

Exhibitor Appointed Contractors Work Authorization Form
Deadline: January 10, 2025

Note: Certificates of Insurance are mandatory and must list: BICSI, the Freeman Companies and Gaylord Palms Resort & Convention Center as additionally insured. The dates covered must be February 2-6, 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 Las Vegas, Nevada.

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 10, 2025**.

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

Complete and fax to +813-971-4311 or e-mail to edriscoll@bicsi.org and/or ksoterman@bicsi.org by January 10, 2025, 2024
Attn: Emily Driscoll

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

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 REPRESENTATIVE