

**ACORD**

**CERTIFICATE OF LIABILITY INSURANCE**

**DATE: 6/4/99**

<p><b>PRODUCER</b></p> <p style="text-align: center;">XYZ BROKERAGE INC. 123 PINE TREE DRIVE San Juan, PR 00910</p>	<p>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.</p> <p><b>COMPANIES AFFORDING COVERAGE</b></p> <p>COMPANY A _____ INSURANCE COMPANY COMPANY B _____ COMPANY C _____ COMPANY D _____</p>
<p><b>INSURED</b></p> <p style="text-align: center;">TENANT'S NAME MAILING ADDRESS</p>	<p>COMPANY A _____ COMPANY B _____ COMPANY C _____ COMPANY D _____</p>

**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.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXTERMINATION DATE	LIMITS												
<p><b>GENERAL LIABILITY</b></p> <p><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY  <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  <input type="checkbox"/> OWNER'S &amp; CONTRACTOR'S PROT  <input type="checkbox"/> _____</p>	XXXXXXXXXX	MM/DD/YY	MM/DD/YY	<table style="width:100%; border: none;"> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">1,000,000</td></tr> <tr><td>PRODUCTS COMP/OP AGG</td><td style="text-align: right;">1,000,000</td></tr> <tr><td>PERSONAL &amp; ADV INJURY</td><td style="text-align: right;">1,000,000</td></tr> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">1,000,000</td></tr> <tr><td>FIRE DAMEAGE (1 FIRE)</td><td style="text-align: right;">50,000</td></tr> <tr><td>MED EXP (1 PERSON)</td><td style="text-align: right;">5,000</td></tr> </table>	GENERAL AGGREGATE	1,000,000	PRODUCTS COMP/OP AGG	1,000,000	PERSONAL & ADV INJURY	1,000,000	EACH OCCURRENCE	1,000,000	FIRE DAMEAGE (1 FIRE)	50,000	MED EXP (1 PERSON)	5,000
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MED EXP (1 PERSON)	5,000															
<p><b>AUTOMOBILE LIABILITY</b></p> <p><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"/> _____</p>	XXXXXXXXXX			<table style="width:100%; border: none;"> <tr><td>COMBINED SINGLE LIMIT</td><td style="text-align: right;">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</td><td></td></tr> </table>	COMBINED SINGLE LIMIT	1,000,000	BODILY INJURY (Per person)		BODILY INJURY (Per accident)		PROPERTY DAMAGE					
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<p><b>GARAGE LIABILITY</b></p> <p><input checked="" type="checkbox"/> ANY AUTO  <input type="checkbox"/> _____</p>				<table style="width:100%; border: none;"> <tr><td>AUTO ONLY (EA ACCIDENT)</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>OTHER THAN AUTO ONLY</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>EACH ACCIDENT</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>AGGREGATE</td><td style="text-align: right;">\$ _____</td></tr> </table>	AUTO ONLY (EA ACCIDENT)	\$ _____	OTHER THAN AUTO ONLY	\$ _____	EACH ACCIDENT	\$ _____	AGGREGATE	\$ _____				
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<p><b>EXCESS LIABILITY</b></p> <p><input type="checkbox"/> ANY AUTO  <input type="checkbox"/> _____</p>				<table style="width:100%; border: none;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>AGGREGATE</td><td style="text-align: right;">\$ _____</td></tr> </table>	EACH OCCURRENCE	\$ _____	AGGREGATE	\$ _____								
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AGGREGATE	\$ _____															
<p><b>WORKER'S COMPENSATION AND EMPLOYER'S ALIABILITY</b></p> <p>THE PROPRIETOR _____  PARTNER/EXECUTIVE _____ INCL  OFFICERS _____ EXCL</p>	XXXXXXXXXX			<p>WC STATUTORY LIMITS</p> <table style="width:100%; border: none;"> <tr><td>EL EACH ACCIDENT</td><td style="text-align: right;">100,000</td></tr> <tr><td>EL DISEASE—POLICY LIMIT</td><td style="text-align: right;">500,000</td></tr> <tr><td>EL DISEASE-EACH EMPLOYEE</td><td style="text-align: right;">100,000</td></tr> </table>	EL EACH ACCIDENT	100,000	EL DISEASE—POLICY LIMIT	500,000	EL DISEASE-EACH EMPLOYEE	100,000						
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<p><b>OTHER</b></p>																

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

Event name, Dates (Move-in, Show, & Move-out)

<p><b>CERTIFICATE HOLDER</b></p> <p style="background-color: yellow;">SMG II, LP/ PRCC /PRCDA PUERTO RICO CONVENTION CENTER 100 Convention Center Blvd. San Juan, Puerto Rico 00907</p>	<p><b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION OF 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 REPRESENTATIVES</p> <p>AUTHORIZED REPRESENTATIVE OR AON RISK SERVICES, INC. OF ILLINOIS</p>
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