

SAMPLE ONLY - HIGHLIGHTED FIELDS INDICATE NECESSARY INFORMATION

CERTIFICATE OF LIABILITY INSURANCE

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 in an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement of this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER NAME OF INSURANCE COMPANY ADDRESS CITY, STATE, ZIP CODE	CONTACT NAME: NAME OF AGENT	
	PHONE (A/C, No, Ext): AGENCY PHONE NUMBER	FAX (A/C, No):
	EMAIL ADDRESS: AGENCY EMAIL	
	INSURER(S) AFFORDING COVERAGE	
	INSURANCE CARRIER(S) NAMES	
INSURED NAME OF VENDOR COMPANY NAME ADDRESS CITY, STATE, ZIP CODE		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER

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 MA 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		
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	<input checked="" type="checkbox"/>		POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	EACH OCCURRENCE		\$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)		\$
							MED EXP (Any one person)		\$
							PERSONAL & ADV INJURY		\$
							GENERAL AGGREGATE		\$2,000,000
							PRODUCTS - COMP/OP AGG		\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> HIRED AUTOS						COMBINED SINGLE LIMIT (Ea accident)		\$
							BODILY INJURY (Per person)		\$
							BODILY INJURY (Per accident)		\$
							PROPERTY DAMAGE (Per accident)		\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE		\$
							AGGREGATE		\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNERSHIP/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below			MUST SHOW PROOF OF WC AND DISABILITY INSURANCE ON SEPARATE FORM			WC STATUTORY LIMITS	OTHER	\$
							E.L. EACH ACCIDENT		\$
							E.L. DISEASE - EA EMPLOYEE		\$
							E.L. DISEASE - POLICY LIMIT		\$

DESCRIPTION OF OPERATIONS / LOCATIONS/ VEHICLES

(The AOA, Freeman, and Minneapolis Convention Center are named as additional certificate of insurance holders from 6/22/25 -6/28/25.

CERTIFICATE HOLDER

CANCELLATION

To be named as additional insured.
The American Optometric Association
243 N. Lindbergh Blvd.
St. Louis, MO. 63141

Freeman
14221 Dallas Pkwy #200
Dallas, TX 75254

Minneapolis Convention Center-
1301 2nd Ave. S. Minneapolis, MN 55403

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE