

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) Date

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

certificate holder in lieu of such endors			CONTACT NAME:			
		PHONE				
YOUR INSURANCE AGENTS NAME			(A/C, No, Ext): (A/C, No): E-MAIL ADDRESS:			
						NAIC#
			INSURER A:			
YOUR COMPANY NAME AND ADDRESS			INSURER B:			
			INSURER C:			
			INSURER D:			
			INSURER E:			
			INSURER F:			
COVERAGES CER	TIFIC	ATE NUMBER:			REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIR PERTA POLIC	EMENT, TERM OR CONDITION AIN, THE INSURANCE AFFORD CIES. LIMITS SHOWN MAY HAVE	OF ANY CONTRACTED BY THE POLICIES BY THE POLICIES BY THE POLICIES BY	FOR OTHER DES DESCRIBER PAID CLAIMS	DOCUMENT WITH RESPECT TO D HEREIN IS SUBJECT TO ALL	WHICH THIS
ISR TR TYPE OF INSURANCE	ADDL INSR	SUBR WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
GENERAL LIABILITY					LACITOCCONNENCE \$.	000,000
COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR		0000000000	DATE	DATE	DAMAGE TO RENTED \$ 30 PREMISES (Ea occurrence)	00,000
	XX		DAIL	DAIL	MED EXP (Any one person) \$ 5	,000
					PERSONAL & ADV INJURY \$ 1,	000,000
					OLIVLIAL AGGINLOATE 9	000,000
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG \$ 3,	000,000
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT 2	.000,000
X		000000000	5		(Ea accident) \$ 5	
ANY AUTO ALL OWNED SCHEDULED		000000000	DATE	DATE	BODILY INJURY (Per accident) \$	
AUTOS AUTOS NON-OWNED					PROPERTY DAMAGE	
HIRED AUTOS AUTOS					(Per accident) \$	
UMBRELLA LIAB X OCCUR				 		.000,000
EXCESS LIAB CLAIMS-MADE		000000000	DATE	DATE	LAGIT COOCHTENOL #	,000,000
DED RETENTION\$	1				\$	
WORKERS COMPENSATION						,000,000
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		000000000	DATE	DATE		1,000,000
					E.L. DISEASE - EA EMPLOYEE \$ 1	,000,000
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC COVERING THE GARDEN STATE RV AND CAN	1PING	SHOW AT THE NEWJERSY CONVE	ENTION & EXHOSITIO	ON CENTER JAN		AGREED THAT
NORTHEAST PRODUCTIONS INC, NEW JERSE AND ALL RESPECTIVE MEMBERS, DIRECTORS BASIS AND SHALL BE HELD HARMLESS AGAII	, OFFI	CERS, EMPLOYEES, AGENTS ARE	ENDORSED TO THE F	OLICIES AS AD	DITIONAL INSURED ON A PRIMAR	
	West-Salar					
CERTIFICATE HOLDER		CANCELLATION				
NORTHEAST PRODUCTIONS INC. PO BOX 310848 NEWINGTON,CT 06131			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
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