

Exhibitor Appointed Contractor – EAC Form

SES has been selected as the **Official Service Contractor** and must be used for all material handling, furniture rental, signs, rigging, cleaning, installation and dismantling of exhibit materials.

An **Exhibitor Appointed Contractor (EAC)** is: Any individual who is not a full-time permanent employee of an exhibiting firm, who is providing a service to an exhibitor on site and does not represent one or more of the **Official Contractors**.

Rules and Regulations

- Each representative of an **EAC** must physically pick up, in person, an “**Exhibit Crew**” badge at the **SES Service Center**. If an **EAC** representative does not have identification which verifies his/her employment by the **EAC**, he/she must be accompanied to the **SES Service Desk** by a representative who does have verifying identification.
- These services shall not conflict with existing labor regulations or contracts and in fulfilling his/her obligations, the representative of an **EAC** shall adhere to the regulations set up by the Hall and Show Management regarding entrance. It is the responsibility of the Exhibitor to see that each representative of an **EAC** abides by the official **Rules and Regulations** of this exposition.
- The representative of an **EAC** shall have a true and valid order for services from an Exhibitor in advance of the event move-in date.
- No **EAC** shall solicit business on the show floor.

Certificate of Insurance (COI)

It is the responsibility of each Exhibiting Firm utilizing an **EAC** to complete and return this form along with a **Certificate of Insurance (COI)** which names **SES** as additional insured for each **EAC** firm being utilized. (A sample COI can be found in this exhibitor manual.)

The EAC Certificate of Insurance must maintain:

- At least \$1 million in employer’s liability, general liability, automobile liability and workers compensation as required in the state the exposition is located.

This form must be received by: Monday, May 22, 2023

If this **EAC** form and the **Certificate of Insurance** are not received by **Monday, May 22, 2023**
Exhibitor or **EAC** will be required to order labor from **SES**.

Please clearly note Company Name and Show Name on the Certificate of Insurance form. (See sample)

For additional questions please call us at 972.271.7444 or toll free 866.386.3976 (866.FUN.EXPO)

Complete all information below:

Exhibiting Firm:	Booth Number:
Authorized Contact Name & Title:	Authorized Contact Signature:
Full Name of EAC:	
Address of EAC:	City, State, Zip Code:
Authorized EAC Contact Name & Title:	Authorized EAC Contact Signature:
EAC Representative on Show Site:	
Phone Number:	Fax Number:
Email Address:	
Type of service being performed:	



Sample Certificate of Liability Insurance

This form should name **SES** as additional insured for each EAC firm being utilized. **Note:** The EAC must maintain at least \$1 million in employer's liability, general liability, automobile liability and workers compensation as required in the state the exposition is located.

ACCORD	CERTIFICATE OF LIABILITY INSURANCE	DATE (MM/DD/YYYY)
PRODUCER ABC Insurance Agency 1234 Broker Lane New York, NY 12345	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	
INSURED Company Name, Inc 1234 Corporate Lane New York, NY 12345	INSURER A: Hartford Insurance Company of Texas	
	INSURER B: Aetna Casualty & Surety Company	
	INSURER C: Royal Insurance Company	

COVERAGE'S

CERTIFICATE NUMBER:

REVISION NUMBER:

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.

INSUR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY ___ CLAIMS MADE ___ OCCUR GENERAL AGGREGATE LIMIT APPLIES PER ___ POLICY ___ PROJECT ___ LOC	000P98298-A11	01/01/16	01/01/17	EACH OCCURRENCE	\$1,000,000
					FIRE DAMAGE (Any one fire)	\$50,000
					MED EXP (Any one person)	\$5,000
					PERSONAL & ADY INJURY	\$1,000,000
					GENERAL AGGREGATE	\$2,000,000
					PRODUCTS-COMP/OP AGG	\$2,000,000
B	AUTOMOBILE LIABILITY ANY AUTO ___ ALL OWNED AUTO ___ SCHED AUTOS ___ NON-OWNED AUTOS ___ HIRED AUTOS	SKLS-0294995	01/01/16	01/01/17	COMBINED SINGLE LIMIT (each accident)	\$1,000,000
					BODILY INJURY (per person)	\$
					BODILY INJURY (per accident)	\$
					PROPERTY DAMAGE	\$
	GARAGE LIABILITY ANY AUTO				AUTO ONLY-EA ACCIDENT	\$
					OTHER THAN	\$
A	___ UMBRELLA ___ EXCESS LIABILITY ___ OCCUR ___ CLAIMS MADE ___ DEDUCTIBLE ___ RETENTIONS	XL1234567	01/01/16	01/01/17	EACH OCCURRENCE	\$
					AGGREGATE	\$
C	WORKERS COMPENSATION AND EMPLOYERS LIABILITY	A4145-SS-PJ37	01/01/16	01/01/17	WC STATUTORY LIMITS	OTHER
					E.L. EACH ACCIDENT	\$1,000,000
					E.L. DISEASE-EA EMPLOYEE	\$1,000,000
					E.L. DISEASE-POLICY LIMIT	\$1,000,000
D	OTHER Professional Liability	000P98298-A11	01/01/16	01/01/17	EACH OCCURRENCE & AGGREGATE	\$1,000,000 \$3,000,000

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

CERTIFICATE HOLDER X ADDITIONAL INSURED; INSURER LETTER X CANCELLATION

SES Exhibitor Services 10548 US Highway 80 Forney, TX 75126 Re: Fan Expo Dallas	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OF REPRESENTATIONS. AUTHORIZED REPRESENTATIVE John Smith, CIC
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- ❖ **PRODUCER:** Insurance Agent/Broker who issues certificate.
- ❖ **NAME OF INSURED:** Must be the legal name of contracting party.
- ❖ **TYPES OF INSURANCE:** Must include types required by contract.
- ❖ **FORM OF COVERAGE:** Must be "occurrence" form of coverage.
- ❖ **NAME ADDITIONAL INSURED'S:** Superior Expo Services (Official Service Provider), Show Management, Show and Facility as additional insureds on a primary and non-contributory basis.
- ❖ **CERTIFICATE HOLDER:** Must be Superior Expo Services
- ❖ **POLICY EFFECTIVE DATE:** Must be prior to or coincidental with the first day of Exhibitor Move-In.
- ❖ **POLICY EXPIRATION DATE:** Must be on or after the last day of Exhibitor Move-Out.
- ❖ **LIMITS OF INSURANCE:** Must be the same or greater than required by contract.
- ❖ **NOTICE OF CANCELLATION:** 30-day notice must be provided.
- ❖ **AUTHORIZED REPRESENTATIVE:** Must be signed (not stamped) by an authorized representative of Producer.