

## **INSURANCE REQUIREMENTS**

The Customer shall furnish a certificate of insurance, issued by underwriters authorized to conduct business in the Commonwealth of Kentucky, naming the Center, its officers, directors, agents, servants and employees as additionally insured against claims for bodily injury, death and property damage (including contracted liability and product liability coverage) in an amount not less than:

\$1,000,000.00 per occurrence \$2,000,000.00 aggregate

This policy shall be held in force at all times during the term of the License Agreement. The certificate shall state that the coverage will not be amended so as to decrease the protection below the limits specified herein or be subject to cancellation without at least 30 days advance notice to the Center. The Customer must supply this Certificate of Insurance to the Center no later than 30 days prior to arrival as outlined in the License Agreement.

## **CERTIFICATE OF LIABILITY INSURANCE (SAMPLE COPY)**

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 endorsement(s).	policies may require an endorsement.	A statement on this ce	rtificate does not confer rights to	o the certificate holder in lieu of such
PRODUCER		CONTACT NAME: PHONE		EAV
		(A/C No Ext):		(A/C No):
Producer Name & Addres	SS	ADDRESS:		
			SURER(S) AFFORDING COVERAGE	NAIC#
:			hern Insurance Company	- Al/A
INSURED		INSURER B : N/A		N/A
		INSURER C : N/A		N/A
Customer Name & Address		INSURER D :		
		INSURER E :		<u> </u>
COVERAGES CERTIFI	CATE NUMBER:	INSURER F : SEA-003532995-01	REVISION NU	MRED:
THIS IS TO CERTIFY THAT THE POLICIES OF INSUR INDICATED. NOTWITHSTANDING ANY REQUIREM! ISSUED OR MAY PERTAIN, THE INSURANCE AFF POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCE INST.!	ANCE LISTED BELOW HAVE BEEN ISSU ENT, TERM OR CONDITION OF ANY C ORDED BY THE POLICIES DESCRIBE	ONTRACT OR OTHER I D HEREIN IS SUBJEC	NAMED ABOVE FOR THE POLICY DOCUMENT WITH RESPECT TO	/ PERIOD WHICH THIS CERTIFICATE MAY BE
A X COMMERCIAL GENERAL LIABILITY	SD WVD FOLICT NOMBER	(WINDOTTTT)	EACH OCCURRE	
CLAIMS-MADE X OCCUR	Policy Number Here Effective	e	DAMAGE TO RE	NTED 4.000.000
	&		MED EXP (Any or	10,000
	Expiration Date		PERSONAL & AD	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:	Dates must be valid for Event Start & End		GENERAL AGGR	0.000.000
X POLICY PRO- JECT LOC	Date per License		PRODUCTS - CO	OMP/OP AGG \$ 2,000,000
OTHER:	Agreement			\$
AUTOMOBILE LIABILITY		PAFT	COMBINED SING (Ea accident)	GLE LIMIT \$
ANY AUTO			BODILY INJURY	(Per person) \$
OWNED SCHEDULED AUTOS ONLY AUTOS			BODILY INJURY	
HIRED NON-OWNED AUTOS ONLY AUTOS ONLY			PROPERTY DAN (Per accident)	MAGE \$
	_			
UMBRELLA LIAB OCCUR			EACH OCCURRE	ENCE \$
EXCESS LIAB CLAIMS-MADE			AGGREGATE	\$
DED   RETENTION\$				\$
WORKERS			PER	OTH- ER
COMPENSATION Y/N AND EMPLOYERS'LIABILITY	A		E.L. EACH ACCIO	DENT \$
ANYPROPRIETOR/PARTNER/			E.L. DISEASE - E	A EMPLOYEE \$
EXECUTIVE OFFICER/			E.L. DISEASE - F	POLICY LIMIT \$
MEMBER EXCLUDED? (Mandatory In NH) If yes, describe below				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	ES (Additional Remarks Schedule, may b	oe attached If more spa	ce is required)	<u>.</u>
Re: {Event Name & D	ates)			
Additional Insured NKY Conve	ention Center			
	•			
it's Officers, Directors, Agents	s, servants a			
Employees				
CERTIFICATE HOLDER		CANCELLATION		
Northern Kentucky				
Northern Kentucky		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE		
Convention Center		WITH THEPOLICYPROVISIONS.		
1 W. Rivercenter Blvd.		L		
Covington, KY 41011		AUTHORIZED REPRESENTATIVE		
229.0, 11011				