ACORD <sup>®</sup> 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(i	ies) must be	endorsed.	If SUBROGATION IS W	VAIVE	D, subject to	
the terms and conditions of the policy	, certai	in policies may require an e	ndorser	nent. A stat	ement on th	is certificate does not o	onfer	rights to the	
certificate holder in lieu of such endorsement(s).									
PRODUCER	CONTAC	CONTACT NAME:							
				PHONE FAX					
INSURANCE AGENT LISTING				(A/C, No, Ext): E-MAIL (A/C, No):					
				ADDRESS:					
				INSURER(S) AFFORDING COVERAGE NAIC #					
				INSURER A: INSURANCE COMPANY INFORMATION					
INSURED				INSURER B :					
EAC COMPANY INFORMATION				INSURER C :					
				INSURER D :					
				INSURER E :					
			INSURER F :						
COVERAGES CER	TIFIC			REVISION NUMBER:					
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									
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								,	
INSR LTX TYPE OF INSURANCE	ADDL S INSR V	SUBR WVD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)		LIMI	TS		
GENERAL LIABILITY	INSK V						<u> </u>	1,000,000	
						EACH OCCURRENCE DAMAGE TO RENTED	Ψ		
				July 20,	July 25,	PREMISES (Ea occurrence)	\$	1,000,000	
CLAIMS-MADE X OCCUR		Policy Number		2024	2024	MED EXP (Any one person)	\$	5,000	
						PERSONAL & ADV INJURY	s 1	1,000,000	
	X			12:00 am	11:59 pm	GENERAL AGGREGATE		2,000,000	
							Ψ	2,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	¢	2,000,000	
POLICY PRO- JECT LOC							\$		
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$		
						BODILY INJURY (Per person)	\$		
						E DLY INJURY (Per accident)	\$		
					,		-		
	-					(bracident)	\$		
							\$		
UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
						AUDITEDATE	-		
DED RETENTION \$   WORKERS COMPENSATION						WC STATU- OTH-	\$		
AND EMPLOYERS' LIABILITY						WC STATU- TORY LIMITS ER			
						E.L. EACH ACCIDENT	\$		
OFFICER/MEMBER EXCLUDED?						E.L. DISEASE - EA EMPLOYEI	= s		
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT			
DESCRIPTION OF OPERATIONS DEIGW						L.L. DISEASE - FOLICT LIMIT	ψ		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (Att	ttach ACORD 101, Additional Remarks	Schedule,	if more space is	required)				
Exhibiting Company Name & Booth number									
Additional Internet Internet Conference on Machine Landia (ICMI). The d									
Additional Insured: International Conference on Machine Learning (ICML), Terri									
Aurrichio and RX Wien Gmbh Messeplatz 1, PF 277, A-1020 Wien. As respects to claims									
arising out of the operations of Exhibiting Company at ICML 2023 – July 20th - 25th,									
2024.									
CERTIFICATE HOLDER				CANCELLATION					
ICML and Terri Aurrichio		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE							
CA 92109				EREOF, NOTICE WILL	BE DI	LIVERED IN			
				ACCORDANCE WITH THE POLICY PROVISIONS.					
				AUTHORIZED REPRESENTATIVE					

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