

**Discount Deadline:
4/3/2024**

Exhibiting Company _____ Booth Number _____

EAC Information:

Company Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Contact Name: _____ Email Address: _____

Telephone Number: _____ Fax Number: _____

Please read, complete, and submit this authorization form with required documentation for each contractor (see below) to HERITAGE if hiring a service contractor(s) other than the official contractor selected by show management. Note: For services such as electrical, plumbing, telephone, cleaning and material handling, no contractor other than the official contractor will be approved. This regulation is enforced as equipment and facilities are the sole responsibility of the respective owner. The exhibitor shall control only the material and equipment that he/she owns and that is to be used in the exhibit space.

Official Service Contractors are appointed to perform and provide necessary services and equipment. The Official Service Contractor will provide all usual trade show services, including labor. Supervision, however, may be provided by the exhibitor. The exhibitor may appoint either the official contractor for 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 Heritage 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 Heritage no later than 30 days prior to the show. If notification is not received 30 days prior to the show, Heritage labor must be used for all work and the exhibitor appointed contractor will be permitted to supervise only.

The contractor hired by the exhibitor must

- Provide no later than 30 days prior to the show 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 HERITAGE (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.

This form must be accompanied by the insurance certificate. Please obtain this certificate from your insurance carrier and send with this form.

INCOMPLETE OR UNSIGNED FORMS WILL NOT BE ACCEPTED.

Signature of Exhibitor: _____ Date: _____

Service to be Performed: _____

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

Exhibiting Company _____

Contact Name _____ Booth # _____

Phone # _____ Email _____

exhibitor.services@heritagesvs.com

1-800-360-4323

Fax 314-534-8050

Order online at: heritagesvs.com/ordering**Discount Deadline:
4/3/2024**

Certificate of Insurance: Each EAC shall provide Heritage 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 list as Additional Insureds and/or Covered Locations:

**HERITAGE
ORGANIZER
FACILITY**

Exhibitor(s) Represented (all Exhibitors represented by the contractor must be named as additional insured)

SHOW Move-In date(s) through Move-Out date(s) (See General Information Page)

The insurance form must list as the Certificate Holder:

**HERITAGE
620 Shenandoah Ave.
St. Louis, MO 63104**

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:

**HERITAGE
ORGANIZER
FACILITY**

Exhibitor(s) Represented (all Exhibitors represented by the contractor must be named as Additional Insured)

SHOW Move-In date(s) through Move-Out date(s) (See Quick Facts pages)

Insurer shall waive any right of subrogation against **ORGANIZER** and HERITAGE, their officers, directors, agents or employees. Coverage cannot be cancelled or reduced without at least 30 days prior written notice to **ORGANIZER** and HERITAGE.

Workers' Compensation Insurance: 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 HERITAGE, their officers, directors, agents or employees. Coverage cannot be cancelled or reduced without at least 30 days prior written notice to ORGANIZER and HERITAGE.

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 that it will be fully governed by the provisions described herein.

Name of EAC: _____ Booth Number: _____

By (print name): _____

Signature: _____ Date: _____

exhibitor.services@heritagesvs.com

1-800-360-4323

Fax 314-534-8050

Order online at: heritagesvs.com/ordering**Discount Deadline:
4/3/2024****Exhibitor Appointed Contractor (EAC)
Work Authorization Form**

Return completed EAC Requirement forms to Heritage via email to exhibitor.services@heritagesvs.com no later than 30 days prior to the show start date. **Please forward a copy of the Certificate of Liability Insurance sample to your EAC.**

This form must be completed by the exhibiting company. No EAC will be granted access to the show floor without this form **AND** completion of requirements and signature by your EAC on the EAC Requirement forms. Please check the appropriate boxes below of the products and/or services you will have outside of those provided by the designated official contractor.

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 Hanging Signs Rigging

Services:

☐
☐
☐Installation & Dismantle
Photography
Personnel/Models☐
☐
☐Installation & Dismantle – Supervision Only
Security
Other (please specify): _____

Products:

☐
☐
☐Flooring/Carpet Rental
Furniture/Signs/Accessories
Floral☐
☐
☐Audio/Visual – Rental/Production/Lighting
Computer Rental
Other (please specify): _____

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

****Note Other Products/Services Here:**

Please Type or Print

EAC Information:

EAC Company Name: _____

Address: _____ City/State/Zip _____

EAC Company Phone: _____ Fax Number: _____

EAC Contact Name: _____ EAC Contact Cell: _____

EAC Contact Email: _____

Product/Service Description: _____

****ALL EAC COMPANY INFORMATION MUST BE COMPLETED**

Exhibitor Signature: _____ Date: _____

Exhibiting Company _____

Contact Name _____ Booth # _____

Phone # _____ Email _____

CERTIFICATE OF LIABILITY INSURANCE						SAMPLE		DATE (MM/DD/YYYY) 00/00/0000	
PRODUCER (000) 000-0000 FAX						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.			
AGENTS NAME AGENTS ADDRESS						INSURERS AFFORDING COVERAGE NAIC #			
INSURED YOUR COMPANY NAME YOUR COMPANY ADDRESS EAC FOR:						INSURER A:			
						INSURER B:			
						INSURER C:			
						INSURER D:			
						INSURER E:			
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)	LIMIT S			
		TYPES OF INSURANCE	POLICY #	EFF DATE	EXP DATE	EACH OCCURRENCE		\$1,000,000	
		<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				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	POLICY #	EFF DATE	EXP DATE	COMBINED SINGLE LIMIT (ea accident) \$1,000,000			
		<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				BODILY INJURY (per person)		\$	
						BODILY INJURY (per accident)		\$	
						PROPERTY DAMAGE (per accident)		\$	
		<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	POLICY #	EFF DATE	EXP DATE	AUTO ONLY-EA ACCIDENT		\$	
		OTHER THAN EA ACC				\$			
		AUTO ONLY: ACC				\$			
		EXCESS/UMBRELLA LIABILITY	POLICY #	EFF DATE	EXP DATE	EACH OCCURRENCE		\$1,000,000	
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTABLE <input type="checkbox"/> RETENTION \$10,000				AGGREGATE		\$1,000,000	
		WORKERS COMPENSATION AND EMPLOYERS LIABILITY	POLICY #	EFF DATE	EXP DATE	WC STATUTO- RY LIMITS		OTH- ER	\$
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?							
		If yes, describe under SPECIAL PROVISIONS below							
		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

HERITAGE
620 Shenandoah Ave.
St. Louis, MO 63104

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 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

**Discount Deadline:
4/3/2024****THIRD PARTY AUTHORIZATION**

FOR USE OF AN EXHIBITOR APPOINTED CONTRACTOR: We understand and agree that we, the exhibiting firm, are ultimately responsible for payment of charges. In the event that the named third party does not discharge payment of the invoice prior to the last day of the show, charges will revert to the exhibiting company. The items checked below are to be invoiced to the third party:

- ☐ ALL SERVICES
☐ BOOTH CLEANING
☐ I & D LABOR
☐ MATERIAL HANDLING/IN & OUT
☐ RENTAL FURNITURE & CARPET
☐ SIGNS
☐ OTHER (Please specify)

THIRD PARTY AGENT:

CREDIT CARD NUMBER _____

EXPIRATION DATE ____/____/____ VERIFICATION CODE ____/____/____/____

☐ VISA ☐ AMERICAN EXPRESS ☐ MASTERCARD ☐ DISCOVER

CARDHOLDER'S NAME _____

AUTHORIZED SIGNATURE _____

PRINT NAME _____

COMPANY NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____ FAX _____

EMAIL _____

We have read, understand and agree to all terms as described above and have advised our show site representative accordingly.

Exhibitor Signature: _____ **Print Name:** _____ **Date:** _____

(Please Print)

Exhibiting Company _____

Contact Name _____ Booth# _____

Phone # _____ Email _____

Please fax or email this form promptly to HERITAGE using the information at the top of the page - retain one copy for your files.