AC	ACORD CERTIFICATE OF LIABILITY INSURANCE							
-	DUCER				FICATE IS ISSUED AS A M			
Insu	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	Attn: Agent Name (212) 555-6102 ext. 1234				INSUREERS AFFORDING COVERAGE			
INSU	Exhibiting Company Name Exhibiting Company Address 1 Exhibiting Company Address 2 Attn: Exhibiting Company Contact Name				INSURER A: Hartford Insurance Company of Illinois			
					INSURER B: Aetna Casualty & Surety Company			
					INSURER C: Travelers Insurance Company			
					INSURER D: Royal Insurance Company			
					INSURER E:			
	COVERAGES							
TERM	POLICIES OF INSURANCE LISTED BELOW OF CONDITION OF ANY CONTRACT OR IES DESCRIBED HEREIN IS SUBJECT TO	OTHER DOCUMENT WITH RE	SPECT TO WHI	CH THIS CERTIF	FICATE MAY BE ISSUED OR MA	Y PERTAIN, THE INSURANCE	AFFORDED BY THE	
INSR LTR		POLICY NUMBER	(MM,	FECTIVE DATE /DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	9. LIMITS		
A	GENERAL LIABILITY	000P98298-AI1	01/01/22		01/01/23	EACH OCCURENCE FIRE DAMAGE (Any one fire MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS-COMP/OP AGC	\$ 5,000 \$1,000,000 \$2,000,000	
в	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS HIRED AUTOS NON-OWNED AUTOS	SKLS-029499S	01/01/22		01/01/23	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident)	\$1.000.000 \$ \$ \$	
	GARAGE LIABILITY	ANY AUTO		E	- C C	PROPERTY DAMAGE (Per accident) AUTO ONLY-EA ACCIDENT OTHER THAN \$AUTO ONLY: 1\$ EACH OCCURENCE	\$ \$ \$1,000,000	
A	OCCUR CLAIMS MADE DEDUCTIBLE RETENTION \$	XL1234567	01/	01/22	01/01/23	AGGREGATE	\$1,000,000 \$1,000,000 \$ \$ \$	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	A4145-SS-PJ37	01/	01/22	01/01/23	X WC STATU- ORY LIMITS OTHE E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE -POLICY LIMI	R \$1,000,000 \$1,000,000	
D	OTHER					Each Occurrence & Aggregate		
5. DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS 5. Insured, except for Workers' Compensation. Emerald X, LLC and/or the consignor are included as Loss Payee. The insurance provided for the benefit of Emerald X, LLC, 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 X, LLC shall be excess and non-contributory. Show date(s) are: November 13-14, 2022 at the Javits Convention Center, NY, NY.								
CERT	TIFICATE HOLDER X ADDIT	FICATE HOLDER X ADDITIONAL INSURED; INSURER LETTER: X CANCELLATION						
114	erald X, LLC/HX 15 Sanctuary Parkway, Suite 35 haretta, GA 30009-4772	5		E D F/ TI	HOULD ANY OF THE ABOVE DES XPIRATION DATE THEREOF, THE AYS WRITTEN NOTICE TO THE C AILURE TO DO SO SHALL IMPOS HE INSURER, ITS AGENTS OF RE	E ISSUING COMPANY WILL ENE CERTIFICATE HOLDER NAMED E NO OBLIGATION OR LIABILIT	DEAVOR TO MAIL 30 TO THE LEFT, BUT	
	n: Jennifer Finn			Jur Amater			10.	
INSURED of compare COVERA Liability, Compension	CER: Name, address and phone num D: Company name, address, phone r ny insured. GES: Coverage must be provided for Automotive Liability (if applicable), a sation, complete with policy numbers e and limits of coverage.	number and booth number or Comprehensive General nd Workmen's		6. CERT Suite 7. POLIC of Exh 8. POLIC	Show dates are Novemb TFICATE HOLDER: Emeral e 355, Alpharetta, GA 30009 Y EFFECTIVE DATE: Must ibitor Move-In. Y EXPIRATION DATE: Must tor Move-Out.	d X, LLC – HX, 1145 Sand -4772 Attn: Jennifer Finn be prior to or coincidental	with the first day	

- FORM OF COVERAGE: Must be "occurrence" form of coverage.
 NAME OF ADDITIONAL INSUREDS: Emerald X, LLC (Show Management), Freeman (Official Service Provider), HX (Show) and The Javits Convention Center (Facility) as additional insureds on a primary and non-contributory
- LIMITS OF INSURANCE: Must be the same or greater than required by contract. See Insurance Requirements.
 AUTHORIZED REPRESENTATIVE: Must be signed (not stamped) by an authorized representative of Producer.