	Effec date	xp date	E.L. EACH ACCIDENT	\$	Limits
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - EA EMPLOYEE		Linits
	DÉSCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT	\$	
DES	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additiona	l Pomarka Sabadula, m	av bo attached if mer	o snaco is roquir			
	SAMPLE CERTIFICATE***		.,	pass is require	,		
		additional insure	d as respects G	onoral Liabil	ity and Auto Liability in		
Required wording: Best Western International, Inc. is named additional insured as respects General Liability and Auto Liability in regards to 2025 Central Regional Meeting to be held May 8, 2025 at Hyatt Regency McCormick Place Chicago as required by							
written contract.							
CERTIFICATE HOLDER CANCELLATION							
Best Western International, Inc. 6201 N. 24th Parkway			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Phoenix AZ 85016			AUTHORIZED REPRESENTATIVE				
			Agents signature				

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