

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

PRODUCER Name and address of insurance carrier	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED HEREIN.
INSURERS AFFORDING COVERAGE	
INSURER A	
INSURER B	
INSURER C	
INSURER D	
INSURER E	

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSR'D	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur <input type="checkbox"/> Products/Co <input type="checkbox"/> Claims Made Gen'l aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> Location		02/01/09	02/01/10	Each Occurrence \$1,000,000 Damage to Rented Premises \$1,000,000 (each occurrence) Med Exp (any one person) \$10,000 Personal & Adv Injury \$1,000,000 General Aggregate \$1,000,000 Products — Comp/Op Agg \$1,000,000
		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 Autos <input type="checkbox"/> _____ <input type="checkbox"/> _____		02/01/09	02/01/10	Combined Single Limit \$1,000,000 Bodily Injury (per person) Bodily Injury (per accident) Property Damage (per accident)
		GARAGE LIABILITY <input type="checkbox"/> Any Auto <input type="checkbox"/> _____				Auto Only — Each Accident Other Than Auto Only Each accident Aggregate
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made <input type="checkbox"/> Deductible <input type="checkbox"/> Retention \$		02/01/09	02/01/10	Each Occurrence \$4,000,000 Aggregate \$4,000,000
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Any proprietor/partner/executive officer/member excluded? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, describe under Special Provisions below.)		02/01/09	02/01/10	STATUTORY LIMITS Each Accident \$1,000,000 Disease — Policy Limit \$1,000,000 Disease — Each Employee \$1,000,000
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Chicago Dental Society Midwinter Meeting, Chicago, Illinois. Exhibit dates: Feb. 26-March 1, 2009. Booth _____, Meeting Room _____
 Minimum coverage dates: Feb. 1, 2009, through March 2, 2009. Additional Insureds: Chicago Dental Society, The Freeman Companies, Metropolitan Pier and Exposition Authority, the directors, members, officers, agents and employees of each of the above.

CERTIFICATE HOLDER Chicago Dental Society 401 North Michigan Avenue, Suite 200 Chicago, Illinois 60611-5585	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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