

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/24/2023

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 have ADDITIONAL INSURED provisions or 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 line of current (a)

If SUBROGATION IS WAIVED, subject to the terms and con this certificate does not confer rights to the certificate hold			may require	an endorsemer	nt. A state	ement o	on
PRODUCER	CONT	CONTACT Mark Drickett					
Corporate Risk Management	DHOM	NAME:					920-0157
350 E. Ogden Ave. 3rd Floor		(A/C, No, Ext): (A/C, No): (A/C, No):					
,		INSURER(S) AFFORDING COVERAGE NAIC #					
Westmont	IL 60559 INSUR	INSURER A: State National Insurance Company					12831
INSURED	INSUR	INSURER B:					
Sho-Link, Inc.	INSUR	INSURER C:					
350 E. Ogden Avenue		INSURER D:					
		INSURER E :					
Westmont IL 60559		INSURER F:					
COVERAGES CERTIFICATE NUMBER: NV 23-24 REVISION NUMBER:							
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.							
INSR ADDL SUBR LTR TYPE OF INSURANCE INSD WVD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
COMMERCIAL GENERAL LIABILITY			,, , /	EACH OCCURRENC	DE	\$	
CLAIMS-MADE OCCUR				DAMAGE TO RENTE PREMISES (Ea occu	ED	\$	
				MED EXP (Any one person)		\$	
						\$	
GEN'L AGGREGATE LIMIT APPLIES PER:						\$	
POLICY PRO- JECT LOC				PRODUCTS - COMF		\$	
OTHER:						\$	
AUTOMOBILE LIABILITY				COMBINED SINGLE (Ea accident)	LIMIT	\$	
ANY AUTO				BODILY INJURY (Pe		\$	
OWNED SCHEDULED AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY					Y INJURY (Per accident) \$		
				PROPERTY DAMAGE (Per accident) \$		\$	
						\$	
UMBRELLA LIAB OCCUR				EACH OCCURRENC	CE	\$	
EXCESS LIAB CLAIMS-MADE				AGGREGATE		\$	
DED RETENTION \$						\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				➤ PER STATUTE	OTH- ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N/A AMX-713-0027-001 (Mandatory in NH)		01/01/2023	01/01/2024	E.L. EACH ACCIDEN	NT	\$ 1,00	0,000
				E.L. DISEASE - EA EMPLOYEE		\$ 1,00	
If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POL	ICY LIMIT	\$ 1,00	0,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)							
Show name: NFPA Show 2023 Show dates: 06/16-06/23/23							
Show location: Mandalay Bay Convention Resort							
Las Vegas, NV							
OFFICIATE HOLDER							
CERTIFICATE HOLDER	CANCELLATION						
ROC Management	THI	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
1963 University Lane	NTATIVE						
	UTHORIZED REPRESENTATIVE						
Lisle	II 60532			111/			