



**EAC (Exhibitor  
Appointed Contractor)  
APPROVAL REQUEST FORM**

Exhibitors must complete this form to request approval for an EAC (Exhibitor Appointed Contractor) – any contractor other than the Official Contractors providing a service to an exhibitor within his/her 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 12, 2020.** 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 wristbands will be available at the Main Entrance Security station 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#: \_\_\_\_\_

Contractor: \_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Number of Workers from Contractor: \_\_\_\_\_

Authorized by: \_\_\_\_\_  
*Exhibitor Authorized (Signature)*
*(Print Name)*

<p><b>Forms and questions can be sent to Amy Jackson, Senior Manager – Exhibits:</b>          Hearth, Patio &amp; Barbecue Association   1901 North Moore St., Ste. 600   Arlington, VA 22209          703-522-0086, ext. 125   703-522-0177 (F)   email: <a href="mailto:amyjackson@hpba.org">amyjackson@hpba.org</a></p>	<p><b>DEADLINE:</b>  <b>February 12,</b>  <b>2020</b></p>
--	---

**The following is an amendment to HPBExpo 2020 Rules & Regulations part 15:**

### **Indemnification/Limitation of Liability/Insurance**

Exhibitor hereby releases and agrees to defend, indemnify and hold harmless Show Management; HPBA; Ernest N. Morial Convention Center; Freeman Decorating Company; and the officers, directors, members, agents, representatives, employees, and subcontractors of each, from and against any and all claims, demands, actions, judgments, damages, losses and liabilities, including without limitation attorney’s fees and costs, arising out of or in any manner related to exhibitor’s presence at HPBExpo 2020, including without limitation claims for damage to or loss of exhibitor’s property and injury to or the death of exhibitor’s employees, representatives, contractors or invitees.

Exhibitor agrees to maintain insurance, (and to provide certificates of same), naming HPBA and Ernest N. Morial Convention Center as additional insureds, in the following amounts:

- Comprehensive General Liability *(Policies are available for purchase through Rainprotection – see page 2)*
  - Bodily Injury \$1,000,000 per occurrence/\$2,000,000 aggregate
  - Property Damage \$1,000,000 per occurrence/\$2,000,000 aggregate
- Worker’s Compensation (statutory limits), with Employer’s Liability \$500,000

On or before **February 12, 2020**, exhibitor shall provide HPBA show management with certificate(s) of insurance evidencing the foregoing coverage. Electronic copies are acceptable.

**The following is an amendment to HPBExpo 2020 Rules & Regulations part 22:**

### **Outside Exhibit Houses (Exhibitor Appointed Contractor - EAC)**

A certificate of insurance must accompany the notification of Exhibitor Appointed Contractors to HPBA show management. The certificate of insurance should confirm the coverages, policy limits, and additional insureds as listed above for Exhibitors.

<p><b>Forms and questions can be sent to Amy Jackson, Senior Manager – Exhibits:</b> Hearth, Patio &amp; Barbecue Association   1901 North Moore St., Ste. 600   Arlington, VA 22209 703-522-0086, ext. 125   703-522-0177 (F)   email: <a href="mailto:amyjackson@hpba.org">amyjackson@hpba.org</a></p>	<p><b>DEADLINE:</b> <b>February 12,</b> <b>2020</b></p>
--	---



# MARCH 2020

**THROUGH ALL FOUR SEASONS**  
 EXHIBITION: MARCH 12-14, 2020 | EDUCATION: MARCH 11-13, 2020  
 ERNEST N. MORIAL CONVENTION CENTER | NEW ORLEANS, LA

## EAC (Exhibitor Appointed Contractor) INSURANCE SAMPLE

**\*Note: All dates must include coverage during your move-in, show days, and move-out.**

Contractor's Insurance Company Issuing this Certificate

Add Names

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

Policy Numbers

\*Policy Dates To/From

Policy Limits

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

Must Be Included

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/1/2019

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 XXXXXXXX Address City, St Zip	CONTACT NAME: PHONE (A.C. No. Ext): FAX (A.C. No.): E-MAIL ADDRESS: XXXXXXXXXXX@XXXX.COM INSURER(S) AFFORDING COVERAGE INSURER A: XXXXXXXXXX NAIC # ##### INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
---	--

INSURED: SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS:  
**YOUR COMPANY NAME**  
**CONTACT NAME**  
**ADDRESS**  
**CITY, ST ZIP**

COVERAGES      CERTIFICATE NUMBER: USS406238      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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						GENERAL AGGREGATE \$ 2,000,000
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY						PRODUCTS - COMP/OP AGG \$ 2,000,000
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/>						PERSONAL & ADV INJURY \$ 1,000,000
A		X		XXXXXXXXXXXXXXXX	3/7/2020 12:01 AM	3/17/2020 12:01 AM	EACH OCCURRENCE \$ 1,000,000
							FIRE DAMAGE (Any one fire) \$ 300,000
							MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTO <input type="checkbox"/> NON-OWNED AUTOS						EACH OCCURRENCE \$ AGGREGATE \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						WC STATU-TORY LIMITS    OTH-ER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						AD&D MAXIMUM MEDICAL DEDUCTIBLE TERMS OF PAYMENT
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Covered Vendor Type: Product or Service Display Exhibits. Certificate Holder is named as additional insured with respect to the operations of the Named Insured.							

<b>CERTIFICATE HOLDER</b> HPBExpo 2020 1901 NORTH MOORE ST. SUITE 600 ARLINGTON, VA 22209	<b>CANCELLATION</b> 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 XXXXXXXXXXXX
---	--

ACORD 25 (2010.05)

The ACORD name and logo are registered marks of ACORD

© 1988-2010 ACORD CORPORATION. All rights reserved.

Additionally Insured: Ernest N. Morial Convention Center; Hearth, Patio & Barbecue Association and its entities, subsidiaries, agents, representatives, officers, staff, volunteers and employees.

Forms and questions can be sent to Amy Jackson, Senior Manager – Exhibits:  
 Hearth, Patio & Barbecue Association | 1901 North Moore St., Ste. 600 | Arlington, VA 22209  
 703-522-0086, ext. 125 | 703-522-0177 (F) | email: [amyjackson@hpba.org](mailto:amyjackson@hpba.org)

**DEADLINE:**  
**February 12, 2020**