



For Exhibitors intending to use its own labor or contract for such services separately from EXPO, please read the following restrictions, requirements, and restraints. A non-official service contractor is any company, other than the designated official contractors, that an exhibitor wishes to use that requires access to the exhibit hall either before, during or after the Show. Use of a non-official contractor who requires any of the following services is not permitted: electrical, plumbing, telephone lines, drayage, rigging, booth cleaning, and catering. NOTE: A valid and current copy of Exhibitor's contractor's Certificate of Insurance naming **EXPO Convention Contractors Inc., Western Pool and Spa Show and The Long Beach Convention Center** as "Additionally Insured" must accompany this document. If these documents are not provided, Exhibitor will not be allowed to use contractor's services in the area where unions claim jurisdiction. Insurance minimum limits/requirements are: (a) Commercial liability insurance, on an occurrence form, in the amount of One Million (\$1,000,000.00) Dollars per occurrence for bodily injury, death, property damage, and personal injury. The policy must include coverage for premises operations, blanket contractual liability (to cover indemnification section), products, completed operations and independent contractors. (b) Automobile liability insurance in the amount of One Million (\$1,000,000.00) Dollars per occurrence to provide coverage for any owned and non-owned vehicles, including loading and unloading hazards. (c) Workers' compensation and employer's liability coverage as required by Florida Statute.

NOTE: Complete this form only if your company is using a Service Contractor other than EXPO Convention Contractors, Inc. to unpack, erect, assemble, dismantle or pack your display. The local union claims jurisdiction over the erection, dismantling, repair and building of all exhibits.

PLEASE COMPLETE:

(Exhibiting Company Name) Will indemnify and hold harmless EXPO Contractors, Inc. from and against any bodily injury or property damage liability claims, judgments, damages, costs or expense, including reasonable attorney fees, arising out of or occasioned by the operations performed by except for occurrences or accidents caused by the sole negligence of EXPO Convention Contractors, Inc., or for occurrences or accidents by any other party.

(EAC Company Name)

Exhibitor Company Name:		Booth #:	
Address:			
City:	State:	Country:	Zip:
Telephone:		Fax:	
Authorized On-Site Representative:		Cell Phone:	
(Please Print)			

Name of Service Firm:			
Address:			
City:	State:	Country:	Zip:
Contact Name:		Telephone:	
Email Address:		On-Site Supervisor	
On-Site Cell Phone:			

NOTE: This form must be returned with a valid and current Certificate of Insurance naming EXPO Convention Contractors Inc., Show Management and Show Location from above as "Additionally Insured" by **March 9, 2023**

The COI Must have ALL Additionally Insured named, Exhibitor Name and Booth # (see Sample COI for reference).

Labor Source: EXPO LABOR Local Union Direct Contract Other: _____

Please return via fax along with payment policy form 305.751.1298 or email to info@expocci.com