



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Month/Date/Year

| PRODUCER Insurance Agent/Broker Name Insurance Agent/Broker Street Address or P.O. Box Insurance Agent/Broker City, State & Zip Code Contact & Phone Number | 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. | | | | | | | | | | | | |
|--|--|-----------------------------|--------|--------------------------------------|-------------|--|-------------|--|-------------|--|-------------|--|-------------|
| INSURED Vendor Name Vendor Street Address or P.O. Box Vendor City, State & Zip Code | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:80%;">INSURERS AFFORDING COVERAGE</th> <th style="width:20%;">NAIC #</th> </tr> <tr> <td>INSURER A: Name of Insurance Company</td> <td>Enter NAIC#</td> </tr> <tr> <td>INSURER B: Name of Insurance Company (if applicable)</td> <td>Enter NAIC#</td> </tr> <tr> <td>INSURER C: Name of Insurance Company (if applicable)</td> <td>Enter NAIC#</td> </tr> <tr> <td>INSURER D: Name of Insurance Company (if applicable)</td> <td>Enter NAIC#</td> </tr> <tr> <td>INSURER E: Name of Insurance Company (if applicable)</td> <td>Enter NAIC#</td> </tr> </table> | INSURERS AFFORDING COVERAGE | NAIC # | INSURER A: Name of Insurance Company | Enter NAIC# | INSURER B: Name of Insurance Company (if applicable) | Enter NAIC# | INSURER C: Name of Insurance Company (if applicable) | Enter NAIC# | INSURER D: Name of Insurance Company (if applicable) | Enter NAIC# | INSURER E: Name of Insurance Company (if applicable) | Enter NAIC# |
| INSURERS AFFORDING COVERAGE | NAIC # | | | | | | | | | | | | |
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COVERAGES

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 INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | | | | | | | | | | | | | | |
|---|-------------------------------------|--|---------------------------------|----------------------------------|-----------------------------------|---|---|---------------|---|---------------|------------------------------|-------------|--------------------------------|-------------|-------------------|-------------|------------------------|-------------|--|----|
| A | <input checked="" type="checkbox"/> | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | Enter Policy # | 12/03/2023 | 12/13/2023 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>EACH OCCURENCE</td><td>\$1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$100,000</td></tr> <tr><td>MED EXP (Any one person)</td><td>\$N/A</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td>\$1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td>\$2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td>\$1,000,000</td></tr> <tr><td></td><td>\$</td></tr> </table> | EACH OCCURENCE | \$1,000,000 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$100,000 | MED EXP (Any one person) | \$N/A | PERSONAL & ADV INJURY | \$1,000,000 | GENERAL AGGREGATE | \$2,000,000 | PRODUCTS - COMP/OP AGG | \$1,000,000 | | \$ |
| EACH OCCURENCE | \$1,000,000 | | | | | | | | | | | | | | | | | | | |
| DAMAGE TO RENTED PREMISES (Ea occurrence) | \$100,000 | | | | | | | | | | | | | | | | | | | |
| MED EXP (Any one person) | \$N/A | | | | | | | | | | | | | | | | | | | |
| PERSONAL & ADV INJURY | \$1,000,000 | | | | | | | | | | | | | | | | | | | |
| GENERAL AGGREGATE | \$2,000,000 | | | | | | | | | | | | | | | | | | | |
| PRODUCTS - COMP/OP AGG | \$1,000,000 | | | | | | | | | | | | | | | | | | | |
| | \$ | | | | | | | | | | | | | | | | | | | |
| A | <input checked="" type="checkbox"/> | AUTOMOBILE LIABILITY <input checked="" 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"/> _____ | Enter Policy # | 12/03/2023 | 12/13/2023 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Each Occurrence)</td><td>\$1,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr> </table> | COMBINED SINGLE LIMIT (Each Occurrence) | \$1,000,000 | BODILY INJURY (Per person) | \$ | BODILY INJURY (Per accident) | \$ | PROPERTY DAMAGE (Per accident) | \$ | | | | | | |
| COMBINED SINGLE LIMIT (Each Occurrence) | \$1,000,000 | | | | | | | | | | | | | | | | | | | |
| BODILY INJURY (Per person) | \$ | | | | | | | | | | | | | | | | | | | |
| BODILY INJURY (Per accident) | \$ | | | | | | | | | | | | | | | | | | | |
| PROPERTY DAMAGE (Per accident) | \$ | | | | | | | | | | | | | | | | | | | |
| A | <input checked="" type="checkbox"/> | GARAGE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> _____ | Enter Policy # (if required) | 12/03/2023 | 12/13/2023 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>AUTO ONLY - EA ACCIDENT</td><td>\$1,000,000</td></tr> <tr><td>OTHER THAN EA ACC</td><td>\$</td></tr> <tr><td>AUTO ONLY: AGG</td><td>\$</td></tr> </table> | AUTO ONLY - EA ACCIDENT | \$1,000,000 | OTHER THAN EA ACC | \$ | AUTO ONLY: AGG | \$ | | | | | | | | |
| AUTO ONLY - EA ACCIDENT | \$1,000,000 | | | | | | | | | | | | | | | | | | | |
| OTHER THAN EA ACC | \$ | | | | | | | | | | | | | | | | | | | |
| AUTO ONLY: AGG | \$ | | | | | | | | | | | | | | | | | | | |
| A | <input checked="" type="checkbox"/> | EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$Enter Amount | Enter Policy ID # (if required) | 12/03/2023 | 12/13/2023 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>EACH OCCURENCE</td><td>\$Enter Limit</td></tr> <tr><td>AGGREGATE</td><td>\$Enter Limit</td></tr> <tr><td></td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> </table> | EACH OCCURENCE | \$Enter Limit | AGGREGATE | \$Enter Limit | | \$ | | \$ | | \$ | | | | |
| EACH OCCURENCE | \$Enter Limit | | | | | | | | | | | | | | | | | | | |
| AGGREGATE | \$Enter Limit | | | | | | | | | | | | | | | | | | | |
| | \$ | | | | | | | | | | | | | | | | | | | |
| | \$ | | | | | | | | | | | | | | | | | | | |
| | \$ | | | | | | | | | | | | | | | | | | | |
| A | <input checked="" type="checkbox"/> | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below | Enter Policy # | 12/03/2023 | 12/13/2023 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>E.L. EACH ACCIDENT</td><td>\$1,000,000</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$1,000,000</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$1,000,000</td></tr> </table> | E.L. EACH ACCIDENT | \$1,000,000 | E.L. DISEASE - EA EMPLOYEE | \$1,000,000 | E.L. DISEASE - POLICY LIMIT | \$1,000,000 | | | | | | | | |
| E.L. EACH ACCIDENT | \$1,000,000 | | | | | | | | | | | | | | | | | | | |
| E.L. DISEASE - EA EMPLOYEE | \$1,000,000 | | | | | | | | | | | | | | | | | | | |
| E.L. DISEASE - POLICY LIMIT | \$1,000,000 | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> | OTHER | | | | | | | | | | | | | | | | | | |

Additional Insured for the 65thASH Annual Meeting & Exposition (Meeting Dates: December 9-12, 2023) (Exhibit Dates: December 9-11, 2023) servicing company _____ in booth # _____:

American Society of Hematology, SPARGO, Inc., Freeman and San Diego Convention Center

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| CERTIFICATE HOLDER American Society of Hematology 2021 L. Street NW Suite 900 Washington DC 20036 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE 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. |
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