

Show Name: Glass TEXpo™ '25 | Show Date: May 7-8, 2025 | Location: Henry B. González Convention Center  
 Discount Deadline Date: April 7, 2025  
 Standard Deadline Date: April 28, 2025

- PRODUCER:** Insurance Agent/Broker who issues certificate.
- NAME OF INSURED:** Must be the legal name of contracting party.
- TYPES OF INSURANCE:** Must include types required by contract.
- FORM OF COVERAGE:** Must be "occurrence" form of coverage.
- NAME ADDITIONAL INSURED:** SourceOne Events (Official Service Provider), Show Management, Name of Show, Show Dates, Exhibiting Company Name and Booth Number and Facility as additional insured on a primary and non-contributory basis.
- CERTIFICATE HOLDER:** Must be SourceOne Events, Inc.
- POLICY EFFECTIVE DATE:** Must be prior to or coincidental with the first day of Exhibitor Move-In.
- POLICY EXPIRATION DATE:** Must be on or after the last day of Exhibitor Move-Out.
- LIMITS OF INSURANCE:** Must be the same or greater than required by contract. See Section B on Agreement under EAC Rules and Regulations between SourceOne and EAC.
- AUTHORIZED REPRESENTATIVE:** Must be signed (not stamped) by an authorized representative of Producer.

## ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
April 28, 2025

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 certificate holder in lieu of such endorsement(s).

1	<b>PRODUCER</b> Executive Insurance Agency 1234 Corporate Lane San Antonio, IL 60611 Attn: John Agent Phone: (312) 555-0000 Ext. 411 Fax: (312) 555-1234	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> <b>E-MAIL ADDRESS:</b>	<b>FAX (A/C, No):</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
2	<b>INSURED</b> ABC Company, Inc. 1234 Expo Lane San Antonio, IL 60611 Attn: Tom Smith Phone: (312) 555-4111 Fax: (708) 444-1234	<b>INSURER A: Liberty Mutual</b>	
		<b>INSURER B: Travelers Insurance</b>	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

3 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	4 TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	9 LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	x		10/12/2018	10/12/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPIOP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10000					EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				PER STATUTE   OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

5 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**Add as Additional Insured:**  
 List the following: SourceOne Events, Inc. (Official Service Provider), Henry B. González Convention Center (Facility) Key Communications, Inc. | US-Glass magazine. (Show Management) and Glass TEXpo™ '25 are hereby names as additional insured, except for Workers' Compensation. SourceOne Events, Inc. and/or the consignar are included as Loss Payee. The insurance provided for the benefit of SourceOne Events, 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 SourceOne shall be excess and non contributory. Show Dates & City are: (List Show Dates Here & Name of City)

6	<b>CERTIFICATE HOLDER</b> SourceOne Events, Inc. 596 Lamont Rd. Elmhurst, IL 60126	<b>CANCELLATION</b> 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
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