

PRODUCER
ABC Insurance Agency Fax: (212) 441-6100
 1234 Broker Lane
 New York, NY 10895 **1**
 Attn: Joe Agent (212) 441-6102 ext. 1234

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.

INSUREERS AFFORDING COVERAGE

INSURED
Big Boom Company, Inc.
 1234 Corporate Lane
 New York, NY 10895 **2**
 Attn: Joe Smith
 Phone: (212) 324-5349 Fax: (212) 324-9819

INSURER A: **Hartford Insurance Company of Illinois**
 INSURER B: **Aetna Casualty & Surety Company**
 INSURER C: **Travelers Insurance Company** **3**
 INSURER D: **Royal Insurance Company**
 INSURER E: **Dates need to be valid**

COVERAGES
 THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OF 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	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"/> _____ 5 GENERAL AGGREGATE LIMIT APPLIES TO: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	000P98298-AI1	01/01/04	01/01/05	EACH OCCURENCE \$1,000,000
	FIRE DAMAGE (Any one fire) \$ 50,000				
	MED EXP (Any one person) \$ 5,000				
	PERSONAL & ADV INJURY \$1,000,000				
	GENERAL AGGRREGATE \$2,000,000				
	PRODUCTS-COMP/OP AGG \$1,000,000				
B	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"/> _____ 6	SKLS-029499S	01/01/04	01/01/05	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
	BODILY INJURY (Per person) \$				
	BODILY INJURY (Per accident) \$				
	PROPERTY DAMAGE (Per accident) \$				
	GARAGE LIABILITY <input checked="" type="checkbox"/> ANY AUTO 7 <input type="checkbox"/> _____				AUTO ONLY-EA ACCIDENT \$1,000,000
	OTHER THAN AUTO ONLY: EA AGG \$				
A	EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE 8 <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	XL1234567	01/01/04	01/01/05	EACH OCCURRENCE \$4,000,000
	AGGREGATE \$4,000,000				
	\$				
	\$				
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 9	A4145-SS-PJ37	01/01/04	01/01/05	<input checked="" type="checkbox"/> WC STATU- <input type="checkbox"/> OTH-ER
	E.L. EACH ACCIDENT \$500,000				
	E.L. DISEASE-EA \$500,000				
	E.L. DISEASE - POLICY \$500,000				
D	OTHER Professional Liability 10	000P98298-AI1	01/01/04	01/01/05	Each Occurrence & Aggregate \$1,000,000 \$3,000,000

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

ADDITIONAL INSURED: Orlando World Center Marriott, Marriott International, Inc., Marriott Hotel Services, Inc. and HMC Hotels Limited Partnership.

REFERENCE HOTEL: Orlando World Center Marriott 8701 World Center Drive, Orlando, FL 32821

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CERTIFICATE HOLDER ADDITIONAL INSURED; INSURER LETTER

Orlando World Center Marriott Hotel
 8701 World Center Drive
 Orlando, FL 32821 **12**
 Attn: Director of Finance
 Tel. #407-238-8754 / Fax #407-238-8709

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EX SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OF REPRESENTATIONS AUTHORIZED REPRESENTATIVE

John Smith, CIC
 John Smith, CIC **13**