

ACORD CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YY) **5/1/00**

PRODUCER
 XYZ Brokerage Inc.
 123 Pine Tree Drive
 Miami Beach, FL 33139
 Phone(305) 673-7311 Fax(305) 673-7435

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
 Tenant's Name
 Mailing Address
 (As it appears on the Lease Agreement)
 Contact

COMPANIES AFFORDING COVERAGE
 COMPANY A XYZ Insurance Company
 COMPANY B
 COMPANY C
 COMPANY D

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS & CONTRACTORS PROT <input checked="" type="checkbox"/> Products, Completed operations and Independent Contractors	AB123456789	5/1/00	5/1/01	GENERAL AGGREGATE 1,000,000 PRODUCTS - COMP/OP AGG 1,000,000 PERSONAL & ADV INJURY 1,000,000 EACH OCCURRENCE 1,000,000 FIRE DAMAGE (Any one fire) 50,000 MED EXP (Any one person) 5,000
A	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	CD123456789	5/1/00	5/1/01	COMBINED SINGLE LIMIT 1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE AGGREGATE
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNER/EXECUTIVE OFFICERS ARE <input type="checkbox"/> INCL <input type="checkbox"/> EXCL OTHER	EF123456789	5/1/00	5/1/01	WC STATUTORY LIMITS OTHER EL EACH ACCIDENT 100,000 EL DISEASE - POLICY LIMIT 500,000 EL DISEASE - EA EMPLOYEE 100,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 City of Knoxville, SMG, their officers, agents & employees are included as additional insureds. It is further agreed that this insurance is primary to all other similar coverage carried by the City of Knoxville and/or SMG, and the lessee and their insurance shall have no right of recovery or subrogation against the operator.

CERTIFICATE HOLDER # SNET-42YFVG CANCELLATION

Knoxville Convention Center
 PO Box 2543
 Knoxville, TN 37901-2543

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 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

Michael J. [Signature]
 Acord Corporation 1988