

Meeting Planner Information

ACORD CERTIFICATE OF LIABILITY INSURANCE		DATE(MM/DD/YY)				
PRODUCER <p style="text-align: center;">SAMPLE CERTIFICATE - LEVEL A</p>		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.				
NAME OF BROKER COMPANY & ADDRESS Fox No. Phone No.		COMPANIES AFFORDING COVERAGE COMPANY COMPANY B COMPANY C COMPANY D				
INSURED YOUR COMPANY'S NAME AND ADDRESS HERE YOUR COMPANIES NAME ADDRESS						
COVERAGES 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.						
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT		XX/XX/XX	XX/XX/XX	GENERAL AGGREGATE	\$2,000,000
					PRODUCTS - COMP/OPAGG	\$1,000,000
					PERSONAL & ADV INJURY	\$1,000,000
					EACH OCCURRENCE	\$1,000,000
					FIRE DAMAGE (Any arm fire)	\$ 1,000,000
					MED EXP (Any ors pawn)	\$ 10,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		XX/XX/XX	XX/XX/XX	COMBINED SINGLE LIMIT	\$
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE	\$
	GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	\$
					AGGREGATE	\$
A	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM		XX/XX/XX	XX/XX/XX	EACH OCCURRENCE	\$
					AGGREGATE	\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PROPRIETORS/EXECUTIVE OFFICERS ARE:		XX/XX/XX	XX/XX/XX	WC STATU- OTH- I TORY LIMITS	\$500,000
					EL EACH ACCIDENT	\$100,000
					EL DISEASE - POLICY LIMIT	
					EL DISEASE - EA EMPLOYEE	\$100,000
	OTHER					
DESCRIPTION OF OPERATIONS/LOCATIONSNS/VEHICLES/SPECIAL ITEMS Pennsylvania Convention Center Authority, ASM Global, Philadelphia Convention & Visitors Bureau, CITY OF PHILADELPHIA, the Commonwealth of Pennsylvania and the American Academy of Allergy, Asthma & Immunology (AAAAI) are named as additional insureds.						
CERTIFICATE HOLDER Pennsylvania Convention Center Authority One Convention Center Place 1101 Arch Street Philadelphia, PA 19107-2299						
SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE						