

PLEASE COMPLETE:

NON-OFFICIAL CONTRACTOR

DISCOUNT DEADLINE: FEBRUARY 11, 2014



For Exhibitors intending to use their own labor or contractor for such services separately from EXPO, please read the following restrictions, requirements, and restraints. A non-official service contractor is any company, other than the designated official contractors, that an exhibitor wishes to use that requires access to the exhibit hall either before, during or after the Show. Use of a non-official contractor who requires any of the following services is not permitted: electrical, plumbing, telephone lines, drayage, rigging, booth cleaning, and catering. NOTE: A valid and current copy of Exhibitor's contractor's Certificate of Insurance naming EXPO Convention Contractors, Inc., Printing Association of Florida, City of Miami Beach and Global Spectrum as "Additionally Insured" must accompany this document. If these documents are not provided, Exhibitor will not be allowed to use contractor's services in the area where unions claim jurisdiction.

NOTE: Complete this form <u>only</u> if your company is using a Service Contractor other than EXPO Convention Contractors, Inc. to unpack, erect, assemble, dismantle or pack your display. **The local union claims jurisdiction over the erection, dismantling, repair and building of all exhibits.**

will indemnify and	hold harmless EXPO Conv	vention Contractors, Inc			
from and against any bodily injury or property dama pense, including reasonable attorney fees, arising of except for occurre	ge liability claims, judgment out of or occasioned by the	s, damages, costs or ex operations performed by			
EXPO Convention Contractors, Inc., or for occurrence					
Exhibiting Company Name:		Booth #			
Address:					
City:					
Telephone:	Fax:				
Authorized on-site representative(Please Print)	Cell Phone: _				
Name of Service Firm:					
Address:					
City:					
Contact Name:	Telephone:				
On-Site Supervisor					

EXPO CONVENTION CONTRACTORS, INC. 15959 NW 15th Avenue, Miami, Florida 33169-5607 ATTN: EXHIBITOR SALES & SERVICES Tel: 305-751-1234 Fax: 305-751-1298

Return this form, along with Certificate of Insurance, and name and address of the employee/s who are working in

your booth by **FEBRUARY 11, 2014** to EXPO, the Official Decorating Contractor:

nstewart@expocci.com



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(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

certificate holder in lieu of such endorsement(s).									
PRO	DUCER	NAME:	CONTACT NAME:						
		PHONE FAX (A/C, No, Ext): (A/C, No):							
SAMPLE		E-MAIL ADDRESS:							
		INSURER(S) AFFORDING COVERAGE			NAIC #				
		INSURER A:							
INSURED		INSURER B:							
		INSURER C:							
		INSURER D :							
		INSURER E :							
			INSURER F:						
СО	VERAGES CERTIFICATE NUMBER:				REVISION NUMBER:				
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, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR	ADDL SUBR		POLICY EFF	POLICY EXP	LIMITS	<u> </u>			
LTR	TYPE OF INSURANCE INSR WVD POLICY NUMBER GENERAL LIABILITY		(MM/DD/YYYY)	(IMINI/DU/YYYY)	EACH OCCURRENCE	\$			
	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED				
	CLAIMS-MADE OCCUR				PREMISES (Ea occurrence)	\$			
	CLAIIVIS-IVIADE OCCUR				MED EXP (Any one person) PERSONAL & ADV INJURY	\$			
	OFAIL ACCORDANTE LIMIT APPLIES DED.				GENERAL AGGREGATE	\$			
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC				PRODUCTS - COMP/OP AGG	\$			
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT				
	ANY AUTO				(Ea accident) BODILY INJURY (Per person)	\$			
	ALL OWNED SCHEDULED					\$			
	AUTOS AUTOS NON-OWNED				PROPERTY DAMAGE	\$			
	HIRED AUTOS AUTOS				(Per accident)	\$			
	UMBRELLA LIAB OCCUP				EACH OCCURRENCE	\$			
	EXCESS LIAB OCCUR CLAIMS-MADE				AGGREGATE	\$			
	DED RETENTION\$				AGGREGATE	\$			
	WORKERS COMPENSATION				WC STATU- OTH-	J.			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE				E.L. EACH ACCIDENT	\$			
OFFICER/MEMBER EXCLUDED? N / A (Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE				
	If yes, describe under					\$			
	DÉSCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT	J.			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)									
A	dditionally Insured: EXPO Convention C	Contr	actors	, Inc.	, City of Mia	mi I	Beach,		
Global Spectrum & The Printing Association of Florida, Inc.									
Exhibiting Company Name and Rooth #									
Exhibiting Company Name and Booth #.									
CERTIFICATE HOLDER CANCELLATION									
		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
		AUTHORIZED REPRESENTATIVE							