


# CERTIFICATE OF LIABILITY INSURANCE

		<b>CERTIFICATE OF LIABILITY INSURANCE</b>		DATE(MM/DD/YYYY) 01/01/16		
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 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).						
<b>PRODUCER</b> ABC INSURANCE AGENCY 1234 Broker Lane New York, NY 10895 Attn: Joe Agent (212) 5555-1234 ext. 1234			<b>CONTACT NAME:</b> PHONE (A.C. No. Ext): (XXX) XXX-XXXX FAX (A.C. No.): (XXX) XXX-XXXX E-MAIL ADDRESS:			
<b>INSURED</b> INSERT COMPANY NAME COMPANY ADDRESS 1234 CORPORATE LANE New York, NY 10895 ATTN: JOE SMITH PHONE: (123) 555-1234 FAX: (123) 555-1122			<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b> 111111	
<b>COVERAGES</b>			<b>CERTIFICATE NUMBER:</b> 570058956465		<b>REVISION NUMBER:</b>	
THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
<b>INSR LTR</b> A	<b>TYPE OF INSURANCE</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO <input type="checkbox"/> LOC OTHER:	<b>ADDL INSD</b> WVD	<b>POLICY NUMBER</b> 000P993298-A11	<b>POLICY EFF (MM/DD/YYYY)</b> 01/01/16	<b>POLICY EXP (MM/DD/YYYY)</b> 01/01/17	<b>LIMITS</b> EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	<b>AUTOMOBILE LIABILITY</b>		000P993298-A11	01/01/16	01/01/17	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
<input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED RETENTION	<b>UMBRELLA LIAB</b>		000P993298-A11	01/01/16	01/01/17	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000
<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETARY PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	000P993298-A11	01/01/16	01/01/17	\$3,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)						
Knoxville News Sentinel, the City of Knoxville, the Knoxville Convention Center, SMG, Co-Sponsors, and their directors, officers, employees and agents as additionally insured under general liability from February 23 - February 29, 2016.						
These dates include exhibitor move-in, general public admittance and exhibitor move-out days.						
<b>CERTIFICATE HOLDER</b> Knoxville News Sentinel 2332 News Sentinel Drive Knoxville TN 37921			<b>CANCELLATION</b> 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			
			AUTHORIZED REPRESENTATIVE John Smith John Smith, CIC			
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ACORD 25 (2014/01)		The ACORD name and logo are registered marks of ACORD				

Holder Identifier:

Certificate No. : 570058956465



- 1. PRODUCER: Insurance Agent / Broker who issues certificate.
- 2. NAME OF INSURED: Must be the legal name of contracting party.
- 3. TYPES OF INSURANCE: Must include types required by contract. See Official Contractors Information in this exhibitor manual).
- 4. FORM OF COVERAGE: Must be "occurrence" form of coverage.
- 5. NAME ADDITIONAL INSURED: Knoxville News Sentinel, the City of Knoxville, the Knoxville Convention Center, SMG, Co-Sponsors, and their directors, officers, employees and agents as additionally insured under general liability from February 21 - February 27, 2017. These dates include Exhibitor move-in, general public admittance and Exhibitor move-out days.
- 6. CERTIFICATE HOLDER: Knoxville News Sentinel, 2332 News Sentinel Drive, Knoxville, TN 37921
- 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 Official Contractors Information in this exhibitor manual).
- 10. NOTICE OF CANCELLATION: 30 days notice must be provided.
- 11. AUTHORIZED REPRESENTATIVE: Must be signed (not stamped) by an authorized representative of Producer.

## CERTIFICATE OF LIABILITY INSURANCE

# CERTIFICATE OF INSURANCE IS REQUIRED FOR NEWS SENTINEL AUTO SHOW EXHIBITORS

Please provide the following document to the Knoxville News Sentinel for your Auto Show exhibit space. This is a required document that is detailed on your Auto Show exhibit space contract. You will need to contact your insurance company and request a Certificate of Insurance with Additionally Insured on

it and have it **faxed, mailed or e-mailed to Angie Howell** (see contact information below). **This document needs to be received by Friday, January 27, 2017** to ensure your space is reserved at the News Sentinel Auto Show. Please provide the following paragraph to your insurance company.

## IMPORTANT!

Exhibitor agrees to submit to the Knoxville News Sentinel prior to the Auto Show and no later than Friday, January 27, 2017, a certificate of insurance evidencing its Workers' Compensation insurance coverage with statutory limits and its general liability insurance coverage with an occurrence form and combined single limit of not less than \$1,000,000 per occurrence. Such certificate must name Knoxville News Sentinel, the City of Knoxville, the Knoxville Convention Center, SMG, Co-Sponsors, and their directors, officers, employees and agents as additionally insured under general liability from February 24- February 26, 2017. These dates include Exhibitor move-in, general public admittance and Exhibitor move-out days.

Thank you again, and we'll see you at the News Sentinel Auto Show!

### Angie Howell

*Brand Manager*

The Knoxville News Sentinel

2332 News Sentinel Drive

Knoxville, TN 37921

**Ph:** (865) 342-6870

**Fx:** (865)342-6898

**E-mail:** AutoShow@knoxnews.com

