

# 2024 BICSI WINTER Conference & Exhibition

Orlando, Florida, USA  
28 January – 1 February 2024

To All Exhibitors of the 2024 BICSI Winter Conference & Exhibition:

We are looking forward to your participation as an exhibitor at the upcoming 2024 Winter Conference & Exhibition. This letter is to inform you of the insurance requirements for both the Exhibitors and their Exhibitor Appointed Contractors (EACs) for the 2024 BICSI Winter Conference & Exhibition.

In order to exhibit at the 2024 BICSI Winter Conference & Exhibition, ALL exhibitors are required to have general liability insurance. Please contact your insurance company and request a Certificate of Insurance (COI) according to the following requirements:

- The COI must list BICSI, its officers and directors, and service contractors (Freeman Companies and Rosen Shingle Creek Hotel) as additional insured.
- The COI must be submitted to Emily Driscoll and/or Kim Osterman by **January 5, 2024**.

Please also check one of the following boxes regarding EACs.

- ☐ Yes, I will be using an EAC.
- ☐ No, I will **not** be using an EAC.

If you have checked “Yes” and are using a third-party Exhibitor Appointed Contractor (EAC), please complete the following Exhibitor Appointed Contractor Form. PLEASE NOTE: Both the Exhibitor and the EAC company must submit a COI by the deadline listed above in order to be granted access to the event space.

Exhibitors and/or EACs who have NOT submitted the proper COI paperwork in a timely fashion will **NOT** be allowed access to the 2024 BICSI Winter Conference & Exhibition event space, so it very important to submit the required paperwork by the listed deadline.

If you have any questions, please do not hesitate to contact us. We are happy to help and look forward to working with you towards a successful 2024 BICSI Winter Conference & Exhibition.

Best regards,

Emily Driscoll  
BICSI  
813-769-1848  
[edriscoll@bicsi.org](mailto:edriscoll@bicsi.org)

Kim Osterman, CMP  
BICSI  
813-769-1841  
[kosterman@bicsi.org](mailto:kosterman@bicsi.org)

BICSI  
8610 Hidden River Parkway  
Tampa, FL 33637  
813-979-1991 | 813-971-4311 (Fax)

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## Exhibitor Appointed Contractors Work Authorization Form

**Deadline: January 5, 2024**

**Note:** Certificates of Insurance are mandatory and must list: BICSI, the Freeman Companies and the Rosen Shingle Creek Hotel as additionally insured. The dates covered must be January 28 – February 1, 2024.

### 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 Tampa, 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 **January 5, 2024**.

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

### QUESTIONS:

Please contact Emily Driscoll – 813-769-1848 or [edriscoll@bicsi.org](mailto:edriscoll@bicsi.org) and Kim Osterman, CMP – 813-769-1841 or [kosterman@bicsi.org](mailto:kosterman@bicsi.org).

**Complete and fax to +813-971-4311 or e-mail to [edriscoll@bicsi.org](mailto:edriscoll@bicsi.org) and/or [ksoterman@bicsi.org](mailto:ksoterman@bicsi.org) by January 5, 2024**  
**Attn: Emily Driscoll**

<div style="display: flex; justify-content: space-between;"> <span>CERTIFICATE OF LIABILITY INSURANCE</span> <span style="font-size: 36pt; font-weight: bold;">SAMPLE</span> </div>		DATE (MM/DD/YYYY) 00/00/0000
PRODUCER (000) 000-0000                      FAX		THIS CERTIFICATE IS ISSUED AS A MOTTER 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. INSURERS AFFORDING COVERAGE      NAIC #
AGENTS NAME AGENTS ADDRESS		
INSURED YOUR COMPANY NAME YOUR COMPANY ADDRESS		INSURER A:
EAC FOR:		INSURER B:
		INSURER C:
		INSURER D:
		INSURER E:

<b>COVERAGES</b> 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)	LIMITS		
	X	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	<b>POLICY #</b>	<b>EFF DATE</b>	<b>EXP DATE</b>	EACH OCCURRENCE	\$ 1,000,000	
						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	
		GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				PRODUCTS-COMP-OP AGG	\$ 2,000,000	
		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	<b>POLICY #</b>	<b>EFF DATE</b>	<b>EXP DATE</b>	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000		
		BODILY INJURY (Per person) \$						
		BODILY INJURY (Per accident) \$						
		PROPERTY DAMAGE (Per accident) \$						
		<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY-EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: ACC \$		
		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	<b>POLICY #</b>	<b>EFF DATE</b>	<b>EXP DATE</b>	EACH OCCURRENCE	\$ 1,000,000	
						AGGREGATE	\$ 1,000,000	
		WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED?  If yes, describe under SPECIAL PROVISIONS below	<b>POLICY #</b>	<b>EFF DATE</b>	<b>EXP DATE</b>	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTHER	\$
		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

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

### 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 MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE