# Certificate of Liability Insurance

**Certificate Holder:**

Society for Neuroscience  
1121 14th Street, N.W.  
Suite 1010  
Washington, DC 20005

**Cancelation:**

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:**

<table>
<thead>
<tr>
<th>COVERAGES</th>
<th>INSR. LTR</th>
<th>TYPE OF INSURANCE</th>
<th>ADDL SUBSU. INSD</th>
<th>LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A X</td>
<td>COMMERCIAL GENERAL LIABILITY</td>
<td>CLAIMS-MADE</td>
<td>OCCUR.</td>
<td>policy number xxx-xxx</td>
</tr>
<tr>
<td>A X</td>
<td>AUTOMOBILE LIABILITY</td>
<td>ANY AUTO</td>
<td>policy number xxx-xxx</td>
<td></td>
</tr>
<tr>
<td>A X</td>
<td>WORKERS COMPENSATION AND EMPLOYERS’ LIABILITY</td>
<td>ANY PROPRIETOR/OWNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?</td>
<td>policy number xxx-xxx</td>
<td></td>
</tr>
</tbody>
</table>

**Description of Operations / Locations / Vehicles (ACORD 101, Additional Remarks Schedule, may be attached if more space is required):**

Society for Neuroscience and the San Diego Convention Center Corporation, Inc., City of San Diego, San Diego Unified Port District, and the members, officers, directors, agents and employees of each of these entities are included as Additional Insureds on all Liability policies except Workers’ Compensation with respect to Neuroscience 2018 from 10/30/2018 through 11/08/2018. Liability coverage is primary and non-contributory and Waiver of Subrogation applies.

**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).

**Certificate Number:**

<table>
<thead>
<tr>
<th>REVISION NUMBER</th>
<th>CERTIFICATE NUMBER</th>
</tr>
</thead>
</table>

**Insurer(s) Affording Coverage:**

<table>
<thead>
<tr>
<th>INSURER(S) AFFORDING COVERAGE</th>
<th>NAIC #</th>
</tr>
</thead>
</table>

**Insured:**

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[Signature]

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