



# EXHIBITOR APPOINTED CONTRACTOR (EAC)

**Archery Trade Association**

INDIANA CONVENTION CENTER | Indianapolis, IN

January 11 - 13, 2023

**1191470123**

**DEADLINE: MONDAY, DECEMBER 12, 2022**

This form is to be completed by the Exhibitor and returned to Shepard by the deadline date noted above.

EXHIBITING COMPANY NAME: \_\_\_\_\_ BOOTH NUMBER: \_\_\_\_\_

CONTACT EMAIL ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

An Exhibitor Appointed Contractor (EAC) is a company other than the "general or official" service provider on the show that requires access to your booth during installation and dismantling. The EAC may only provide services in the facility that are not designated by the facility as "exclusive" to a designated provider, or by the event organizer in a contract as an exclusive service for the "general or official: service provided or other third party.

No EAC will be allowed to work in an exhibitor's booth if this EAC form, a valid form of insurance, a third party Method of Payment form and an exhibitor Method of Payment is not completed by an authorized representative and received by Shepard by the due date indicated above. The Form must be completed for every third party (as well as any other ordering third party ordering or requesting services from Shepard on behalf of exhibitor) at the above event. Multiple booths are not to be listed on one form. If form is not submitted by deadline date, the EAC will not be allowed to perform work in the hall except to supervise the official contractor provided labor.

EXHIBITOR APPOINTED CONTRACTOR: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DESCRIPTION OF PROPOSED SERVICE FOR EXHIBITOR: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The EAC hired by the exhibitor must, by the deadline date, provide Shepard with a current Certificate of Insurance with minimum limits of \$500,000 property damage per occurrence, \$1,000,000 personal injury per occurrence, workers compensation aggregate coverage of \$1,000,000 per occurrence, and naming Shepard Exposition Services as the certificate holder for the time period of the event, including move-in and move out days. Listing Shepard Exposition Services as an additionally insured only will not be accepted, and may prevent EAC from working on the premises. If EAC does not have minimum coverage and proper documentation, they will be subject to employing Shepard Exposition Services for labor services.

The EAC must abide by the rules and regulations of the show and all pertinent union regulations.

EAC employees must wear approved identification badges at all times while in the work area. Badge will be issued at show site to authorized contractor representatives when all requirements have been met.

The EAC must confine its operations to the exhibit area of its clients. No service desks, storage areas or other work facilities will be located anywhere in the facility. Show aisles and public areas are not part of the Exhibitor's booth space.

Solicitation of business by EAC is strictly prohibited. EAC companies discovered soliciting will be removed from the show floor and the exhibitor will not be able to use that EAC for the remainder of the event.

The EAC must have all business licenses, work permits and insurance required by State and City governments and Facility Management before beginning work, and shall provide Show Management with evidence of compliance.

If required, the EAC must be able to provide evidence that it has current and applicable labor contracts and must comply with all labor agreements and jurisdictions. The EAC must not jeopardize the production of the event by any act or practice that would lead to work stoppages, strikes or labor disputes.

**EACs agrees to keep all No Freight Aisles clear at all times. If SES is required to rearrange any material situated in a clearly No Freight Aisle, the exhibitor or the EAC depending on billing arrangements will be a charged a 1 hour minimum forklift rental and labor.**

EXHIBITOR SIGNATURE: \_\_\_\_\_



Email completed form to: [customerservice@shepardes.com](mailto:customerservice@shepardes.com)

[shepardes.com](http://shepardes.com)