



EXHIBITION: MARCH 8-10
EDUCATION: MARCH 7-9
MUSIC CITY CENTER
NASHVILLE, TN
HPBExpo.com

EAC Request Form (Exhibitor Appointed Contractor)

Complete this form to request approval for an Exhibitor Appointed Contractor (EAC) - **any contractor other than the Official Contractors providing a service to an Exhibitor within his exhibit space**, including (but not limited to) Photographers, Florists, Installation/Dismantling Labor, etc.

The unpacking, erection, assembling, dismantling, and packing of displays and equipment must be done by the correct type of labor. The Official General Contractor (FREEMAN) will have qualified craftsmen available to assist exhibitors. Arrangements for labor should be made in advance whenever possible. Official labor forms are available in the online Exhibitor Service Manual.

Exceptions to the foregoing will be considered only in cases where permission has been requested in writing by the Exhibitor and received by HPBA by February 7, 2018. Exceptions will be granted only if they will not interfere with or prejudice the orderly set-up, interim services, or dismantling of the Show. An exception will not be granted if it is inconsistent with the commitments made and obligations assumed by HPBA in any contract with service contractors or in its leases with exhibit halls.

For electrical, plumbing, telephone, rigging, and booth cleaning, no exceptions will be made, and the Official Contractors must be used. Set-up badges will be available at Exhibitor Registration (or show entrance prior to registration opening) for all EAC labor personnel. All employees, agents, or representatives who are performing services **must provide HPBA with original and valid certificates of insurance at the time that this request for exception is made.** These original certificates of insurance must conform to the limits satisfactory to the HPBA as stated in the Trade Show Rules & Regulations.

Exhibitors using the services of Exhibitor Appointed Contractors, other than the Official Contractors, shall be held responsible for these employees' conduct and liabilities.

Exhibiting Company: _____ Booth Number(s): _____

Contractor: _____

Address: _____

City/State/Zip Code: _____

Phone: _____

Number of Workers: _____

Authorized by: _____
(Exhibitor Authorized Signature) *(Print Name)*

Send to:
 Hearth, Patio & Barbecue EXPO 2018
 Attention: Exhibits
 1901 North Moore Street | Suite 600 | Arlington, VA 22209

Email: amyjackson@hpba.org OR Fax to Secure Line: (703) 522-0177

The deadline for EAC Requests is **February 7, 2018**. If you have any questions regarding your approval request, please email amyjackson@hpba.org or call (703) 522-0086, ext. 125.

EXHIBITOR APPOINTED CONTRACTORS (EAC) SAMPLE: Certificate of Insurance

Deadline: February 7, 2018

***NOTE: ALL DATES MUST INCLUDE COVERAGE DURING MOVE-IN, SHOW DAYS, AND MOVE-OUT.**

Add Names

Contractor's Insurance Company Issuing this Certificate

Contractor's company name, subsidiary names, or D.B.A. names and address

Policy Numbers

*Policy Dates From/To

Policy Numbers

*Policy Dates To/From

Must Be Included

Must Be Included: This information should be put in under Other:

ACORD CERTIFICATE OF LIABILITY INSURANCE						DATE (MM/DD/YY) 9/04/98
PRODUCER						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.
INSURED						COMPANIES AFFORDING COVERAGE
						COMPANY A
						COMPANY B
						COMPANY C
						COMPANY D
COVERAGES						
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.						
EO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY				GENERAL AGGREGATE	\$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG	\$
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$
					FIRE DAMAGE (Any one fire)	\$
					MED EXP (Any one person)	\$
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	\$
					AGGREGATE	\$
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	OILTY
	<input type="checkbox"/> THE PROPRIETOR/PARTNER/EXECUTIVE OFFICERS ARE	<input type="checkbox"/> INCL			EL EACH ACCIDENT	\$
	<input type="checkbox"/> OTHER	<input type="checkbox"/> EXCL			EL DISEASE-POLICY LIMIT	\$
					EL DISEASE-EA EMPLOYEE	\$
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS						
CERTIFICATE HOLDER						
HPBExpo 2018 1901 North Moore Street Suite 600 Arlington, VA 22209						<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL _____ 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 COMPANY, ITS AGENTS OR REPRESENTATIVES.</p> <p>AUTHORIZED REPRESENTATIVE</p>
ACORD 29-S (1/95)						ACORD CORPORATION, 1995 CERTIFICATE: 002/001/ 00029

Additionally Insured: Hearth, Patio & Barbecue Association, its directors, officers, agents, and employees; and the Music City Center