



McCORMICK PLACE®
C H I C A G O
An  Managed Facility

McCORMICK PLACE EAC RENEWAL FORM 2016

Your company is listed in our EAC database. By submitting the following information along with a current Certificate of Insurance (see Appendix B for requirements) your company will be authorized to operate in McCormick Place as an Event Contractor, Exhibitor Appointed Contractor, General Contractor, or to work on-site in any other approved capacity for one year from the date on the executed contract. The annual processing fee is \$100 and must be paid at this time, a credit card authorization form has been included.

Please complete these forms and return to Accounts Receivable, showoperations@mccormickplace.com

Company name: _____

Doing Business As: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

24 Hour Emergency Contact: _____ Cell#: _____

Ph. #: _____ Fax #: _____

E-mail address 1: _____

E-mail address 2: _____

Federal Tax ID #: _____

Insurance Company: _____ Insurance Agent: _____

Insurance Agent Ph#: _____ Insurance Agent Fax #: _____

Service or function your company provides for events: _____
(i.e. - I&D, Audio/Visual, Design Supervision, Floral, Security, Rentals, Modeling, Transportation, etc.)

This form was completed by:

Printed Name _____

Signed Name _____

If you require an updated copy of any, or all of the "Rules and Regulations" as noted in section 14, of the Right of Entry Agreement please contact:

Accounts Receivable at 312 791-6496 or e-mail your request to
showoperations@mccormickplace.com

ADDENDUM TO

McCORMICK PLACE/SMG EVENT CONTRACTOR REGISTRATION

EFFECTIVE: NOVEMBER 1, 2013

Compliance with Rules and Regulations. 14 c (xii)

Licensee shall have a written safety program that is current and applied.

McCormick Place/SMG is committed to the safety of exhibitors and Event Contractors and will do everything possible to prevent workplace accidents. Event Contractors are encouraged to report any unsafe conditions to Show Floor Managers and Official Contractors. Safety Awareness by all is good business.

The type of program is up to the licensee and must be submitted upon request from McCormick Place/SMG.

Definition of Current and applied: Event Contractor must submit upon request their written program including any time/date log entries confirming meetings with company employees.

CHECKING THE BOX BELOW INDICATES THAT YOUR COMPANY HAS A CURRENT AND APPLIED SAFETY PROGRAM.

☐: YES, OUR COMPANY HAS A CURRENT AND APPLIED SAFETY PROGRAM AND WILL FURNISH UPON REQUEST FROM
McCORMICK PLACE/SMG.

TODAY'S DATE: _____

COMPANY NAME: _____

YOUR NAME: _____ SIGNATURE: _____

EMAIL ADDRESS: _____

Options for submitting this form:

Mail: McCormick Place/SMG, Show Operations, 301 E. Cermak Rd, Chicago, IL 60616

Fax: 312-567-8088

Email: showoperations@mccormickplace.com

Rev 01.2015

Credit Card Authorization Form

Company Name: _____

Cardholder Name: _____

Annual Registration fee U.S.: \$100.00

Other fees U.S.:\$ _____ Description: _____

Total amount to be charged U.S.:\$ _____

I would like to authorize McCormick / SMG to charge the credit card information for the above amount(s).

Amex

☐

Master Card

☐

Visa

☐

Discover Card

☐

Account Number: _____

Expiration Date: _____

Print Name of Cardholder: _____

Signature of Cardholder: _____ Today's Date: _____

Send completed forms to Accounts Receivable

via email:

showoperations@mccormickplace.com

via fax:

312-567-8088

or

via U.S. Mail:

McCormick Place Convention Center
Attn: Accounts Receivables - EAC
Registration
301 E. Cermak Road
Chicago, IL 60616

Appendix B

MANDATORY INSURANCE REQUIREMENTS

All insurance companies must be Rated A-VIII or better by A. M. Best Company. Coverage shall remain in full force and effect for the term of the Agreement.

Types of Insurance	Limits
Commercial General Liability	
Coverage:	
Products Liability/Completed Operations Aggregate	\$2,000,000
Each Occurrence	\$1,000,000
Personal & Advertising Injury	\$1,000,000
Automobile Liability	
Coverage:	
Bodily Injury and Property Damage Combined –Occurrence	\$1,000,000
Uninsured/Underinsured Motorist – Occurrence	\$1,000,000
Umbrella Liability	
Coverage:	
Coverage must be in excess of Commercial General Liability, Automobile Liability, and Employer's Liability.	\$2,000,000
Workers' Compensation and Employer's Liability	
Coverage:	
Workers' Compensation	Statutory
*Employer's Liability	\$1,000,000/\$1,000,000/\$1,000,000

***Please note that an increase in umbrella coverage to offset the Workers' Compensation and Employer's Liability coverage will not be accepted by management.**

Holder: McCormick
Place / SMG Attn: EAC
Registration
301 E. Cermak Road
Chicago, IL 60616

The METROPOLITAN PIER AND EXPOSITION AUTHORITY, SMG and their board members, officers, employees, and agents, as well as the Chicago Park District, its agents, officers, board members and employees, must be named as Additional Insureds on all certificates of insurance for Commercial General Liability, Employer's Liability, Automobile Liability, and Umbrella Liability.

PLEASE NOTE THE INFO ABOVE MUST APPEAR IN THE HOLDER AND DESCRIPTION AREA OF YOUR INSURANCE FORM