

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

04/16/2007

PRODUCER (630) 572-1550 FAX (630) 574-3278  
**T.J. Adams Group, LLC**  
 2021 Spring Road  
 Oak Brook, IL 60523-1852

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.

### INSURERS AFFORDING COVERAGE

INSURED  
**Brown Company**  
 123 Main Street  
 Anywhere, IL 60000

INSURER A: **Insurance Company A**  
 INSURER B:  
 INSURER C:  
 INSURER D:  
 INSURER E:

### COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</b> <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	ABC 12345	01/01/2007	12/31/2007	EACH OCCURRENCE \$ <b>1,000,000</b>
	FIRE DAMAGE (Any one fire) \$ <b>50,000</b>				
	MED EXP (Any one person) \$ <b>5,000</b>				
	PERSONAL & ADV INJURY \$ <b>1,000,000</b>				
	GENERAL AGGREGATE \$ <b>2,000,000</b>				
	PRODUCTS-COMP/OP AGG \$ <b>1,000,000</b>				
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS _____	ABC 12345	01/01/2007	12/31/2007	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
	BODILY INJURY (Per person) \$				
	BODILY INJURY (Per accident) \$				
	PROPERTY DAMAGE (Per accident) \$				
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY-EA ACCIDENT \$
	OTHER THAN AUTO ONLY: EA ACC \$ AGG \$				
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE _____ DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$
	AGGREGATE \$				
	\$				
	\$				
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	ABC 12345	01/01/2007	12/31/2007	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER \$
	E.L. EACH ACCIDENT \$ <b>500,000</b>				
	E.L. DISEASE-EA EMPLOYEE \$ <b>500,000</b> E.L. DISEASE-POLICY LIMIT \$ <b>500,000</b>				
	<b>OTHER</b>				

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS**  
 General Liability policy includes the interest of: Medical Library Association (Owner), MLA Annual Meeting (Show), Hall-Erickson, Inc. (Exposition Manager), GES Exposition Services (Official Contractor), The Philadelphia Marriott (Venue) and/or their respective agents as additional insureds.

<b>CERTIFICATE HOLDER</b>	<b>ADDITIONAL INSURED; INSURER LETTER</b> _____	<b>CANCELLATION</b>
Hall-Erickson, Inc. 98 E. Naperville Road Westmont, IL 60559		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <b>Joe Smith</b>