



Exhibiting Company: _____ Booth Number: _____

EAC Information:

EAC Company Name: _____
 EAC Billing Address: _____
 City: _____ State: _____ Zip: _____ Country: _____
 EAC Contact Name: _____ EAC mail Address: _____
 Telephone Number: _____ Fax Number: _____

If you plan on hiring a service contractor(s) other than the official contractor selected by the show management, you must submit this authorization form with all the required documentation for each contractor individually (see below) to The Expo Group.

NOTE: For services such as electrical, plumbing, telephone, cleaning and material handling, no contractor other than the official contractor may be appointed. The exhibitor shall control/operate only the material and equipment that he/she owns and that is to be used only within the booth space. The Official Service Contractor will provide all usual trade show services, including labor. Labor supervision, however, may be provided by the exhibitor. The exhibitor may also appoint either the official contractor for labor supervision or a qualified non-official contractor.

Official Show Contractors:

- Ensure orderly and efficient installation and removal of exhibits.
- Assure the distribution of labor to all exhibitors according to need.
- Provide sufficient labor to satisfy the requirements of exhibitors and for the show itself.
- See that the proper type and limit of insurance are in force.
- Avoid any conflict with local union regulations and requirements.

Should an exhibitor wish to employ the services of a contractor other than the Official Show Contractor, the following conditions must be met:

- The exhibitor must inform The Expo Group of the name and address of the contractor and the work to be performed by completing the Authorization below. The Authorization must be received by The Expo Group **no later than 30 days** prior to the show first move-in date. If notification is not received by the deadline, The Expo Group labor must be used for all work and the EAC will be permitted to supervise the labor only.

The contractor hired by the exhibitor must:

- Provide no later than 30 days prior to the show first move-in date a Certificate of Insurance with at least the following limits: Commercial Liability not less than \$1,000,000 each occurrence/\$2,000,000 general aggregate, Workers Compensation Insurance, including Employer's Liability coverage, in a minimum amount not less than \$1,000,000; Auto Liability not less than \$1,000,000 each occurrence, naming The Expo Group (the General Contractor), Show Management, Facility, and Organizer as additional insured, except for Workers Compensation.
- Agree to abide by all rules and regulations of the show and union rules and regulations.
- Wear identification badges at all times. Temporary labor badges will be provided. Badges will be issued only to representatives of approved EAC to supervise, install, dismantle, or maintain exhibits and exhibit-related equipment.

This form must be accompanied by the certificate of insurance (COI). INCOMPLETE OR UNSIGNED FORMS WILL NOT BE ACCEPTED.

Signature of Exhibitor: _____ Date: _____
 Service to be Performed: _____
 Exhibiting Company Name: _____ Booth Number: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____ Country: _____
 Contact Name: _____ Email Address: _____
 Telephone Number: _____ Fax Number: _____

Authorizer acknowledges reading and accepting all Terms and Conditions in full and agrees that Authorizer and Exhibiting Company will be fully governed by the provisions described therein.

Exhibiting Company: _____ Booth Number: _____
 EAC Print Name: _____
 EAC Authorizer's Signature: _____ Date: _____



Exhibitor Appointed Contractor (EAC) Access to the Show Floor: Wristbands will only be distributed to EACs with previously received/approved EAC Work Authorization form, a valid Certificate of Insurance, and a copy of the additional insured endorsements required on the primary and excess/umbrella general liability policies on file. Wristbands give approved EACs access to the show floor during Exhibitor move-in and move-out hours only. Wristbands must be worn at all times and visible to security and show management personnel. After-hours work passes are available for access to the exhibit floor at The Expo Group Service Center desk.

Certificate of Insurance (COI): Each EAC shall provide The Expo Group with a valid Certificate of Insurance and a copy of the additional insured endorsements required on the primary and excess/umbrella general liability policies. The insurance form must name The Expo Group (the General Contractor), Show Management, Facility, and Organizer as additional insured, except for Workers Compensation, to include the following:

- The Expo Group, LLC.
- Show Organizer
- Facility
- Each Exhibitor represented by the contractor
- Show Move-In dates through Move-Out dates

The insurance form must list the Certificate Holder as:

The Expo Group, LLC.
5931 West Campus Circle Drive
Irving, TX 75063

Minimum Coverage Requirements for Primary & Excess/Umbrella Commercial General Liability: Each EAC shall maintain insurance coverage of the types and in the minimum amounts as follows: **LIMITS:** Primary: Each Occurrence \$1,000,000; Products - COMP/OP AGG \$2,000,000; Personal & Adv Injury \$1,000,000; General Aggregate \$2,000,000 **EXCESS/UMBRELLA:** Each occurrence \$1,000,000; Aggregate \$1,000,000; Coverage for contractual liability and products liability.

The following entities shall be named as additional Insureds for all ongoing operations:

- The Expo Group, LLC.
- Show Organizer
- Facility
- Each Exhibitor represented by the contractor
- Show Move-In dates through Move-Out dates

Insurer shall waive any right of subrogation against Organizer and The Expo Group, LLC., their officers, directors, agents or employees. Coverage cannot be cancelled or reduced without at least 30 days prior written notice to Organizer and The Expo Group, LLC.

Workers' Compensation Insurance (WCI): Each EAC shall maintain Workers' Compensation and Occupational Disease Insurance in full compliance with all federal and state laws; covering all of the EAC's employees engaged in the performance of any work for the Exhibitor. Coverage for Workers' Compensation and Employers' Liability shall be insured for the following limit: Each Accident \$1,000,000; Disease - Each Employee \$1,000,000; Disease - Policy Limit \$1,000,000

WCI Insurer shall waive any right of subrogation against Organizer and The Expo Group, LLC., their officers, directors, agents or employees. Coverage cannot be cancelled or reduced without at least 30 days prior written notice to Organizer and The Expo Group, LLC.

Automobile Liability: Automobile liability must be covered whether the EAC has a vehicle on-site or not. Each EAC shall maintain insurance coverage in the minimum amounts as follows: Combined Single Limit \$1,000,000

EAC acknowledges reading and accepting this Agreement and agrees to be fully governed by the provisions described herein.

EAC Company _____
EAC Name: _____
EAC Signature: _____

Booth Number: _____
Date: _____

CERTIFICATE OF LIABILITY INSURANCE

SAMPLE

DATE (MM/DD/YYYY)

00/00/0000

PRODUCER (000) 000-0000 FAX

AGENTS NAME
AGENTS ADDRESS
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.
INSURERS AFFORDING COVERAGE NAIC #
INSURED YOUR COMPANY NAME
YOUR COMPANY ADDRESS

INSURER A:

INSURER B:

INSURER C:

INSURER D:

INSURER E:

EAC FOR:
COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSL LTR	ADD'L INSRD	TYPES OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	POLICY #	EFF DATE	EXP DATE	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS-COMP-OP AGG	\$ 2,000,000
		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	POLICY #	EFF DATE	EXP DATE	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY-EA ACCIDENT	\$
						OTHER THAN EA ACC	\$
						AUTO ONLY: ACC	\$
		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	POLICY #	EFF DATE	EXP DATE	EACH OCCURRENCE	\$ 1,000,000
						AGGREGATE	\$ 1,000,000
		WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	POLICY #	EFF DATE	EXP DATE	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER	\$
						E.L. EACH ACCIDENT	\$ 1,000,000
						E.L. DISEASE-EA EMPLOYEE	\$ 1,000,000
						E.L. DISEASE- POLICY LIMIT	\$ 1,000,000

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

ADDITIONAL INSURED AS RESPECTS LIABILITY PER WRITTEN CONTRACT:
CERTIFICATE HOLDER

 The Expo Group
 5931 West Campus Circle Drive
 Irving, TX 75063

CANCELLATION

 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL **30** DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



Exhibitor Appointed Contractor (EAC) Work Authorization Form

This form must be completed by the exhibiting company:

No EAC will be granted access to the show floor without the Exhibitor's signature and completion of the EAC Requirements and this EAC Work Authorization Form. Please check the appropriate boxes below of the products and/or services you will have outside of those provided by the designated official contractor.

Return completed EAC Requirements and EAC Work Authorization Forms to The Expo Group via email by the Discount Deadline and forward a copy of the Certificate of Liability Insurance sample to your EAC.

Exhibitor will be charged \$150.00 per booth, to cover additional expenses incurred. These fees will be waived if The Expo Group provides the labor.

For insurance and safety reasons, the official contractor designated in the service manual must be used for services such as:

Electrical Booth Cleaning Plumbing Material Handling Telecommunications Suspended Signs Rigging

Services:

<input type="checkbox"/>	Installation & Dismantle	<input type="checkbox"/>	Installation & Dismantle - Supervision Only
<input type="checkbox"/>	Photography	<input type="checkbox"/>	Security
<input type="checkbox"/>	Personnel/Models	<input type="checkbox"/>	Other (please identify): _____

Products:

<input type="checkbox"/>	Flooring/Carpet Rental	<input type="checkbox"/>	Audio Visual - Rental/Production/Lighting
<input type="checkbox"/>	Furniture/Signs/Accessories	<input type="checkbox"/>	Computer Rental
<input type="checkbox"/>	Floral	<input type="checkbox"/>	Other (please identify): _____

Indicate Details/Type of Service Performed for the Above Checked Boxes (i.e. installation, supervision, etc.):

Note Other Products/Services Below:

EXHIBITOR INFORMATION:

Exhibiting Company: _____	Booth Number: _____
Exhibitor Contact: _____	Title: _____
Exhibitor Email: _____	Exhibitor Phone: _____
Exhibitor Signature: _____	Date: _____

EAC INFORMATION:

EAC Company Name: _____	
Company Address: _____	City/State/Zip: _____
Company Phone: _____	Fax Number: _____
EAC Contact Name: _____	Contact Cell: _____
Contact Email: _____	
Provided Service Description: _____	