

Exhibitor Appointed Contractor

Deadline: July 19, 2024

IMPORTANT NOTE: Please read all instructions carefully. Questions should be directed to IWF Show Management at ExhibitorServices@iwfatlanta.com or call 404/693-8333.

An Exhibitor Appointed Contractor is any company (other than the official contractor which is GES) that an Exhibitor wants to use inside the exhibit hall before, during or after the show.

No permission to use an Exhibitor Appointed Contractor will be given for the performance of the following services:

Electrical, Telephones, Plumbing, Booth Cleaning, Catering, Drayage/Rigging

EACs will not be allowed to work in any exhibitor booth for which documentation and/or payment has not been received by deadline.

Requirements

If you hire any vendors other than our official contractors, you must register each company as an Exhibitor Appointed Contractor (EAC) for them to gain access to the Exhibit Hall during move-in and move-out. An EAC will ONLY be granted access to the Exhibit Hall if the EAC is registered and approved via the online portal and Show Management has approved the Certificate of Insurance (COI) on file. It is the Exhibitor's sole responsibility to ensure any hired EACs are aware of and comply with all requirements and guidelines on this page and all subsequent pages referenced here.

Vendors listed on the official contractors list are the only companies authorized to provide the indicated service per the building regulations.

Exhibitor Should refer to GES Notice of Intent to Use EAC and abide by the GES Policies and Procedures.

Certificate of Insurance (COI) Requirements

COIs will not be accepted via standard postal mail or email. Please follow the steps to register your EAC, which will give them access to upload their COI in the online portal.

The EAC shall, at its sole cost and expense, procure and maintain insurance through the term of the 2024 International Woodworking Fair (July 30 - August 16, 2024), including comprehensive General Liability and Workers' Compensation, with coverage of claims for bodily injury or death and property damage occurring in or upon or resulting from the premises leased by Show Management.

[VIEW SAMPLE CERTIFICATE OF INSURANCE](#)

COI must include the following:

- Dates: 7/30/2024 - 8/16/2024 Commercial General Liability, including contractual liability, with limits of not less than \$1,000,000 each occurrence, \$2,000,000 general aggregate and \$2,000,000 products & completed operations aggregate.
- Automobile Liability with a limit of not less than \$1,000,000 combined single limit - each accident.



Exhibitor Appointed Contractor

Deadline: July 19, 2024

- Workers Compensation, as required by law, with Employers Liability Limits of not less than \$1,000,000 each accident, \$1,000,000 disease - each employee and \$1,000,000 disease - policy limit.
- Umbrella/Excess Liability with a limit of not less than \$1,000,000 each occurrence/aggregate.
- All Policies (except Worker's Compensation) shall name Global Experience Specialists, Inc. (GES) (Official Service Provider), International Woodworking Fair, LLC (Show Management), International Woodworking Fair, LLC (Show) and Georgia World Congress Center (facility).

Registration

Deadline: July 19, 2024

Registrations will not be accepted via email. Please follow the steps below to register your EACs.

In addition to registering your EAC with Show Management, EACs must be licensed to work at the Georgia World Congress Center (GWCC) as a current member of ESCA and display their ESCA badge on site at all times.

Contracted Exhibitor Responsibilities:

1. Login to your [IWF Exhibitor Resource Center](#) (you will need your Exhibitor ID and Password) and click on the Exhibitor Appointed Contractor tile. Go to the Manage Exhibitor Contractors page and add your EACs you want to use inside the exhibit hall before, during, or after the show.
2. If your EAC is not on the list, please add them at the bottom of the page. The contact you list will receive an email with their login credentials for the EAC portal where they can upload their Certificate of Insurance. Show Management will send the EAC an email with approval or denied status.
3. EAC will be required to pay a one-time \$50 registration fee to be paid by July 19, 2024.
4. Exhibitor must also complete GES Notice of Intent to Use EAC and abide by the GES Policies and Procedures.

EAC Responsibilities:

1. Follow login instructions provided in email to complete the EAC approval process.
2. EAC will be required to pay a one-time \$50 registration fee to be paid by July 19, 2024.
3. Submit valid Certificate of Insurance - carefully review sample certificate for specific coverage requirements. COIs will not be accepted via standard postal mail or email. Please follow the steps to upload your COI in the online portal.
4. Once required information, payment and documents have been submitted, show management will review and send approval or denial email to EAC. If denied, the email will show the reason for denial.
6. Registered EACs are allowed access to the Exhibit Halls during move-in and move-out only. For morning and evening access on Show days, they must obtain a wristband from Show Security. Additional information regarding onsite access hours and wristband pickup hours and locations will be provided to registered EACs closer to the show date.

If you have questions concerning this process, please contact Debbie Hulseley at [**Debbie@iwfatlanta.com**](mailto:Debbie@iwfatlanta.com) or call **404/693-8333**.

ACORD 1.		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YY) 01/01/24													
PRODUCER ABC Insurance Agency 1234 Broker Lane New York, NY 10895 Attn: Joe Agent (212) 555-6102 ext. 1234 Fax: (212) 555-6100			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. <div style="text-align: center; border: 1px solid black; padding: 5px;">INSUREERS AFFORDING COVERAGE</div>														
INSURED 2. Big Boom Company, Inc. 1234 Corporate Lane New York, NY 10895 Attn: Joe Smith Phone: (212) 555-5349 Fax: (212) 555-9819			INSURER A: Hartford Insurance Company of Illinois INSURER B: Aetna Casualty & Surety Company INSURER C: Travelers Insurance Company INSURER D: Royal Insurance Company 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 OF 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	4. TYPE OF INSURANCE	POLICY NUMBER	7. POLICY EFFECTIVE DATE (MM/DD/YY)	8. POLICY EXPIRATION DATE (MM/DD/YY)	9. LIMITS												
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	000P98298-A11	01/01/24	01/01/25	EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS-COMP/OP AGG \$2,000,000												
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____	SKLS-029499S	01/01/24	01/01/25	COMBINED SINGLE LIMIT \$1,000,000 (Ea accident) BODILY INJURY \$ (Per person) BODILY INJURY \$ (Per accident) PROPERTY DAMAGE \$ (Per accident) AUTO ONLY-EA ACCIDENT OTHER THAN \$ \$ AUTO ONLY: \$ \$												
A	UMBRELLA/EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	XL1234567	01/01/24	01/01/25	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 _____ \$ _____ \$ _____ \$												
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	A4145-SS-PJ37	01/01/24	01/01/25	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">X</td> <td style="text-align: center;">WC STATU- ORY LIMITS</td> <td style="text-align: center;">OTHER</td> </tr> <tr> <td colspan="3">E.L. EACH ACCIDENT \$1,000,000</td> </tr> <tr> <td colspan="3">E.L. DISEASE-EA EMPLOYEE \$1,000,000</td> </tr> <tr> <td colspan="3">E.L. DISEASE -POLICY LIMIT \$1,000,000</td> </tr> </table>	X	WC STATU- ORY LIMITS	OTHER	E.L. EACH ACCIDENT \$1,000,000			E.L. DISEASE-EA EMPLOYEE \$1,000,000			E.L. DISEASE -POLICY LIMIT \$1,000,000		
X	WC STATU- ORY LIMITS	OTHER															
E.L. EACH ACCIDENT \$1,000,000																	
E.L. DISEASE-EA EMPLOYEE \$1,000,000																	
E.L. DISEASE -POLICY LIMIT \$1,000,000																	
D	OTHER				Each Occurrence & Aggregate												
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS Global Experience Specialists, Inc. (GES) (Official Service Provider), International Woodworking Fair, LLC (Show Management), Georgia World Congress Center (Facility), and International Woodworking Fair (Show) are hereby named as additional insured, except for Workers' Compensation. Global Experience Specialists, Inc. (GES), International Woodworking Fair, LLC, Georgia World Congress Center and International Woodworking Fair and/or the consignor are included as Loss Payee. The insurance provided for the benefit of Global Experience Specialists, Inc. (GES), International Woodworking Fair, LLC, Georgia World Congress Center and International Woodworking Fair shall be primary insurance as respects any claim, loss, or liability, arising out of the Named Insured's operations for which the Named Insured is liable. Any other insurance maintained by GES shall be excess and non-contributory. Show date(s) are: August 16 - September 1, 2022 at city of Atlanta.																	
CERTIFICATE HOLDER		X ADDITIONAL INSURED; INSURER LETTER: X		CANCELLATION													
Global Experience Specialists, Inc. (GES) (Official Service Provider) Exhibitor Services 885 Douglas Hill Road, Ste 200 Lithia Springs, GA 30122 Georgia World Congress Center(Facility) 285 Andrew Young Int'l Blvd NW Atlanta, GA 30313		International Woodworking Fair, LLC (Show Management) 3520 Piedmont Road, NE Suite 120 Atlanta, GA 30305 International Woodworking Fair, LLC International Woodworking (Show) 3520 Piedmont Road, NE Atlanta, GA 30305		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OF REPRESENTATIONS AUTHORIZED REPRESENTATIVE													

1. **Producer:** Insurance Agent / Broker who issues certificate.
2. **Name of Insured:** Must be the legal name of contracting party.
3. **Types of Insurance:** Must include types required by contract. See General Information form in this Exhibitor Services Manual.
4. **Form of Coverage:** Must be "occurrence" form of coverage.
5. **Name of Additional Insureds:**
6. **Certificate Holder:** Must be Global Experience Specialists, Inc. (GES) (Official Service Provider), International Woodworking Fair, LLC (Show Management), International Woodworking Fair 2022 (Show) and Georgia World Congress Center (Facility)

7. **Policy Effective Date:** Must be prior to or coincidental with the first day of Exhibitor Move-In.
8. **Policy Expiration Date:** Must be on or after the last day of Exhibitor Move-Out.
9. **Limits of Insurance:** Must be the same or greater than required by contract. See #11 on Agreement and Rules and Regulations between GES and EAC.
10. **Authorized Representative:** Must be signed (not stamped) by an authorized representative of Producer.



051600054

L-3/L-4 03082018 cst030818