



Exhibiting Company: _____

Booth # (s) _____

PREMIERE ORLANDO
Exhibitor Appointed Contractor (EAC) Authorization
Form Deadline: 30 days before 1st day of show

The following Contracted Company has been authorized to provide services for the Exhibiting Company and Booth Number.
Exhibitors must complete this form if they intend to use an Exhibitor Appointed Contractor.

REQUIRED INFORMATION SUBMITTED BY THE EXHIBITOR:

EAC Company Name: _____

Primary Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

On Site Contact: _____ Phone: _____

Services to be Provided:

- ☐ Install/Dismantle
- ☐ Equipment Rental/Set Up
- ☐ Other: _____

Submit this form along with:

- REQUIRED* EAC Certificate of Insurance with limits of at least \$1,000,000 per occurrence, \$2,000,000 general aggregate and a 30-day cancellation notice. In addition, certificates of insurance shall name as additional insureds: Informa Markets, Premiere Show Group, USA Beauty LLC, Freeman, and the Orange County Convention Center.

Exhibitor's Authorization of Exhibitor Appointed Contractor Agreement:

In signing this agreement, the exhibiting company authorizes the non-official contractor (EAC) named above to provide services at the Exhibitor's assign booth at Premiere Orlando. It is understood that the Exhibiting company is responsible for the EAC while completing services on their exhibit booth and to inform the EAC of all show, facility, and union rules and regulations which should be adhered to.

All EAC's are hired by companies Exhibiting at the show, as such, responsibility and liability falls between the agreement of those two parties. Premiere Show Group and by extension Informa Markets and USA Beauty LLC is released of any liability regarding EAC's.

The EAC will not be permitted on the show floor without this form and a COI on file.

Exhibitor's Signature: _____ Date: _____

Name (Please Print): _____ Phone: _____

Return Form AND Submit COI (sample attached) to:

Email: customerservice@premiereshows.com

Questions: 800-335-7469



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Month/Date/Year

PRODUCER Insurance Agent/Broker Name Insurance Agent/Broker Street Address or P.O. Box Insurance Agent/Broker City, State & Zip Code Contact & Phone Number	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.	
INSURED Exhibitor Name Exhibitor Street Address or P.O. Box Vendor City, State & Zip Code	INSURERS AFFORDING COVERAGE	NAIC #
	INSURER A: Name of Insurance Company	Enter NAIC#
	INSURER B: Name of Insurance Company (if applicable)	Enter NAIC#
	INSURER C: Name of Insurance Company (if applicable)	Enter NAIC#
	INSURER D: Name of Insurance Company (if applicable)	Enter NAIC#
	INSURER E: Name of Insurance Company (if applicable)	Enter NAIC#

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.

	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
<input checked="" type="checkbox"/>	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Enter Policy #	Enter Effective Date (Must take effect by the first move in date <u>May 30, 2024</u>)	Enter Expiration Date (Must include all move out dates <u>June 4, 2024</u>)	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	1,000,000 2,000,000 1,000,000 \$
<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" 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"/> _____ <input type="checkbox"/> _____	Enter Policy # Required for all (EAC's) Exhibitor Appointed Contractors	Enter Effective Date (Must take effect by the first move in date <u>May 30, 2024</u>)	Enter Expiration Date (Must include all move out dates <u>June 4, 2023</u>)	COMBINED SINGLE LIMIT (Each Occurrence) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	1,000,000 \$ \$ \$
<input checked="" type="checkbox"/>	GARAGE LIABILITY <input checked="" type="checkbox"/> ANY <input type="checkbox"/> AUTO	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	AUTO ONLY - EA ACCIDENT OTHER THAN EA ACC AUTO ONLY: AGG	NOT NECESSARY \$ NOT NECESSARY \$ NOT NECESSARY
<input checked="" type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$Enter Amount	Enter Policy # (if required)	Enter Effective Date (Must take effect by the first move in date <u>May 30, 2024</u>)	Enter Expiration Date (Must include all move out dates <u>June 4, 2023</u>)	EACH OCCURRENCE AGGREGATE	\$ IF IT APPLIES \$ IF IT APPLIES \$ \$ \$
<input checked="" type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	Enter Policy # Required for all (EAC's) Exhibitor Appointed Contractors	Enter Effective Date (Must take effect by the first move in date <u>May 30, 2024</u>)	Enter Expiration Date (Must include all move out dates <u>June 4, 2023</u>)	WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 1,000,000 1,000,000 1,000,000
<input type="checkbox"/>	OTHER					

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

Additional Insured: Informa Markets, USA Beauty LLC, Premiere Show Group, Freeman, Orange County Convention Center

CERTIFICATE HOLDER

Informa Markets: 5850 T. G. Lee Blvd, Suite 210, Orlando, FL 32822

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE 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 OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE