

CERTIFICATE OF INSURANCE		ISSUE DATE (MM/DD/YY)
PRODUCER  <i>(Your Broker's Name)</i>	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THIS CERTIFICATE HOLDER. THIS CERTIFICATE DEOS NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	

INSURED  <i>Legal Company Name and Address (Organization's corporate headquarters or corporate office, listed on page 1 of contract)</i>	COMPANIES AFFORDING COVERAGE	
	COMPANY LETTER	A <i>(Your Insurance Company Name)</i>
	COMPANY LETTER	B
	COMPANY LETTER	C
	COMPANY LETTER	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 EXCLUSIONSAND CONDITIONSOFSUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO. LTR	TYPE OF INSURNACE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXP. DATE *MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMM. GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCC. <input type="checkbox"/> OWNER'S & CONTRACT'S PROT <input type="checkbox"/> _____	<i>(Your Policy #)</i>	<i>(Effective)</i>	<i>(Expires)</i>	Gen. Aggregate	<i>(1,000,000.00)</i>
					Prod. Comp/Op Agg.	<i>(1,000,000.00)</i>
					Pers. & Adv. Injury	<i>(1,000,000.00)</i>
					Each Occurrence	<i>(1,000,000.00)</i>
					Fire Damage (One Fire)	
					Med. Exp. (One Per)	
	AUTOMOBILE LIABILITY <input 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"/> GARAGE LIABILITY	<i>(Your Policy #)</i>	<i>(Effective)</i>	<i>(Expires)</i>	COMBINED SINGLE LIMIT	<i>(1,000,000.00)</i>
					BODILY INJURY (Per Person)	
					BODILY INJURY (Per Accident)	
					PROPERTY DAMAGE	
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	<i>(Your Policy #)</i>	<i>(Effective)</i>	<i>(Expires)</i>	EACH OCCURRENCE	<i>(4,000,000.00)</i>
					AGGREGATE	
A	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY	<i>(Your Policy #)</i>	<i>(Effective)</i>	<i>(Expires)</i>	<input checked="" type="checkbox"/> STATUTORY LIMITS	
					EACH ACCIDENT	<i>(1,000,000.00)</i>
					DISEASE-POLICY LIMIT	<i>(1,000,000.00)</i>
					DISEASE-EACH EMP.	<i>(1,000,000.00)</i>
	OTHER					

DESCRIPTION OF OPERATIONS/ LOCATIONS/VEHICLES/SPECIAL ITEMS Additional Insured, Pioneer OpCq, LLC, Expo and Convention Center, LLC, Venetian Las Vegas Gaming, LLC, Grand Canal Shops II, LLC ("GCS") and The Shoppes at the Palazzo, LLC ("SATP") 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 VegasGaming, LLC , Expo and Convention Center, LLC, The Shoppes at the Palazzo, LLC ("SAPT") and Grand Canal Shops II, LLC ("GCS")
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EXPO AND CONVENTION CENTER, LLC 201 Sands Ave. Las Vegas, Nevada 89169 or VENETIAN LAS VEGAS GAMINC, LLC 3355 Las Vegas Blvd. South Las Vegas, NV 89129	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAILA 30-DAY WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.
	AUTHORIZED REPRESENTATIVE