

ACORD **1.**

CERTIFICATE OF LIABILITY INSURANCE

DATE:

PRODUCER

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

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND
 CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER, THIS CERTIFICATE
 DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE
 POLICIES BELOW.

INSUREERS AFFORDING COVERAGE

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

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 OF 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 | 4. TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | 9. LIMITS | | | | | | | | | | | | | | | | | | | | | | |
|----------------------------|---|---------------|-------------------------------------|--------------------------------------|---|-----------------------|-------------------------|----------------------------|-------------|--------------------------|-------------|-----------------------|---------------------|-------------------|-------------|----------------------|-------------|-----------------|----|----------------|--|-----------------------|--|----------------------|----|-----------|----|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | 000P98298-AI1 | 01/01/26 | 01/01/27 | <table border="1"> <tr><td>EACH OCCURRENCE</td><td>\$1,000,000</td></tr> <tr><td>FIRE DAMAGE (Any one fire)</td><td>\$ 50,000</td></tr> <tr><td>MED EXP (Any one person)</td><td>\$ 5,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td>\$1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td>\$2,000,000</td></tr> <tr><td>PRODUCTS-COMP/OP AGG</td><td>\$2,000,000</td></tr> </table> | EACH OCCURRENCE | \$1,000,000 | FIRE DAMAGE (Any one fire) | \$ 50,000 | 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 | | | | | | | | | | |
| EACH OCCURRENCE | \$1,000,000 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FIRE DAMAGE (Any one fire) | \$ 50,000 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | AUTOMOBILE LIABILITY <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 <input type="checkbox"/> _____ <input type="checkbox"/> _____ | SKLS-029499S | 01/01/26 | 01/01/27 | <table border="1"> <tr><td>COMBINED SINGLE LIMIT</td><td>\$1,000,000</td></tr> <tr><td>(Each accident)</td><td></td></tr> <tr><td>BODILY INJURY</td><td>\$</td></tr> <tr><td>(Per person)</td><td></td></tr> <tr><td>BODILY INJURY</td><td>\$</td></tr> <tr><td>(Per accident)</td><td></td></tr> <tr><td>PROPERTY DAMAGE</td><td>\$</td></tr> <tr><td>(Per accident)</td><td></td></tr> <tr><td>AUTO ONLY-FA ACCIDENT</td><td></td></tr> <tr><td>OTHER THAN AUTO ONLY</td><td>\$</td></tr> <tr><td>AUTO ONLY</td><td>\$</td></tr> </table> | COMBINED SINGLE LIMIT | \$1,000,000 | (Each accident) | | BODILY INJURY | \$ | (Per person) | | BODILY INJURY | \$ | (Per accident) | | PROPERTY DAMAGE | \$ | (Per accident) | | AUTO ONLY-FA ACCIDENT | | OTHER THAN AUTO ONLY | \$ | AUTO ONLY | \$ |
| COMBINED SINGLE LIMIT | \$1,000,000 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Each accident) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BODILY INJURY | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Per person) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BODILY INJURY | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Per accident) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PROPERTY DAMAGE | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Per accident) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AUTO ONLY-FA ACCIDENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER THAN AUTO ONLY | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AUTO ONLY | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A | UMBRELLA/EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ | XL1234567 | 01/01/26 | 01/01/27 | <table border="1"> <tr><td>EACH OCCURRENCE</td><td>\$1,000,000</td></tr> <tr><td>AGGREGATE</td><td>\$1,000,000</td></tr> <tr><td></td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> </table> | EACH OCCURRENCE | \$1,000,000 | AGGREGATE | \$1,000,000 | | \$ | | \$ | | \$ | | | | | | | | | | | | |
| EACH OCCURRENCE | \$1,000,000 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AGGREGATE | \$1,000,000 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | A4145-SS-PJ37 | 01/01/26 | 01/01/27 | <table border="1"> <tr><td>X</td><td>WC STATU- ORY LIMITS</td><td>OTHER</td></tr> <tr><td>E.I.</td><td>EACH ACCIDENT</td><td>\$1,000,000</td></tr> <tr><td>E.I.</td><td>DISEASE-FA EMPLOYEE</td><td>\$1,000,000</td></tr> <tr><td>E.I.</td><td>DISEASE-POLICY LIMIT</td><td>\$1,000,000</td></tr> </table> | X | WC STATU- ORY LIMITS | OTHER | E.I. | EACH ACCIDENT | \$1,000,000 | E.I. | DISEASE-FA EMPLOYEE | \$1,000,000 | E.I. | DISEASE-POLICY LIMIT | \$1,000,000 | | | | | | | | | | |
| X | WC STATU- ORY LIMITS | OTHER | | | | | | | | | | | | | | | | | | | | | | | | | |
| E.I. | EACH ACCIDENT | \$1,000,000 | | | | | | | | | | | | | | | | | | | | | | | | | |
| E.I. | DISEASE-FA EMPLOYEE | \$1,000,000 | | | | | | | | | | | | | | | | | | | | | | | | | |
| E.I. | DISEASE-POLICY LIMIT | \$1,000,000 | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | OTHER | | | | Each Occurrence & Aggregate | | | | | | | | | | | | | | | | | | | | | | |

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

5. Emerald (Show Management), Freeman (Official Service Provider), The Wynn (Facility), and Couture (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: May 28-31, 2026 in Las Vegas, NV.

CERTIFICATE HOLDER

X ADDITIONAL INSURED: INSURER LETTER: X

CANCELLATION

Emerald /Couture
31910 Del Obispo #200
San Juan Capistrano, CA 92675
Attn: Operations

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 OR REPRESENTATIVES

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 (Show) and The Wynn (Facility) as additional insured on a primary and non-contributory basis. Show dates are

- May 28-31, 2026.
6. CERTIFICATE HOLDER: Emerald – Couture, 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.