

**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 have ADDITIONAL INSURED provisions or 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 any rights to the certificate holder in lieu of such endorsement(s).**

<b>PRODUCER</b>  <b>Insurance Agent/Broker, Street Address or P.O. Box, City, State, Zip Code</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>CONTACT NAME:</b> Insurance Agent/Broker Name</td> </tr> <tr> <td><b>PHONE (A/C, No, Ext):</b> Phone Number</td> <td><b>FAX (A/C, No):</b></td> </tr> <tr> <td colspan="2"><b>E-MAIL ADDRESS:</b> Email Address</td> </tr> <tr> <td colspan="2" style="text-align: center;"><b>INSURER(S) AFFORDING COVERAGE</b></td> </tr> <tr> <td><b>INSURER A :</b> Name of Insurance Company</td> <td><b>NAIC #</b></td> </tr> <tr> <td><b>INSURER B :</b></td> <td></td> </tr> <tr> <td><b>INSURER C :</b></td> <td></td> </tr> <tr> <td><b>INSURER D :</b></td> <td></td> </tr> <tr> <td><b>INSURER E :</b></td> <td></td> </tr> <tr> <td><b>INSURER F :</b></td> <td></td> </tr> </table>	<b>CONTACT NAME:</b> Insurance Agent/Broker Name		<b>PHONE (A/C, No, Ext):</b> Phone Number	<b>FAX (A/C, No):</b>	<b>E-MAIL ADDRESS:</b> Email Address		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>INSURER A :</b> Name of Insurance Company	<b>NAIC #</b>	<b>INSURER B :</b>		<b>INSURER C :</b>		<b>INSURER D :</b>		<b>INSURER E :</b>		<b>INSURER F :</b>	
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<b>INSURED</b>  <b>Exhibitor Name Exhibitor Street Address or P.O. Box Vendor City, State &amp; Zip Code</b>																					

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS												
<input checked="" type="checkbox"/>	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> JECT <input checked="" type="checkbox"/> LOC OTHER:	x	x	Enter Policy #	(Must take effect by the first move in date of the event, (Mar 4th, 2025)	(Must not expire prior to last move out date of, (Mar 15th, 2025)	EACH OCCURRENCE <b>\$1,000,000</b> DAMAGE TO RENTED PREMISES (Each occurrence) <b>\$300,000</b> MED EXP (Any one person)    \$ PERSONAL & ADV INJURY <b>\$1,000,000</b> GENERAL AGGREGATE <b>\$1,000,000</b> PRODUCTS - COMP/OP AGG <b>\$1,000,000</b> \$												
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY			Enter Policy #			COMBINED SINGLE LIMIT (Each accident)    \$ BODILY INJURY (Per person)    \$ BODILY INJURY (Per accident)    \$ PROPERTY DAMAGE (Per accident)    \$ \$												
<input checked="" type="checkbox"/>	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$			Enter Policy #	Must take effect by the first move in date of the event, Mar 4th, 2025	Must not expire prior to last move out date, Mar 15th, 2025	EACH OCCURRENCE <b>\$if it applies</b> AGGREGATE <b>\$if it applies</b> \$												
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	Enter Policy #	Must take effect by the first move in date of the event, Mar 4th, 2025	Must not expire prior to last move out date, Mar 15th, 2025	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">PER STATUTE</td> <td style="width: 50%;">OTHER</td> <td style="text-align: center;"><b>REQUIRED FOR EAC'S</b></td> </tr> <tr> <td colspan="2">E.L. EACH ACCIDENT</td> <td style="text-align: center;"><b>\$ Minimum 1 MILLION</b></td> </tr> <tr> <td colspan="2">E.L. DISEASE - EA EMPLOYEE</td> <td style="text-align: center;"><b>\$ Minimum 1 MILLION</b></td> </tr> <tr> <td colspan="2">E.L. DISEASE - POLICY LIMIT</td> <td style="text-align: center;"><b>\$ Minimum 1 MILLION</b></td> </tr> </table>	PER STATUTE	OTHER	<b>REQUIRED FOR EAC'S</b>	E.L. EACH ACCIDENT		<b>\$ Minimum 1 MILLION</b>	E.L. DISEASE - EA EMPLOYEE		<b>\$ Minimum 1 MILLION</b>	E.L. DISEASE - POLICY LIMIT		<b>\$ Minimum 1 MILLION</b>
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**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

In regards to the insured's operations at the AAOS 2025 Annual Meeting, March 4th - 15th 2025 (including move-in and out dates), it is understood and agreed that **American Academy of Orthopaedic Surgeons, San Diego Convention Center** are added as **additional insured**.

<b>CERTIFICATE HOLDER</b>  <b>American Academy of Orthopaedic Surgeons, 9400 W. Higgins Road, Rosemont, Illinois, 60018</b>	<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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