CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)

CE TH RE IM ter	IIS CERTIFICATE IS ISSUED AS A RTIFICATE DOES NOT AFFIRMATIV IIS CERTIFICATE OF INSURANC PRESENTATIVE OR PRODUCER, A PORTANT: If the certificate holder is ms and conditions of the policy, contificate holder in lieu of such endor	VELY OR NEGAT E DOES NOT ND THE CERTIF s an ADDITION ertain policies	TIVELY AMEND, EX CONSTITUTE A FICATE HOLDER. AL INSURED, the p	TEND OR ALTER TH CONTRACT BET	HE COVERAG TWEEN THE	GE AFFORDED BY THE ISSUING INSURER SUBROGATION IS WAI	POLICII (S), AU VED, su	ES BELOW. ITHORIZED bject to the
	UCER			CONTACT NAME:				
IN	SURANCE BROKER/AGENT			PHONE FAX (A/C, No, Ext): (A/C, No):				
				E-MAIL ADDRESS:		(Pro, noj.		
				INSU		DING COVERAGE		NAIC #
						n AM Best Rating of A-VII		
INSURED COMPANY NAME (MUST MATCH COMPANY NAME AS INDICATED ON EAC CONTRACTOR & VENDOR REQUIREMENT APPLICATION)				INSURER B : Carrier A Must have an AM Best Rating of A-VII o				
				INSURER C:				
ADDRESS CITY, STATE, ZIP			INSURER D:					
			INSURER E:					
				INSURER F:				
~~`								
	ERAGES CER					REVISION NUMBER:		
C E	IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH TYPE OF INSURANCE	PERTAIN, THE I POLICIES. LIMI	NSURANCE AFFORI	DED BY THE POLICIE	ES DESCRIBE PAID CLAIMS	D HEREIN IS SUBJECT	TO ALL T	
R	GENERALLIABILITY	INSR WVD	POLICYNUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)			1,000,000
		v				EACH OCCURRENCE DAMAGE TO RENTED	\$ \$	1,000,000
Α		X				PREMISES (Each occurrence)	\$	
ŀ	CLAIMS-MADE X OCCUR					MED EXP (Any one person)		4 000 000
-						PERSONAL & ADV INJURY	\$	1,000,000
						GENERAL AGGREGATE	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIESPER:					PRODUCTS - COMP/OP AGG	-	1,000,000
	POLICY PRO- JECT LOC						\$	
						COMBINED SINGLE LIMIT (Each accident)	\$	
В	ANY AUTO					BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS AUTOS					BODILY INJURY (Per accident	:) \$	
	HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (PER ACCIDENT)	\$	
							\$	
Α	UMBRELLALIAB					EACHOCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
Ī	DED RETENTION \$						\$	
	WORKERS COMPENSATION					X WC STATU- TORY LIMITS ER	-	
в	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE					E.L. EACHACCIDENT	\$	1,000,000
_	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYE		1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT		1,000,000
							Ψ	.,,
DEC	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC							
	ch liability policy shall		d to include t	he Las Vegas (Conventio	n and Visitors A	uthor	ity,
its	s officers, employees, and	d volunteers	s as additiona	l insureds. I	These poli	icies shall be pr	imary	and
an	y other insurance carried		xcess and non	-contributing	.(All ded	uctibles and sel	f-ins	ured
	tentions shall be fully di	sclosed.)						
				CANCELLATION				
re	TIFICATE HOLDER							
re	TIFICATE HOLDER							
rei CER L/ 31	AS VEGAS CONVENTION AND V 50 PARADISE ROAD	ISITORS AUT	HORITY		N DATE THE	ESCRIBED POLICIES BE EREOF, NOTICE WILL Y PROVISIONS.		
rei CER L/ 31	AS VEGAS CONVENTION AND V	ISITORS AUT	HORITY	THE EXPIRATION	N DATE THE TH THE POLIC	EREOF, NOTICE WILL		
rei CER L/ 31	AS VEGAS CONVENTION AND V 50 PARADISE ROAD	ISITORS AUT	HORITY	THE EXPIRATION ACCORDANCE WI	N DATE THE TH THE POLIC	EREOF, NOTICE WILL	BE DE	LIVERED IN