ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
MM/DD/YY

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS

Sample Certificate of Insurance - D3 Productions Events

- **Items in RED must be exactly as written.**
- **Items in BLUE must be included, but edited to fit the specific event.**

Revised: 07/2024

this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
Insurance Company Name Street Address City, State ZIP	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Insurance Company Name	
INSURED	INSURER B :	
Name of Insured Street Address City, State ZIP	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

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

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 LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ [LIMIT AMT.]
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ [LIMIT AMT.]
							MED EXP (Any one person)	$ [LIMIT AMT.]
				[Policy Number]	MM/DD/YY	MM/DD/YY	PERSONAL & ADV INJURY	$ [LIMIT AMT.]
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ [LIMIT AMT.]
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ [LIMIT AMT.]
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ [LIMIT AMT.]
	X ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS			[Policy Number]	MM/DD/YY	MM/DD/YY	BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A		[Policy Number]	MM/DD/YY	MM/DD/YY	E.L. EACH ACCIDENT	$ [LIMIT AMT.]
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ [LIMIT AMT.]
							E.L. DISEASE - POLICY LIMIT	$ [LIMIT AMT.]

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Additionally insured: D3 Productions, LLC, Expo Productions, Inc., and the Wisconsin State Fair Park as related to claims arising out of the exhibiting company's participation in the 19th Biennial Wisconsin Manufacturing & Technology Show, October 1-11, 2025, at the Exposition Center at Wisconsin State Fair Park, 8200 W. Greenfield Ave., West Allis, WI 53214.

CERTIFICATE HOLDER

D3 Productions, LLC
N113W18750 Carnegie Dr
Germantown, WI 53022

CANCELLATION

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

Signature

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SAMPLE