EAC Information

- **Intent to Use an EAC** (Exhibitor Appointed Contractor)
- **EAC Badge Form**
- **EAC Insurance**

Intent to Use an EAC

Exhibitor Appointed Contractor

PLEASE RETURN VIA FAX OR EMAIL BY JANUARY 15, 2010

If your company intends to hire an Exhibitor Appointed Contractor (EAC) or Installation & Dismantle (I&D) company to build all or part of the exhibit, they must complete this form and follow the requirements on this page in order to hire their labor and work in the exhibit hall. Please complete separate forms for each EAC being used.

1. Complete this form and submit by fax at 949-954-8612 to Show Management by January 15, 2010.
2. Submit a certificate of insurance – same requirements for exhibitors – see INSURANCE section.
3. Make sure that all personnel wear temporary EAC badges. Badges are good for move-in and move-out. **EAC personnel are not allowed on the show floor during show hours.** If you need them to have access during show hours, be sure to add them to your exhibitor badge list.
4. The EAC is responsible for knowing and following all show rules and regulations.
5. Failure to meet any of the above requirements will prevent or stop work being performed by the EAC.

EAC INFORMATION

**All information MUST be completed legibly.*

EAC Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Show Site Contact: _____

Show Site Telephone: _____

EAC Contact E-mail: _____

EXHIBITOR INFORMATION

**All information MUST be completed legibly.*

Exhibiting Company: _____ Booth #: _____

Telephone: _____ Fax: _____

Show Site Contact: _____

Show Site Cell: _____

Contact E-mail: _____

RETURN THIS FORM VIA FAX BY JANUARY 15, 2010 TO:

Lorri Monty
Director of Operations
Dealer Expo® 2010
Fax: 949-954-8612

EAC Badge Form

Deadline: January 15, 2010

Please list the following information as it will appear on the badge. If working for multiple companies, one form per exhibiting company must be filled out.

Exhibiting Company																										
Address																										
City																		ST				ZIP				
Phone															Fax											

EAC Company																										
Address																										
City																		ST				ZIP				
Phone															Fax											

Name of person filling out Badge Form: _____

Exhibiting Company Booth #: _____ Contact Cell: _____

BADGE LIST

Temporary EAC badges provide access during move-in and move-out only. **EAC personnel are not allowed on the show floor during show hours.** If you need them to have access during show hours, be sure to add them to your exhibitor badge list.

Name																										
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FOR SECURITY PURPOSES – All temporary EAC badges must be picked up on show site. Temporary badges will be issued to persons that will be assisting with the set-up and dismantle of the display. Temporary badges are only valid during move-in and move-out only.

EAC Insurance

If using an EAC, they must submit and carry proof of adequate insurance in the form of a policy rider. As an Exhibitor Appointed Contractor, they are required to carry workmen's compensation and commercial general liability including contractors' personal injury and blanket contractual liability insurance of limits of at least $1,000,000 per occurrence, $2,000,000 aggregate.

These coverages must be evidenced by a certificate of insurance with a 30-day notice of cancellation provision to the holder and supplied to and naming Advanstar Communications, Inc., as additional insured at least 30 days before the proposed exhibit date. *Failure to provide a certificate of insurance will delay or stop work on booth.*

Please advise non-official contractors that they must submit proof of insurance to Advanstar Communications, Inc. by January 15, 2010:

Attention: Lorri Monty, Director of Operations
Advanstar Communications, Inc.
17770 Cartwright Road., Suite 400
Irvine, CA 92614
Fax: 949-954-8612

Sample Certificate of Insurance

ACORD™ CERTIFICATE OF LIABILITY INSURANCE — DATE (MM/DD/YYYY) 9/3/2009

PRODUCER: Your Agent or Broker, Address, City, State Zip

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: Your Company Name, Company Name (Line 2), Address, City, State Zip

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Your Insurance Company Name	
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.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY: X COMMERCIAL GENERAL LIABILITY; CLAIMS MADE [X] OCCUR	Your Policy No.	11/11/1111	11/11/1111	EACH OCCURRENCE	$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
						MED EXP (Any one person)	$
						PERSONAL & ADV INJURY	$ 1,000,000
						GENERAL AGGREGATE	$ 2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER: POLICY [ ] PRO-JECT [X] LOC				PRODUCTS - COMP/OP AGG	$ 1,000,000
		AUTOMOBILE LIABILITY: ANY AUTO; ALL OWNED AUTOS; SCHEDULED AUTOS; HIRED AUTOS; NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	$
						BODILY INJURY (Per person)	$
						BODILY INJURY (Per accident)	$
						PROPERTY DAMAGE (Per accident)	$
		GARAGE LIABILITY: ANY AUTO				AUTO ONLY - EA ACCIDENT	$
						OTHER THAN AUTO ONLY: EA ACC	$
						AGG	$
		EXCESS/UMBRELLA LIABILITY: OCCUR; CLAIMS MADE				EACH OCCURRENCE	$
						AGGREGATE	$
		DEDUCTIBLE					$
		RETENTION $					$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY: ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS / OTH-ER	
						E.L. EACH ACCIDENT	$
						E.L. DISEASE - EA EMPLOYEE	$
						E.L. DISEASE - POLICY LIMIT	$
		OTHER					

INFORMATION ONLY

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

Solely with respect to the Dealernews International Powersports Dealer Expo scheduled for February 9-16, 2010 (includes move-in/move-out), Dealernews International Powersports Dealer Expo; Advanstar Communications, Inc.; Indiana Conventions Center; Capitol Improvement Board of Managers of Marion County, Indiana and its Officers, Board, Agents and employees are named as additional insureds hereunder.

CERTIFICATE HOLDER

DEALERNEWS INT'L DEALER EXPO
c/o Advanstar Communications
131 W. First Street
Duluth, MN 55802-2065

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 TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

ACORD 25 (2001/08) 1 of 2 781964 © ACORD CORPORATION 1988

(This certificate replaces certificate# 719076 issued on 8/12/2009)