



Exhibitor-Appointed Contractor Authorization

Web 2.0 Expo - Demo Pods
September 28 - 30, 2010

Exhibiting Company Name		Booth Number	
Street Address			
City	State	Zip	Country
Contact Name		Email Address	
Telephone ()		Fax ()	

Order Deadline: August 27, 2010

Please read, complete and submit this authorization form with required documentation for each contractor (see below) to Champion Exposition Services, Inc. if hiring a service contractor(s) other than the official contractor selected by show management. Note: for services such as electrical, plumbing, telephone, cleaning and material handling, no contractor other than the official contractor will be approved. This regulation is enforced as equipment and facilities are the sole responsibility of the respective owner. The exhibitor shall control only the material and equipment that he/she owns and that is to be used in the exhibit space.

Official Service Contractors are appointed to perform and provide necessary services and equipment. The Official Service Contractors will provide all usual trade show services, including labor. Supervision, however, may be provided by the exhibitor. The exhibitor may appoint either the official contractor for supervision or a qualified non-official contractor.

Official Show Contractors:

- Ensure orderly and efficient installation and removal of exhibits.
- Assure the distribution of labor to all exhibitors according to need.
- Provide sufficient labor to satisfy the requirements of exhibitors and for the show itself.
- See that the proper type and limits of insurance are in force.
- Avoid any conflict with local union regulations and requirements.

Should an exhibitor wish to employ the services of a contractor other than the Official Show Contractor, the following conditions must be met:

- The exhibitor must inform Champion Exposition Services, Inc. of the name and address of the contractor and the work to be performed by completing the Authorization below. The Authorization must be received by Champion Exposition Services, Inc. no later than 30 days prior to the show. If notification is not received 30 days prior to the show, Champion labor must be used for all work and the exhibitor-appointed contractor will be permitted to supervise only.
- The contractor hired by the exhibitor must:
 - Provide no later than 30 days prior to the show a Certificate of Insurance with at least the following limits: Commercial Liability not less than \$1,000,000 each occurrence/\$2,000,000 general aggregate, Workers Compensation Insurance, including Employer's Liability coverage, in a minimum amount not less than \$1,000,000; Auto Liability not less than \$1,000,000 each accident and Umbrella Liability not less than \$1,000,000 each occurrence naming Champion Exposition Services, LLC (the General Contractor), Show Management, Sheraton New York Hotel & Towers and Web 2.0 Expo - Demo Pods as additional insured, except for Workers Compensation.
- Agree to abide by all rules and regulations of the show.
- Wear identification badges at all times. Temporary labor badges will be provided. Badges will be issued only to representatives of said contractor assigned to supervise, install, dismantle or maintain exhibits and exhibit-related equipment.

This form must be accompanied by the insurance certificate. Please obtain this certificate from your insurance carrier and send with this form.

INCOMPLETE OR UNSIGNED FORMS WILL NOT BE ACCEPTED.

Acknowledged and agreed to by:

SIGNATURE OF EXHIBITOR		DATE	
SERVICE TO BE PERFORMED		CONTACT NAME	
NAME OF SERVICE CONTRACTOR			
CONTRACTOR STREET ADDRESS			
CITY	STATE	ZIP	COUNTRY
CONTRACTOR TELEPHONE ()		CONTRACTOR FAX ()	

ACORD **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YY)
01/01/03

PRODUCER ABC Insurance Agency Fax: (212) 555-6100 1234 Broker Lane New York, NY 10895 Attn: Joe Agent (212) 555-6102 ext. 1234	THIS CERTIFICATE IS ISSUED AS A MATTER 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. INSUREERS AFFORDING COVERAGE
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INSURED Big Boom Company, Inc. 1234 Corporate Lane New York, NY 10895 Attn: Joe Smith Phone: (212) 555-5349 Fax: (212) 555-9819	INSURER A: Hartford Insurance Company of Illinois INSURER B: Aetna Casualty & Surety Company INSURER C: Travelers Insurance Company INSURER D: Royal Insurance Company INSURER E:
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COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OF 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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	000P98298-A11	01/01/08	01/01/09	EACH OCCURENCE	\$1,000,000
	FIRE DAMAGE (Any one fire)				\$ 300,000	
	MED EXP (Any one person)				\$ 10,000	
	PERSONAL & ADV INJURY				\$1,000,000	
	GENERAL AGGREGATE				\$2,000,000	
	PRODUCTS-COMP/OP AGG				\$2,000,000	
B	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 <input type="checkbox"/> _____ <input type="checkbox"/> _____	SKLS-029499S	01/01/08	01/01/09	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	BODILY INJURY (Per person)				\$	
	BODILY INJURY (Per accident)				\$	
	PROPERTY DAMAGE (Per accident)				\$	
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/>				AUTO ONLY-EA ACCIDENT	\$1,000,000
					OTHER THAN AUTO ONLY:	\$
						\$
A	UMBRELLA/EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	XL1234567	01/01/08	01/01/09	EACH OCCURENCE	\$1,000,000
	AGGREGATE				\$1,000,000	
					\$	
					\$	
					\$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	A4145-SS-PJ37	01/01/08	01/01/09	<input checked="" type="checkbox"/> WC STATU- ORY 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	
D	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 Champion Exposition Services, LLC (Official Service Provider), (Show Management), (Facility), and (Show) are hereby named as additional insured, except for Workers' Compensation. Champion Exposition Services, LLC and/or the consignor are included as Loss Payee. The insurance provided for the benefit of Champion Exposition Services, LLC, shall be primary insurance as respects any claim, loss, or liability, arising out of the Named Insured's operations for which the Named Insured is liable. Any other insurance maintained by Champion shall be excess and non-contributory. Show date(s) are:

CERTIFICATE HOLDER	X	ADDITIONAL INSURED; INSURER LETTER: X	CANCELLATION
Champion Exposition Services Exhibitor Services 139 Campanelli Drive Middleboro, MA 02346		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OF REPRESENTATIONS AUTHORIZED REPRESENTATIVE John Smith, CIC John Smith, CIC	