

SAMPLE

CERTIFICATE OF INSURANCE					DATE (MM/DD/YY)	
PRODUCER YOUR INSURANCE COMPANY NAME/PHONE NUMBER OF CONTACT PERSON			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.			
CODE SUB-CODE INSURED YOUR COMPANY NAME AND ADDRESS			COMPANIES AFFORDING COVERAGE			
			COMPANY LETTER	A		
			COMPANY LETTER	B SAMPLE		
			COMPANY LETTER	C		
			COMPANY LETTER	D		
			COMPANY LETTER	E		
COVERAGES						
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. THIS 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.						
INST LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YY)	POLICY EXPIRATION DATE(MM/DD/YY)	ALL LIMITS IN THOUSANDS	
	GENERAL LIABILITY	SAMPLE	YOUR EFFECTIVE DATES		GENERAL AGGREGATE \$1,000	
X	COMMERCIAL GENERAL LIABILITY				PRODUCTS-COM-OPS AGGREGATE \$1,000	
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.				PERSONAL & ADVERTISING INJURY \$1,000	
	OWNERS' & CONTRACTORS' PROT.				EACH OCCURRENCE \$1,000	
					FIRE & DAMAGE (Any one fire) \$50	
					MEDICAL EXPENSE (Any one person) \$5	
	AUTOMOBILE LIABILITY	SAMPLE			COMBINED SINGLE LIMIT \$1,000	
	ANY AUTO				BODILY INJURY (Per person) \$	
X	ALL OWNED AUTOS				BODILY INJURY (Per accident) \$	
	SCHEDULED AUTOS				PROPERTY DAMAGE \$	
X	HIRED AUTOS				EACH OCCURRENCE \$	
	NON-OWNED AUTOS				AGGREGATE \$	
	GARAGE LIABILITY					
	EXCESS LIABILITY					
	UMBRELLA FORM					
	OTHER THAN UMBRELLA FORM					
X	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY	SAMPLE			STATUTORY	
					\$ 1,000 (EACH ACCIDENT)	
					\$ (DISEASE- POLICY LIMIT)	
					\$ (DISEASE - EACH EMPLOYEE))	
	OTHER					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL ITEMS						
ADDITIONAL INSURED: (NAME OF EVENT) OCCURRING IN (YEAR).						
SMG, SPORTS AND EXHIBITION AUTHORITY OF PITTSBURGH AND ALLEGHENY COUNTY, AND COMMONWEALTH OF PA						

CERTIFICATE HOLDER

CANCELLATION

The Event Name 6 Research Drive Shelton, CT 06484	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEROF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OR ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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