

These guidelines have been established for the purpose of providing smooth show operation and satisfaction for all concerned parties. An exhibitor appointed contractor is defined as any company other than the official contractor (Freeman) designated by show management which will be providing exhibit services on the show floor - including exhibit installation and dismantling, audio visual, florist, photographer, display rental, display house services, etc.

1. Exhibitors are allowed to employ outside services to install and dismantle their display - however exhibitors **may not use an outside drayage contracting service**. This service is provided by the exposition's official contractor. Exhibitors **may not** use an electrical or plumbing contractor other than those officially contracted for by show management.
2. An exhibitor appointed contractor shall have the right to provide services requested by an exhibitor for the set-up/dismantling of his exhibit on the show floor and to utilize qualified employees, **provided show management is notified by the exhibitor 45 days prior to the first scheduled installation date**.
3. These services shall not conflict with existing labor regulations or contracts, and the exhibitor appointed contractor shall adhere to the entrance regulations set up by the hall and show management.
4. The exhibitor appointed contractor shall possess, and have a copy of same on file with show management, a public liability and property damage insurance policy, naming specific people insured and in the amount required by the facility, be a signatory, and conform with the current and acceptable labor contracts.
5. The exhibitor appointed contractor shall have a true and valid order for service from an exhibitor in advance of the show installation dates, and shall not solicit business upon the show floor or during installation and dismantling periods.
6. The exhibitor appointed contractor must provide notice to show management, in letter form, 45 days prior to scheduled installation dates, of the exhibitors who have retained its services. Show management and the official contractor will keep this information confidential. Show management will make every effort to meet the desires of the exhibitors, provided this can be done without disrupting the smooth installation of the show.
7. The exhibitor appointed contractor, prior to starting work, will furnish the show office at the exhibit hall, with the names of all employees who will be working in the hall, as well as names, addresses, and telephone numbers of key executives for emergency contact. Upon verification by the exhibitor of intent to use an exhibitor appointed contractor, the contractor will be supplied with the appropriate notification form.
8. The exhibitor appointed contractor is responsible for adherence to all rules of ingress and egress in a timely, professional manner and should complete his assigned services within prescribed time limits.
9. Exhibitor appointed display installation firms must remain within the perimeter of the booths they are erecting. They will not be allowed to set up work/dispatch stations in the aisles or other unused areas of the exhibit hall. Show management will assign storage and dispatch areas.
10. The exhibitor appointed contractor will share with the official contractor all reasonable costs related to his operation, including the sharing of payment of union stewards, any required restoration of exhibit space to its initial condition, etc.
11. The exhibitor appointed contractor shall cooperate fully with the official show contractor and assist him when necessary in filling his scheduled responsibilities, especially by refraining from interfering with the efficient utilization of labor by the official show contractor.
12. It is the responsibility of the exhibitor to provide the exhibitor appointed contractor with information pertinent to the installation and servicing of the exhibit, e.g., utilities, service order forms, installation and dismantling dates, target dates, shipping instructions and labels, display regulations, work passes, etc.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/07/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Insurance Company Name 1234 Street Address City, State Zip Code Phone: (313)999-9999	CONTACT NAME: Insurance Company Contact Name PHONE (A/C, No, Ext): Contact Phone E-MAIL ADDRESS: Contact Email FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE INSURER A: Insurance Company Name INSURER B: Insurance Company (if different from A above) INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Exhibitor Appointed Contractor Company Name 1234 Street Address City, State Zip Code Booth #: 1234	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		123456-01			EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		123456-01			COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		1234568888			EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A			WC STATU-TORY LIMITS OTH-ER E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$

SAMPLE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 It is agreed that the following are added as Additional Insured, when required by written contract, on the General Liability with respect to operations performed by the Named insured in connection with this project:

SOCIETY OF MANUFACTURING ENGINEERS (SME)
 FABRICATORS & MANUFACTURERS ASSOCIATION INT'L. (FMA)
 AMERICAN WELDING SOCIETY (AWS)
 PRECISION METALFORMING ASSOCIATION (PMA)
 CHEMICAL COATERS ASSOCIATION, INC. (CCAI)
 THE CITY OF ORLANDO, FL
 ORANGE COUNTY CONVENTION CENTER

CERTIFICATE HOLDER **CANCELLATION**

SME - FABTECH 1000 TOWN CENTER SUITE 1910 SOUTHFIELD, MI 48075	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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