CERTIFICATE OF LIABILITY INSURANCE ACORD

OP IDJP

DATE (MM/DD/YYYY)

ACCID OLIVIII IOATE OF LIABIL	7RPGEXH	11/10/08			
PRODUCER Buttine Underwriter Purchasing Group 33 East 33rd St., 5th Floor	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.				
New York NY 10016					
Phone: 212-697-1010 Fax: 212-986-2822	INSURERS AFFORDING COVERAGE	NAIC #			
INSURED	INSURER A: ABC Company				
	INSURER B:				
Exhibiting Company	INSURER C:				
Street City, State Zip Code	INSURER D:				
city, beate hip code					

COVERAGES

٠	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
1	MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH
i	POLICIES, AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

ADD' INSR			TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
x	- 1	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY		POLICY #	01/01/08	01/01/09	EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000 \$ 100,000
1	1		CLAIMS MADE OCCUR	FOLICI #	01/01/08	01/01/09	PREMISES (Ea occurence) MED EXP (Any one person)	\$ 100,000
	ľ						PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
	-	GEN'L	AGGREGATE LIMIT APPLIES PER: PRO- POLICY PRO- LOC				PRODUCTS - COMP/OP AGG	\$ 1,000,000
		AUTO	MOBILE LIABILITY ANY AUTO				COMBINED SINGLE LIMIT (Ea accident)	\$
			ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$
			HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
		GARA	AGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
			ANY AUTO				OTHER THAN EA ACC AGG	\$
		EXCE	SS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
OCCUR C		OCCUR CLAIMS MADE				AGGREGATE	\$	
			1					\$
			DEDUCTIBLE					\$
			RETENTION \$				WC STATU- OTH-	\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below						TORY LIMITS ER		
						E.L. DISEASE - EA EMPLOYEE	\$	
		escribe u	under				E.L. DISEASE - POLICY LIMIT	\$
_	HER		• • • • • • • • • • • • • • • • • • • •					1

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Please see attached.

C	ER	TI	FIC	CAT	ГΕΙ	HO	LD	ER

GNYDM01

Greater New York Dental Meeting 518 Fifth Avenue, 3rd Floor New York, NY 10036

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 John M. Buttine

CANCELLATION

© ACORD CORPORATION 1988 ACORD 25 (2001/08)

7RPGEXH PAGE 2 **NOTEPAD:** INSURED'S NAME Exhibiting Company OP IDJP **DATE** 11/10/08 Additional Insured as respects to claims arising out of the operations of EXHIBITING COMPANY at the Greater New York Dental Meeting, 11/28-12/5/08: The Greater New York Dental Meeting Organization Committee, the New York Convention Center Development Corp., the Empire State Development Corp., the Tri-Borough & Tunnel Authority, the Security Contractor; McRoberts Investigative & Securities Services, the Official Full Service Contractor, Freeman Decorating & their respective boards of directors, officers, agents and employees.