

2024 DSC Convention and Sporting Expo  
Kay Bailey Hutchison Convention Center  
Dallas, TX

**Discount Deadline:  
December 11, 2023**

Exhibiting Company: \_\_\_\_\_ Booth Number: \_\_\_\_\_

**EAC Information:**

EAC Company Name: \_\_\_\_\_

EAC Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

EAC Contact Name: \_\_\_\_\_ EAC mail Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**If you plan on hiring a service contractor(s) other than the official contractor selected by the show management, you must submit this authorization form with all the required documentation for each contractor individually (see below) to The Expo Group.**

NOTE: For services such as electrical, plumbing, telephone, cleaning and material handling, no contractor other than the official contractor may be appointed. The exhibitor shall control/operate only the material and equipment that he/she owns and that is to be used only within the booth space. The Official Service Contractor will provide all usual trade show services, including labor. Labor supervision, however, may be provided by the exhibitor. The exhibitor may also appoint either the official contractor for labor 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 limit 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 The Expo Group 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 The Expo Group **no later than 30 days** prior to the show first move-in date. If notification is not received by the deadline, The Expo Group labor must be used for all work and the EAC will be permitted to supervise the labor only.

**The contractor hired by the exhibitor must:**

- Provide no later than 30 days prior to the show first move-in date 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 occurrence, naming The Expo Group (the General Contractor), Show Management, Facility, and Organizer as additional insured, except for Workers Compensation.
- Agree to abide by all rules and regulations of the show and union rules and regulations.
- Wear identification badges at all times. Temporary labor badges will be provided. Badges will be issued only to representatives of approved EAC to supervise, install, dismantle, or maintain exhibits and exhibit-related equipment.

**This form must be accompanied by the certificate of insurance (COI). INCOMPLETE OR UNSIGNED FORMS WILL NOT BE ACCEPTED.**

Signature of Exhibitor: \_\_\_\_\_ Date: \_\_\_\_\_

Service to be Performed: \_\_\_\_\_

Exhibiting Company Name: \_\_\_\_\_ Booth Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Authorizer acknowledges reading and accepting all Terms and Conditions in full and agrees that Authorizer and Exhibiting Company will be fully governed by the provisions described therein.**

Exhibiting Company: \_\_\_\_\_ Booth Number: \_\_\_\_\_

EAC Print Name: \_\_\_\_\_

EAC Authorizer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Exhibitor Appointed Contractor (EAC) Access to the Show Floor:** Wristbands will only be distributed to EACs with previously received/approved EAC Work Authorization form, a valid Certificate of Insurance, and a copy of the additional insured endorsements required on the primary and excess/umbrella general liability policies on file. Wristbands give approved EACs access to the show floor during Exhibitor move-in and move-out hours only. Wristbands must be worn at all times and visible to security and show management personnel. After-hours work passes are available for access to the exhibit floor at The Expo Group Service Center desk.

**Certificate of Insurance (COI):** Each EAC shall provide The Expo Group with a valid Certificate of Insurance and a copy of the additional insured endorsements required on the primary and excess/umbrella general liability policies. The insurance form must name The Expo Group (the General Contractor), Show Management, Facility, and Organizer as additional insured, except for Workers Compensation, to include the following:

- The Expo Group, LLC.
- Show Organizer
- Facility
- Each Exhibitor represented by the contractor
- Show Move-In dates through Move-Out dates

**The insurance form must list the Certificate Holder as:**

The Expo Group, LLC.  
5931 West Campus Circle Drive  
Irving, TX 75063

**Minimum Coverage Requirements for Primary & Excess/Umbrella Commercial General Liability:** Each EAC shall maintain insurance coverage of the types and in the minimum amounts as follows: **LIMITS:** Primary: Each Occurrence \$1,000,000; Products - COMP/OP AGG \$2,000,000; Personal & Adv Injury \$1,000,000; General Aggregate \$2,000,000 **EXCESS/UMBRELLA:** Each occurrence \$1,000,000; Aggregate \$1,000,000; Coverage for contractual liability and products liability.

**The following entities shall be named as additional Insureds for all ongoing operations:**

- The Expo Group, LLC.
- Show Organizer
- Facility
- Each Exhibitor represented by the contractor
- Show Move-In dates through Move-Out dates

Insurer shall waive any right of subrogation against Organizer and The Expo Group, LLC., their officers, directors, agents or employees. Coverage cannot be cancelled or reduced without at least 30 days prior written notice to Organizer and The Expo Group, LLC.

**Workers' Compensation Insurance (WCI):** Each EAC shall maintain Workers' Compensation and Occupational Disease Insurance in full compliance with all federal and state laws; covering all of the EAC's employees engaged in the performance of any work for the Exhibitor. Coverage for Workers' Compensation and Employers' Liability shall be insured for the following limit: Each Accident \$1,000,000; Disease - Each Employee \$1,000,000; Disease - Policy Limit \$1,000,000

WCI Insurer shall waive any right of subrogation against Organizer and The Expo Group, LLC., their officers, directors, agents or employees. Coverage cannot be cancelled or reduced without at least 30 days prior written notice to Organizer and The Expo Group, LLC.

**Automobile Liability:** Automobile liability must be covered whether the EAC has a vehicle on-site or not. Each EAC shall maintain insurance coverage in the minimum amounts as follows: Combined Single Limit \$1,000,000

**EAC acknowledges reading and accepting this Agreement and agrees to be fully governed by the provisions described herein.**

EAC Company \_\_\_\_\_

Booth Number: \_\_\_\_\_

EAC Name: \_\_\_\_\_

EAC Signature: \_\_\_\_\_

Date: \_\_\_\_\_

CERTIFICATE OF LIABILITY INSURANCE						SAMPLE		DATE (MM/DD/YYYY) 00/00/0000				
PRODUCER (000) 000-0000 FAX				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.								
AGENTS NAME AGENTS ADDRESS				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					
	X	GENERAL LIABILITY		POLICY #	EFF DATE	EXP DATE	EACH OCCURRENCE		\$ 1,000,000			
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 500,000					
			<input type="checkbox"/> CLAIMS MADE				<input checked="" type="checkbox"/> OCCUR	MED EXP (Any one person)		\$ 5,000		
							PERSONAL & ADV INJURY		\$ 1,000,000			
		GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		\$ 2,000,000	
		<input type="checkbox"/> POLICY	<input type="checkbox"/> PROJECT				<input type="checkbox"/> LOC	PRODUCTS-COMP-OP AGG		\$ 2,000,000		
		AUTOMOBILE LIABILITY		POLICY #	EFF DATE	EXP DATE	COMBINED SINGLE LIMIT					
		<input checked="" type="checkbox"/> ANY AUTO	(Ea accident)				\$ 1,000,000					
		<input type="checkbox"/> ALL OWNED AUTOS	BODILY INJURY									
		<input type="checkbox"/> SCHEDULED AUTOS	(Per person)				\$					
		<input checked="" type="checkbox"/> HIRED AUTOS	BODILY INJURY									
		<input checked="" type="checkbox"/> NON-OWNED AUTOS	(Per accident)				\$					
				PROPERTY DAMAGE								
				(Per accident)		\$						
		GARAGE LIABILITY					AUTO ONLY-EA ACCIDENT					
		<input type="checkbox"/> ANY AUTO	OTHER THAN EA ACC				\$					
							AUTO ONLY: ACC		\$			
		EXCESS/UMBRELLA LIABILITY		POLICY #	EFF DATE	EXP DATE	EACH OCCURRENCE		\$ 1,000,000			
		<input checked="" type="checkbox"/> OCCUR	<input type="checkbox"/> CLAIMS MADE				AGGREGATE		\$ 1,000,000			
		<input type="checkbox"/> DEDUCTIBLE										
		<input checked="" type="checkbox"/> RETENTION	\$ 10,000									
		WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY		POLICY #	EFF DATE	EXP DATE	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTHER	\$			
		ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED?					E.L. EACH ACCIDENT		\$ 1,000,000			
		If yes, describe under SPECIAL PROVISIONS below					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				CANCELLATION			
The Expo Group 5931 West Campus Circle Drive Irving, TX 75063				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <b>30</b> 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			

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## Exhibitor Appointed Contractor (EAC) Work Authorization Form

**This form must be completed by the exhibiting company:**

No EAC will be granted access to the show floor without the Exhibitor's signature and completion of the EAC Requirements and this EAC Work Authorization Form. Please check the appropriate boxes below of the products and/or services you will have outside of those provided by the designated official contractor.

**Return completed EAC Requirements and EAC Work Authorization Forms to The Expo Group via email by the Discount Deadline and forward a copy of the Certificate of Liability Insurance sample to your EAC.**

**Exhibitor will be charged \$150.00 per booth, to cover additional expenses incurred. These fees will be waived if The Expo Group provides the labor.**

**For insurance and safety reasons, the official contractor designated in the service manual must be used for services such as:**

Electrical    Booth Cleaning    Plumbing    Material Handling    Telecommunications    Suspended Signs    Rigging

**Services:**

☐  
☐  
☐

Installation & Dismantle  
Photography  
Personnel/Models

☐  
☐  
☐

Installation & Dismantle - Supervision Only  
Security  
Other (please identify): \_\_\_\_\_

**Products:**

☐  
☐  
☐

Flooring/Carpet Rental  
Furniture/Signs/Accessories  
Floral

☐  
☐  
☐

Audio Visual - Rental/Production/Lighting  
Computer Rental  
Other (please identify): \_\_\_\_\_

Indicate Details/Type of Service Performed for the Above Checked Boxes (i.e. installation, supervision, etc.):

Note Other Products/Services Below:

**EXHIBITOR INFORMATION:**

Exhibiting Company: \_\_\_\_\_  
Exhibitor Contact: \_\_\_\_\_  
Exhibitor Email: \_\_\_\_\_  
Exhibitor Signature: \_\_\_\_\_

Booth Number: \_\_\_\_\_  
Title: \_\_\_\_\_  
Exhibitor Phone: \_\_\_\_\_  
Date: \_\_\_\_\_

**EAC INFORMATION:**

EAC Company Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Company Phone: \_\_\_\_\_  
EAC Contact Name: \_\_\_\_\_  
Contact Email: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Contact Cell: \_\_\_\_\_  
Provided Service Description: \_\_\_\_\_