



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/15/2024

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 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

| Certifica | ale noidei in ned of Such endorser | ιι σ ιιι(3). | | | | | | |
|---|------------------------------------|-------------------------|--|--------|--|--|--|--|
| PRODUCER Buttine Underwriter Purchasing Group 33 East 33rd St., 5th Floor New York, NY 100160 John M. Buttine | | | CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PKOUDUSEN CUSTOMER ID #: 7RPGEXH | | | | | |
| | | | INSURER(S) AFFORDING COVER AGE | NAIC # | | | | |
| INSURED | Exhibiting Company & Boo | otn # | INSURER A: ABC Company | | | | | |
| | Street City, State Zip Code | | INSURER B: | | | | | |
| | only, orato hip obtain | | INSURER C: | | | | | |
| | | | INSURER D: | | | | | |
| | | | INSURER E: | | | | | |
| | | | INSURER F: | | | | | |
| COVEDAGES CERTIFICATE NUMBER: | | DEVISION NUM | DED. | | | | | |

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 POLICYEFF POLICYEFP | | | | | | | | | |
|--|------------------------------------|------|-----|--------------|--------------|--------------|-------------------------------------|----|-----------|
| INSR LTR | TYPE OF INSURANCE | INSR | WVD | POLICYNUMBER | (MM/DD/YYYY) | (MM/DD/YYYY) | LIMITS | | |
| | GENERAL LIABILITY | | | | | | FACH OCCURRENCE | \$ | 1,000,000 |
| A | COMMERCIAL GENERAL LIABILITY | X | (| POLICY# | 02/2/2025 | 2/82025 | PREMISES (Ea occurrence) | \$ | 100,000 |
| | CLAIMS-MADE OCCUR | | | | | | MED EXP (Any one person) | \$ | |
| | | | | | | | PERSONAL & ADV INJURY | \$ | 1,000,000 |
| | | | | | | | GENERAL AGGREGATE | \$ | 2,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | PRODUCTS - COMP/OP AGG | \$ | |
| | POLICY PRO- JECT LOC | | | | | | | \$ | |
| | AUTOMOBILE LIABILITY ANY AUTO | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | |
| | | | | | | | BODILY INJURY (Per person) | \$ | |
| | ALL OWNED AUTOS | | | | | | BODILY INJURY (Per accident) | \$ | |
| | SCHEDULED AUTOS | | | | | | PROPERTY DAMAGE | \$ | |
| | HIRED AUTOS | | | | | | (PER ACCIDENT) | | |
| | NON-OWNED AUTOS | | | | | | | \$ | |
| | | | | | | | | \$ | |
| | UMBRELLA LIAB OCCUR | | | | | | EACH OCCURRENCE | \$ | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | \$ | |
| | DEDUCTIBLE | | | | | | | \$ | |
| | RETENTION \$ | | | | | | | \$ | |
| WORKERS COMPENSATION AND EMPLOYERS'LIABILITY ANY PROPRIETOR PARTNER JECUTIVE OFFICE OF THE PROPERTY OF THE PR | | N/A | | | | | WC STATU- TORY LIMITS ER | | |
| | | | | | | | E.L. EACH ACCIDENT | \$ | |
| OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | |
| If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | |
| | | | | | | | | | |

Additional Insured as respects to claims arising out of the operations of (NAMED INSURED EXHIBITING COMPANY) at American International Motorcycle Expo. 2/2-2/8/2025: Motorcycle Industry Council and the Las Vegas Convention Center.

| CERTIFICATE HOLDER | CANCELLATION |
|--------------------|--------------|

Motorcycle Industry Council 2 Jenner Suite 150 Irvine, CA 92618

MPE0001

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Kendy Klin C