BICSI BEYOND 17-20 AUG 2025

The Venetian Resort
Las Vegas, Nevada

Exhibitor Appointed Contractors Work Authorization Form
Deadline: August 1, 2025

Note: Certificates of Insurance are mandatory and must list: BICSI, the Freeman Companies and The Venetian Resort & Expo Center as additionally insured. The dates covered must be August 17-20, 2025.

Exhibitor Contact Information: (Please type or print clearly)

EXHIBITING COMPANY NAME		BOOTH NUMBER
EXHIBITING CONTACT	PHONE	FAX
COMPANY ADDRESS INCLUDING CITY, STATE, ZIP & COUNTRY		
EMAIL ADDRESS		

Installation & Dismantle Contact: *(This should be the company and contact person that is installing and/or dismantling your booth or providing services on the Show.)*

INDEPENDENT CONTRACTOR COMPANY NAME		
CONTACT	PHONE	FAX
COMPANY ADDRESS INCLUDING CITY, STATE, ZIP & COUNTRY		
EMAIL ADDRESS	Cell Phone (Onsite Contact)	
SERVICE TO BE PROVIDED (Installation & Dismantle/Photography/Security, etc.)	Products Provided	

Use of Exhibitor Appointed Contractors

Exhibitors using display houses or service contractors other than Freeman Companies (the Official Service Contractor) are required to provide certificates of insurance for non-official contractors for Workers Compensation and Comprehensive General Liability in compliance with the laws of Kissimmee, Florida.

As the exhibiting company representative, you are responsible for advising BICSI and The Freeman Companies of the contact information for your contractor. No outside contractor personnel will have access to the Show floor unless this form and Certificates of Insurance are on file with BICSI by **August 1, 2025**.

Installation/Dismantle personnel may pick up set-up and move-out badges onsite at security checkpoints.

QUESTIONS:

Please contact Kim Osterman, CMP – 813-769-1841 or kosterman@bicsi.org.

Complete and fax to +813-971-4311 or e-mail to kosterman@bicsi.org by August 1, 2025
Attn: Kim Osterman

CERTIFICATE OF LIABILITY INSURANCE SAMPLE

DATE (MM/DD/YYYY)
00/00/0000

PRODUCER (000) 000-0000 FAX

AGENTS NAME
AGENTS ADDRESS

THIS CERTIFICATE IS ISSUED AS A MOTTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

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 NAMEDABOVE 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)	LIMITS
		GENERAL LIABILITY	**POLICY #**	**EFF DATE**	**EXP DATE**	EACH OCCURRENCE $ 1,000,000
		X COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) $ 500,000
	X	CLAIMS MADE X OCCUR				MED EXP (Any one person) $ 5,000
						PERSONAL & ADV INJURY $ 1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE $ 2,000,000
		POLICY PROJECT LOC				PRODUCTS-COMP-OP AGG $ 2,000,000
		AUTOMOBILE LIABILITY	**POLICY #**	**EFF DATE**	**EXP DATE**	COMBINED SINGLE LIMIT (Ea accident) $ 1,000,000
		X ANY AUTO				
		ALL OWNED AUTOS				BODILY INJURY (Per person) $
		SCHEDLUED AUTOS				
		X HIRED AUTOS				BODILY INJURY (Per accident) $
		X NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) $
		GARAGE LIABILITY				AUTO ONLY-EA ACCIDENT $
		ANY AUTO				OTHER THAN EA ACC $
						AUTO ONLY: ACC $
		EXCESS/UMBRELLA LIABILITY	**POLICY #**	**EFF DATE**	**EXP DATE**	EACH OCCURRENCE $ 1,000,000
		X OCCUR CLAIMS MADE				AGGREGATE $ 1,000,000
		DEDUCTIBLE				
		X RETENTION $ 10,000				
		WORKERS' COPMENSATION AND EMPLOYERS' LIABILITY	**POLICY #**	**EFF DATE**	**EXP DATE**	X WC STATU-TORY LIMITS OTH-ER $
		ANY PROPRIETOR/PARTNER/EXECUTIVE/ OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT $ 1,000,000
						E.L. DISEASE-EA EMPLYEE $ 1,000,000
		If yes, describe under SPECIAL PROVISIONS below				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

BICSI
ATTN: Kim Osterman
8610 Hidden River Parkway
Tampa, FL 33637
Fax: 813-971-4311 or E-mail:

CANCELLATION

kosterman@bicsi.org

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 REPRESNTATIVE