ACORD **1.**

CERTIFICATE OF LIABILITY INSURANCE

DATE:

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.

PRODUCER

Insurance Company Name Fax: (212) 555-6100
Insurance Company Address 1
Insurance Company Address 2
Attn: Agent Name (212) 555-6102 ext. 1234

INSURED **2.**

Exhibiting Company Name
Exhibiting Company Address 1
Exhibiting Company Address 2
Attn: Exhibiting Company Contact Name
Phone: (212) 555-5349 Fax: (212) 555-9819

INSURERS AFFORDING COVERAGE

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 **3.**

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 LTR	TYPE OF INSURANCE **4.**	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY) **7.**	POLICY EXPIRATION DATE (MM/DD/YY) **8.**	LIMITS **9.**	
	☒ GENERAL LIABILITY					
	☐ COMMERCIAL GENERAL LIABILITY	000P98298-AI1	01/01/26	01/01/27	EACH OCCURENCE	$1,000,000
	CLAIMS MADE ☐ OCCUR ☒				FIRE DAMAGE (Any one fire)	$ 50,000
A					MED EXP (Any one person)	$ 5,000
	☒ GENERAL AGGREGATE LIMIT APPLIES PER				PERSONAL & ADV INJURY	$1,000,000
	☐ POLICY ☐ PROJECT ☐ LOC				GENERAL AGGREGATE	$2,000,000
	☒ AUTOMOBILE LIABILITY				PRODUCTS-COMP/OP AGG	$2,000,000
	☒ ANY AUTO	SKLS-029499S	01/01/26	01/01/27	COMBINED SINGLE LIMIT (Each accident)	$1,000,000
	☐ ALL OWNED AUTOS				BODILY INJURY (Per person)	$
B	☐ SCHEDULED AUTOS				BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS				PROPERTY DAMAGE (Per accident)	$
	☐ NON-OWNED AUTOS					
	☒ ☐ GARAGE LIABILITY				AUTO ONLY-EA ACCIDENT	$
	☐ ANY AUTO				OTHER THAN	$
					AUTO ONLY:	$
	UMBRELLA/EXCESS LIABILITY	XL1234567	01/01/26	01/01/27	EACH OCCURENCE	$1,000,000
	OCCUR CLAIMS MADE				AGGREGATE	$1,000,000
A						$
	DEDUCTIBLE					$
	RETENTION $					$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	A4145-SS-PJ37	01/01/26	01/01/27	X STATUTORY LIMITS OTHER	
					E.L. EACH ACCIDENT	$1,000,000
					E.L. DISEASE-EA EMPLOYEE	$1,000,000
D	OTHER				E.L. DISEASE -POLICY LIMIT	$1,000,000
					Each Occurrence & Aggregate	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS **5.**

Emerald (Show Management), Freeman (Official Service Provider), The Hanger at Regatta Harbour (Facility), and the Couture Coconut Grove (Show) are hereby named as additional insured, except for Workers' Compensation. The insurance provided for the benefit of Emerald 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 shall be excess and non-contributory. Show date(s) are: November 20-22, 2026.

CERTIFICATE HOLDER X ADDITIONAL INSURED; INSURER LETTER: X

Emerald/Couture Coconut Grove
31910 Del Obispo #200
San Juan Capistrano, CA 92675
Attn: Operations **6.**

CANCELLATION

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 LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OF REPRESENTATIONS

AUTHORIZED REPRESENTATIVE **10.**

1. PRODUCER: Name, address and phone number of insurance carrier.
2. INSURED: Company name, address, phone number and booth number of company insured.
3. COVERAGES: Coverage must be provided for Comprehensive General Liability, Automotive Liability (if applicable), and Workmen's Compensation, complete with policy numbers, effective dates of Coverage and limits of coverage.
4. FORM OF COVERAGE: Must be "occurrence" form of coverage.
5. NAME OF ADDITIONAL INSUREDS: Emerald (Show Management), Freeman (Official Service Provider), Couture Coconut Grove (Show) and The Hanger at Regatta Harbour (Facility) as additional insured on a primary and non-contributory basis. Show dates are November 20-22, 2026.
6. CERTIFICATE HOLDER: Emerald – Couture Coconut Grove, 31910 Del Obispo #200, San Juan Capistrano, CA 92675, Attn: Operations
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 Insurance Requirements.
10. AUTHORIZED REPRESENTATIVE: Must be signed (not stamped) by an authorized representative of Producer.