

PRODUCER SERIAL # 139490
INSURANCE DIVERSIFIED AGENCY
 29100 AURORA ROAD, #100
 SOLON, OHIO 44139
 PHONE: (440) 349-6650/ FAX: (440) 815-2154

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.

INSURED

SAMPLE CERTIFICATE

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: INSURANCE COMPANY	
INSURER B:	
INSURER C:	
INSURER D:	
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 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/>	POLICY NUMBER PENDING <u>PRODUCTS EXCLUDED</u>	1/1/19	12/31/19	EACH OCCURRENCE	\$ 1,000,000
		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ EXCLUDED	
		MED EXP (Any one person)				\$ EXCLUDED	
		PERSONAL & ADV INJURY				\$ EXCLUDED	
		GENERAL AGGREGATE				\$ 2,000,000	
		PRODUCTS - COMP/OP AGG				\$ EXCLUDED	
		GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS	<u>COVERAGE FOR ABOVE INSURED EFFECTIVE 10/5/19 THRU 10/7/19 ONLY</u>			COMBINED SINGLE LIMIT (Ea accident)	\$
					BODILY INJURY (Per person)	\$	
					BODILY INJURY (Per accident)	\$	
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				PROPERTY DAMAGE (Per accident)	\$
		EXCESS/ UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				PROPERTY DAMAGE (Per accident)	\$
		WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/ PARTNER/ EXEC OFFICER/ MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				OTHER THAN AUTO ONLY: EA ACC	\$
		OTHER				AUTO ONLY: AGG	\$
						EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
							\$
						WC STATUTORY LIMITS	
						OTHER	
						EL EACH ACCIDENT	\$
						EL DISEASE - EA EMPLOYEE	\$
						EL DISEASE - POLICY LIMIT	\$

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

LOCATION: PREMIERE COLUMBUS, GREATER COLUMBUS CONVENTION CENTER, COLUMBUS, OHIO. PREMIERE SHOWS, INC., PREMIERE BEAUTY SHOW, FREEMAN AND GREATER COLUMBUS CONVENTION CENTER ARE HEREBY NAMED AS ADDITIONAL INSUREDS.

CERTIFICATE HOLDER

Premiere Show Group
 Attn: Desiree Sanchez
 1049 Willa Springs Drive, Suite 1001
 Winter Springs, FL 32708

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES 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