

# EXHIBITORS ONLY - EAC INFORMATION FORM

If an exhibitor plans to use a firm other than the "Official Show Vendor", please list below the non-official vendor's company name, contact name, phone number and email. After completing this form please fax it to the Conference Department at AVIATION WEEK (+1.212.904.3334). The **Exhibitor Appointed Contractor Information Form** must be completed and returned no later than 4 weeks prior to the event.

After completing this form please give each of your non-official vendors the "Contractors Form" to complete.

\*\*Please note that an EAC form is not required from exhibitors who plan to setup and dismantle their own 10x10 booth with their own full-time bonafide employees.

## Exhibitor Information:

Company: \_\_\_\_\_

Contact: \_\_\_\_\_ Booth #: \_\_\_\_\_ Total Sq. Ft: \_\_\_\_\_

Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## Exhibitor Appointed Contractor Information:

Please list below your exhibitor appointed contractors information:

	COMPANY	CONTACT NAME	PHONE #	EMAIL
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

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Please fax or mail this form no later than 4 weeks prior to the event to:

Lydia Janow

Director, Conferences & Exhibitions

AVIATION WEEK

c/o MRO North America; MRO Military; AVIATION WEEK INTERIORS

2 Penn Plaza, 25th Floor

New York, NY 10121-2298 USA

Phone: +1.212.904.3225

Fax: +1.212.904.3334

# CONTRACTOR ONLY - EAC FORM

If an exhibitor plans to use a firm other than the "Official Show Vendor," the contractor must complete and return this form no later than 4 weeks prior to the event.

The Exhibitor Appointed Contractor must submit its insurance certificate by 4 weeks prior to the event to Lydia Janow. The insurance certificate must name AVIATION WEEK, the Official Contractor, and the Venue, their agents, directors, and employees as additional insured, as well as exhibiting company with booth number.

*If Show Management has not received your insurance certificate prior to move-in, The EAC will not be allowed access to the exhibit floor.*

**Exhibitor Appointed Contractor Information:** Please check type of EAC you represent:

- |   |   |
|---|---|
| <input type="checkbox"/> Audio-Visual     | <input type="checkbox"/> Computer                         |
| <input type="checkbox"/> Internet         | <input type="checkbox"/> Design house (not including I&D) |
| <input type="checkbox"/> I & D Contractor | <input type="checkbox"/> Other _____                      |

Independent Contractor/Display House: \_\_\_\_\_

Insurance Company \_\_\_\_\_

Contractor Contact Name: \_\_\_\_\_

On-site Contact Name (if different): \_\_\_\_\_

Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Exhibitor Information:**

Company: \_\_\_\_\_ Booth #: \_\_\_\_\_ Total Sq. Ft: \_\_\_\_\_

Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_



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# SAMPLE CERTIFICATE OF INSURANCE

This is to certify that:

Is named insured under the following coverage and policy

This is to certify to:

that the following coverage's and policies are maintained by the named insured

COVERAGE	INSURANCE COMPANY	POLICY NUMBER	EXPIRATION DATE	COMBINED SINGLE LIMIT OF LIABILITY
Commercial General Liability Including: 1) Products and Completed Operations 2) Blanket Contractual 3) Personal Injury				\$2,000,000 Per Occurrence Per Job Site Per Location Bodily Injury Personal Injury Property Damage
Commercial Auto Liability Including 1) Owned vehicles 2) Non-Owned Vehicles 3) Hired vehicles				\$2,000,000 Per Occurrence Bodily Injury Property Damage
Workers' Compensation Including: 1) Employer's Liability				Statutory \$1,000,000 Per Occurrence
Excess Umbrella Liability Cross Liability				

Sample Only

The above policies have been amended to include:

- 1) AVIATION WEEK, (Name of Contractor), (Name of Vene) their agents, directors, and employees number (except Workers' Compensation policy)
- 2) Thirty (30) days advance notice to the certificate holder in the event of cancellation, material change, or non-renewal

This is certified by:

Authorizing Insurance Company Representative

Signature/Date: \_\_\_\_\_