

CERTIFICATE OF LIABILITY INSURANCE

Certificate No.: XXXX

Date: xxxxx

PRODUCER
AIG INSURANCE COMPANY [REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]

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.

COMPANIES AFFORDING COVERAGE

COMPANY
 AIG INSURANCE [REDACTED]

[REDACTED]
 [REDACTED]
 [REDACTED] 层

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, 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIAB. <input type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS LIABILITY <input type="checkbox"/> CLAIM MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT <input type="checkbox"/> BROAD FORM VENDORS COVERAGE <input type="checkbox"/> DESIGNATED VENDORS' LIABILITY	XXXX Renewal No.: 1	XXXX (at standard time at the Insured's address shown above)	XXXX (at standard time at the Insured's address shown above)	GENERAL AGGREGATE	GPB1,000,000
					PRODUCTS /COMP OP AGG	N/A
					PERSONAL & ADV INJURY	N/A
					EACH OCCURRENCE	GPB1,000,000
					DAMAGE TO PREMISES RENTED TO YOU LIMIT	N/A
					MED E PAY (ANY ONE PERSON)	N/A
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTO <input type="checkbox"/> _____				COMBINED SINGLE LIMIT	\$
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE	\$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____ <input type="checkbox"/> _____				AUTO ONLY - EA ACCIDENT	
					OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	\$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE	\$
					EACH OCCURRENCE	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE <input type="checkbox"/> INCL OFFICERS <input type="checkbox"/> EXCL ARE:				WC STATU-TORY LIMITS	OTH -ER
					EL EACH ACCIDENT	\$
					EL DISEASE - POLICY LIMIT	\$
					EL DISEASE - EA EMPLOYEE	\$
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

EXHIBITION COVERED:

Designated exhibition (exhibition name TBA) attended by the name insured as exhibitor in Netherlands.

JURISDICTION/TERRITORY: Netherlands

CERTIFICATE HOLDER

TBA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, 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 OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVE. 10 DAYS WRITTEN NOTICE WILL BE GIVEN FOR NON-PAYMENT OF PREMIUM.

AUTHORIZED REPRESENTATIVE

Certificate Alert: to check on the validity of this certificate or the underlying policy or to receive an e-copy, please email us with the certificate number at china.products@aig.com.