



Exhibitor Appointed Contractor

Sunbelt Builders Show and Conference

Gaylord Texan Resort and Convention Center - Grapevine, Texas

August 5 - 9, 2019

Deadline Wednesday, July 10, 2019

Event Code:	T150520819
email	houston@shepardes.com
phone	(832) 799-5700
fax	(832) 415-0517

This form is to be completed by the Exhibitor and returned to Shepard by deadline date noted above.

Exhibiting Company Name	Booth #	Contact Email Address

An Exhibitor Appointed Contractor (EAC) is a company other than the "general or official" service provider on the show that requires access to your booth during installation and dismantling. The EAC may only provide services in the facility that are not designated by the facility as "exclusive" to a designated provider, or by the event organizer in a contract as an exclusive service for the "general or official: service provided or other third party.

NO EAC will be allowed to work in an exhibitor's booth if this EAC form, a valid form of insurance, a third party payment authorization form and an exhibitor payment authorization is not completed by an authorized representative and received by Shepard by the due date indicated above. The Form must be completed for every third party (as well as any other ordering third party ordering or requesting services from Shepard on behalf of exhibitor) at the above event. Multiple booths are not to be listed on one form. If form is not submitted by deadline date, the EAC will not be allowed to perform work in the hall except to supervise the official contractor provided labor.

Exhibitor Appointed Contractor _____

Contact Name _____

Street Address _____

City _____

Phone # _____

Description of proposed service for Exhibitor _____

The EAC hired by the exhibitor must, by the deadline date, provide Shepard with a current Certificate of Insurance with minimum limits of \$500,000 property damage per occurrence, \$1,000,000 personal injury per occurrence, workers compensation aggregate coverage of \$1,000,000 per occurrence, and naming Shepard Exposition Services as the certificate holder for the time period of the event, including move-in and move-out days. Listing Shepard Exposition Services as an additionally insured only will not be accepted, and may prevent EAC from working on the premises. If EAC does not have minimum coverage and proper documentation, they will be subject to employing Shepard Exposition Services for labor services.

The EAC must abide by the rules and regulations of the show and all pertinent union regulations.

EAC employees must wear approved identification badges at all times while in the work area. Badge will be issued at show site to authorized contractor representatives when all requirements have been met.

The EAC must confine its operations to the exhibit area of its clients. No service desks, storage areas or other work facilities will be located anywhere in the facility. **Show aisles and public areas are not part of the Exhibitor's booth space.**

Solicitation of business by EAC is strictly prohibited. **EAC companies discovered soliciting will be removed from the show floor and the exhibitor will not be able to use that EAC for the remainder of the event.**

The EAC must have all business licenses, work permits and insurance required by State and City governments and Facility Management before beginning work, and shall provide Show Management with evidence of compliance.

If required, the EAC must be able to provide evidence that it has current and applicable labor contracts and must comply with all labor agreements and jurisdictions. The EAC must not jeopardize the production of the event by any act or practice that would lead to work stoppages, strikes or labor disputes.

EAC employees must wear approved identification badges at all times while in the work area. Badges will be issued at show site, to authorized representatives, when all requirements have been met.

EACs agrees to keep all No Freight Aisles clear at all times. If SES is required to rearrange any material situated in a clearly No Freight Aisle, the exhibitor or the EAC depending on billing arrangements will be a charged a 1 hour minimum forklift rental and labor.

Exhibitor

Exhibitor Signature

Sample Certificate of Insurance

An **original** certificate of insurance which conforms to the standards indicated below must be submitted by all exhibitors requesting approval for an EAC. **Original Forms need to be mailed to: Texas Association of Builders, ATTN: Tamara Zengerle 313 East 12th Street, Ste. 210 Austin, TX 78701 by Wednesday, July 15, 2019.**

* NOTE: ALL DATES MUST INCLUDE COVERAGE DURING MOVE-IN, SHOW DAYS, AND MOVE-OUT (August 5 - August 9, 2019).

CONTRACTOR'S
INSURANCE COMPANY
ISSUING THIS
CERTIFICATE

CONTRACTOR'S
COMPANY NAME,
SUBSIDIARY NAMES,
OR D.B.A. NAMES
AND ADDRESS

POLICY NUMBERS

* POLICY DATES
FROM/TO

POLICY NUMBERS

* POLICY DATES
FROM/TO

MUST BE
INCLUDED

ADD NAMES

ACORD CERTIFICATE OF INSURANCE					SET TABS STOPS AT ARROWS ISSUE DATE (MM/DD/YYYY)	
PRODUCER			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			COMPANIES AFFORDING COVERAGE			
			COMPANY LETTER A			
			COMPANY LETTER B			
			COMPANY LETTER C			
			COMPANY LETTER D			
			COMPANY LETTER E			
COVERAGES						
THIS IS TO CERTIFY THAT 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.						
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIABILITY LIMITS IN THOUSANDS	
					EACH OCCURRENCE	AGGREGATE
<input type="checkbox"/>	GENERAL LIABILITY					
	<input type="checkbox"/> COMPREHENSIVE FORM				BODILY INJURY	\$
	<input type="checkbox"/> PREMISES/OPERATIONS				PROPERTY DAMAGE	\$
	<input type="checkbox"/> UNDERGROUND				BI & PD COMBINED	\$
	<input type="checkbox"/> EXPLOSION & COLLAPSE HAZARD				PERSONAL INJURY	\$
<input type="checkbox"/>	CONTRACTUAL					
<input type="checkbox"/>	INDEPENDENT CONTRACTORS					
<input type="checkbox"/>	BROAD FORM PROPERTY DAMAGE					
<input type="checkbox"/>	PERSONAL INJURY					
<input type="checkbox"/>	AUTOMOBILE LIABILITY					
<input type="checkbox"/>	ANY AUTO				SOB - BODILY INJURY PER PERSON	\$
<input type="checkbox"/>	ALL OWNED AUTOS (PRIV. PASS.)				SOB - BODILY INJURY PER ACCIDENT	\$
<input type="checkbox"/>	ALL OWNED AUTOS (OTHER THAN PRIV. PASS.)				PROPERTY DAMAGE	\$
<input type="checkbox"/>	HIRED AUTOS				BI & PD COMBINED	\$
<input type="checkbox"/>	NON-OWNED AUTOS					
<input type="checkbox"/>	GARAGE LIABILITY					
<input type="checkbox"/>	EXCESS LIABILITY					
<input type="checkbox"/>	UMBRELLA FORM				BI & PD COMBINED	\$
<input type="checkbox"/>	OTHER THAN UMBRELLA FORM					
<input type="checkbox"/>	WORKERS' COMPENSATION				STATUTORY	
<input type="checkbox"/>	AND				\$	(EACH ACCIDENT)
<input type="checkbox"/>	EMPLOYERS' LIABILITY				\$	(DISEASE-POLICY LIMIT)
<input type="checkbox"/>					\$	(DISEASE-EACH EMPLOYEE)
<input type="checkbox"/>	OTHER					
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS						
CERTIFICATE HOLDER				CANCELLATION		
Texas Association of Builders Attn: Sunbelt Builders ShowTM 313 E. 12 th Street, Suite 210 Austin, Texas 78701				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL _____ 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 COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE		
ACORD 25 (8/84)				© IIR/ACORD CORPORATION 1984		