

Exhibitor Appointed Contractor Details

Deadline: September 30, 2024

Exhibitors seeking to install their own booth/display must comply with all state and federal laws and/or regulations and must comply with any/all laws, rules or regulations related to booth installation/dismantling.

LIABILITY & INSURANCE

- Exhibitor must have a commercial general policy of no less than \$1,000,000
 - Minimum of \$300,000 damage to rented premises is also required
- Additional Insured:
 - NACS
 - Las Vegas Convention and Visitors Authority
 - Freeman
 - Sodexo Live!

TERMS & CONDITIONS

The exhibitor and its authorized contractors agree to carry adequate personal and property damage liability and worker's compensation insurance and to indemnify and hold harmless NACS, Freeman, Sodexo Live! and LVCVA, officers, agents and employees against all claims, losses, suits, damages, judgments, expenses, cost and charges of every kind, including attorneys' fees resulting from its occupancy of the exhibit space contract for, by reason of person injuries, death or property damages sustained by any person. Certificates of insurance must be furnished by the exhibitor if requested by NACS and must be available onsite during the show. Failure by NACS to request proof of insurance shall not relieve exhibitor from carrying proper coverage.

The exhibitor understands that neither NACS nor LVCVA maintains insurance covering the exhibitor's property and it is the sole responsibility of the exhibitor to obtain such insurance.

NACS and all organizations and individuals employed by or associated with the 2024 NACS Show will not be responsible for injury or damage that may occur to an exhibitor, his/her employees or agents, nor to the safety of any exhibit or other property due to theft, fire, accident, or any other destructive causes.

NACS is not responsible for any theft of property. NACS and its employees or contractors assume no liability for loss or injury due to theft, fire, accident, or any other destructive causes. We strongly suggest that you obtain a rider to your existing insurance policy to protect your booth/product from the time it leaves your warehouse to the time it returns. Please also refer to the [2024 NACS Show Terms & Conditions \(Sections 8 & 9\)](#).

SUBMISSION DETAILS

Each EAC must register and submit Certificates of Insurance (COI) via www.nacsshow.com/contractorform.

If you have any questions, please contact Anna Serfass at aserfass@convenience.org.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 INSURANCE BROKER/AGENT	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Carrier A Must have an AM Best Rating of A-VII or Better INSURER B : Carrier A Must have an AM Best Rating of A-VII or Better INSURER C : INSURER D : INSURER E : INSURER F :
INSURED: INSURED NAME (MUST EXACTLY MATCH NAME OF COMPANY) ADDRESS CITY, STATE, ZIP	

COVERAGES CERTIFICATE NUMBER: 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	
A	GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		X				DAMAGE TO RENTED PREMISES (Each occurrence) \$ 300,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 1,000,000	
B	AUTOMOBILE LIABILITY						PRODUCTS - COMP/OP AGG \$ 1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS		X				COMBINED SINGLE LIMIT (Each accident) \$ 1,000,000	
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS						BODILY INJURY (Per person) \$	
							BODILY INJURY (Per accident) \$	
A	UMBRELLA LIAB						PROPERTY DAMAGE (PER ACCIDENT) \$	
	EXCESS LIAB						\$	
	DED RETENTION \$ <input type="checkbox"/>						EACH OCCURRENCE \$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						AGGREGATE \$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N					\$	
			N / A				<input checked="" type="checkbox"/> WC STATUTORY LIMITS OTH-ER \$	
							E.L. EACH ACCIDENT \$ 1,000,000	
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000	
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES:
 Each liability policy shall be endorsed to include the Las Vegas Convention and Visitors Authority, its officers, employees, and volunteers as additional insureds for both general liability and auto. These policies shall be primary and any other insurance carried shall be excess and non-contributing. (All deductibles and self-insured retentions shall be fully disclosed.)

CERTIFICATE HOLDER LAS VEGAS CONVENTION AND VISITORS AUTHORITY 3150 PARADISE ROAD LAS VEGAS, NV 89109	CANCELLATION 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 Must be signed by person authorized by insurer and licensed by the State of Nevada
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