LVE

COLLECTIVE CA SUMMER 2024

July 23 - 24, 2024
Pasea Resort & Spa

WORK AUTHORIZATION

DEADLINE DATE: 7/5/2024

All Exhibitors using an Exhibitor Appointed Contractor must return this form.
THIS FORM & CERTIFICATE OF INSURANCE MUST BE RETURNED BY THE STATED DEADLINE DATE.

☐ We have selected the following Exhibitor-Appointed Contractor(s) (EACs). The EAC has been notified that a General Liability Insurance Certificate is required by Show Management and must be received by LVE no later than deadline date.

The contractor hired by the exhibitor must provide a certificate of insurance with at least the following limits:

Comprehensive General Liability not less than $1,000,000 with respect to injuries to any person in one occurrence; $2,000,000 with respect to injuries to more than one person in any one occurrence; and $500,000 with respect to damage of property; Worker's Compensation Insurance, including employee liability coverage, in a minimum amount not less than $1,000,000 of individual and/or aggregate coverage, and naming Show Management(Event Name) and Exhibitor as additional insured.

EAC COMPANY INFORMATION

EAC COMPANY NAME					
SERVICES TO BE PROVIDED					
EAC CONTACT PERSON(S)					
ADDRESS					
CITY		STATE		ZIP	
PHONE		FAX			
EMAIL					
Is this company authorized to order services on your behalf?		☐ YES		☐ NO	
Is this company responsible for charges incurred for the show? ***If yes, both parties must complete and sign the Third Party form.***		☐ YES*		☐ NO	
EXHIBITING COMPANY					
PHONE					
BOOTH # (S)					

I hereby authorize the company noted above to perform services on our behalf. Further, they have been provided with a copy of the Show Rules and Regulations as noted in the Exhibitor Manual and agree to abide by the same.

SIGN: _____ **PRINT:** _____

CERTIFICATE OF LIABILITY INSURANCE

PRODUCER: Insurance Agent/Broker who issues certificate.

NAME OF INSURED: Must be the legal name of contracting party

TYPES OF INSURANCE: Must include types required by contract. See Official Services Provider Information in this Exhibitor Manual.)

FORM OF COVERAGE: Must be "occurrence" form coverage

NAME ADDITIONAL INSUREDS: LVE (Official Service Provider), <show organizer name> (Show Management), <show name> (Show) and <facility name> (Facility) as additional insureds on a primary and non-contributory basis.

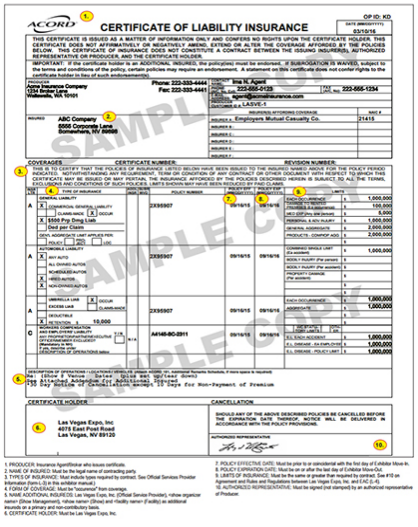
CERTIFICATE HOLDER: Must be LVE

POLICY EFFECTIVE DATE: Must be prior to or coincide with the first day of Exhibitor Move-In

POLICY EXPIRATION DATE: Must be on or after the last day of Exhibitor Move-Out

LIMITS OF INSURANCE: Must be the same or greater than required by contract. See Terms and Conditions located within this manual or online at www.lvexpo.com

AUTHORIZED REPRESENTATIVE: Must be signed (not stamped) by an authorized representative of Producer


CERTIFICATE OF LIABILITY INSURANCE

SAMPLE ONLY

SUBMIT YOUR CERTIFICATE OF LIABILITY INSURANCE ONLINE: https://www.lvexpo.com/eacregistration/

Submit LVE forms to: exhibitorservices@lvexpo.com / FAX: 702-248-4113