



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | |
|----------|-------------------------------|------------------------------------|
| PRODUCER | CONTACT NAME: | |
| | PHONE (A/C, No, Ext): | FAX (A/C, No): |
| | E-MAIL ADDRESS: | |
| | INSURER(S) AFFORDING COVERAGE | NAIC # |
| INSURED | INSURER A: | Insurance Carrier A-VIII or better |
| | INSURER B: | Insurance Carrier A-VIII or better |
| | INSURER C: | Insurance Carrier A-VIII or better |
| | INSURER D: | |
| | INSURER E: | |
| | INSURER F: | |

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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.

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WYD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|--|----------|---------------|-------------------------|-------------------------|--|
| A | GENERAL LIABILITY | Y | | Policy # | M/D/YY | M/D/YY | EACH OCCURRENCE |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | MED EXP (Any one person) |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | PERSONAL & ADV INJURY |
| | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | GENERAL AGGREGATE |
| | | | | | | | PRODUCTS - COMP/OP AGG |
| | | | | | | | |
| B | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) |
| | <input checked="" type="checkbox"/> ANY AUTO | | | | | | BODILY INJURY (Per person) |
| | <input type="checkbox"/> ALL OWNED AUTOS | <input type="checkbox"/> SCHEDULED AUTOS | | | | | BODILY INJURY (Per accident) |
| | <input type="checkbox"/> HIRED AUTOS | <input type="checkbox"/> NON-OWNED AUTOS | | | | | PROPERTY DAMAGE (PER ACCIDENT) |
| | | | | | | | |
| | UMBRELLA LIAB | | | | | | EACH OCCURRENCE |
| | EXCESS LIAB | <input type="checkbox"/> OCCUR | | | | | AGGREGATE |
| | DED | <input type="checkbox"/> CLAIMS-MADE | | | | | |
| | RETENTION \$ | | | | | | |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | <input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | Y / N | | | | | E.L. EACH ACCIDENT |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | <input type="checkbox"/> N / A | | | | | E.L. DISEASE - EA EMPLOYEE |
| | | | | | | | E.L. DISEASE - POLICY LIMIT |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The Additional Insured and Indemnities are: National Shooting Sports Foundation, ConvExx, Eastside Convention Center, LLC dba Caesars Forum, Caesars Entertainment, Pioneer OpCo, LLC, Expo and Convention Center, LLC, Venetian Las Vegas Gaming, LLC, Grand Canal Shops II, LLC ("GCS") and Phase II Mall Subsidiary, LLC ("PIIMS") and each of their parent subsidiaries and affiliates and each of their officers, directors, agents, and employees as respects the conduct of the names insured(s) in or about the property of Venetian Las Vegas Gaming, LLC, Expo and Convention Center, LLC, The Shoppes at the Palazzo, LLC ("SAPT") and PIIMS, and each of their Parent, Subsidiaries and Affiliates and each of their Officers, Directors, Agents, and Employees are named as Additional Insureds as respects the conduct of the named insured(s) in or about the property of VCR, SECCI, GCS, and PIIMS AND ARE ADDED AS ADDITIONAL INSURED FOR THE PERIOD OF JANUARY 21 - JANUARY 27, 2024)

CERTIFICATE HOLDER**CANCELLATION**

SHOT SHOW
C/O CONVEXX
6865 S EASTERN AVE, SUITE 101
LAS VEGAS, NV 89119

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE