

2026 NAB Show New York Sample Certificate of Insurance

Accord™	CERTIFICATE OF LIABILITY INSURANCE	Date: (MM/DD/YY) Date
PRODUCER ABC INSURANCE COMPANY 123 MAIN STREET ANYTOWN, TEXAS 12345	CONTACT'S INSURANCE COMPANY NAME AND ADDRESS	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 EXHIBITOR APPOINTED CONTRACTOR EAC ADDRESS CITY, STATE ZIP	CONTRACTOR'S NAME AND ADDRESS	COMPANIES AFFORDING COVERAGE COMPANY A: General liability requirements COMPANY B: COMPANY C: COMPANY D:

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	Minimum Coverage Limits
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTORS' PROT	YOUR POLICY NUMBER	DATE EFFECTIVE	DATE EXPIRES	GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP ADD \$ 1,000,000 PERSONAL & ADV INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 100,000 MED EXP (Any one person) \$ 10,000	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY (per person) \$ BODILY INJURY (per accident) \$ PROPERTY DAMAGE \$	
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EACH ACCIDENT \$ AGGREGATE \$ EACH OCCURRENCE \$ AGGREGATE \$	
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> OTHER THAN UMBRELLA FORM				WORKERS COMPENSATION AND EMPLOYER'S LIABILITY THE PROPRIETOR/ PARTNER/EXECUTIVE <input checked="" type="checkbox"/> INCL OFFICERS ARE: <input type="checkbox"/> EXCL	
	OTHER				WORK STATUTORY LIMITS \$ OTHER \$ EL EACH ACCIDENT \$ EL DISEASE - POLICY LIMIT \$ EL DISEASE - EA \$	

DESCRIPTION OF OPERATIONS/LOCATIONS, VEHICLES/ EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS Must list National Association of Broadcasters, Jacob K. Javits Center, and Freeman as additionally insured, October 19-22, 2026 	
CERTIFICATE HOLDER Certificate holder must be National Association of Broadcasters 1 M Street SE Washington, DC 20003 	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED BE CANCELLED BEFORE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
AUTHORIZED REPRESENTATIVE	

MUST INCLUDE