



Show Dates:
September 10-12, 2025

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Discount deadline:
August 22, 2025

NEED
A CUSTOM
BOOTH?

click here

NEED
SHIPPING
TO AND FROM
A TRADESHOW?



click here

NEED ANYTHING?

Phone: 305-751-1234
| Fax: 305-751-1298

15959 NW 15th Avenue,
Miami, Florida 33169

Non-Official Contractor (EAC)

For Exhibitors intending to use a third party contractor for any services including payment, its own labor or contract for such services separately from Expo Convention Contractors, Inc., please read the following restrictions, requirements, and restraints. A non-official service contractor is any company, other than the designated official contractors, that an exhibitor wishes to use that requires access to the exhibit hall either before, during or after the Show. Use of a non-official contractor who requires any of the following services is not permitted: electrical, plumbing, telephone lines, drayage, rigging, booth cleaning, and catering. NOTE: A valid and current copy of Exhibitor's contractor's Certificate of Insurance naming **Expo Convention Contractors, Inc., World Trade Center Miami, The City of Miami, Miami Beach Convention Center and Spectra** as "Additionally Insured" must accompany this document. If these documents are not provided, Exhibitor will not be allowed to use contractor's services in the area where unions claim jurisdiction. Insurance minimum limits/requirements are:
(a) Commercial liability insurance, on an occurrence form, in the amount of One Million (\$1,000,000.00) Dollars per occurrence for bodily injury, death, property damage, and personal injury. The policy must include coverage for premises operations, blanket contractual liability (to cover indemnification section), products, completed operations and independent contractors. (b) Automobile liability insurance in the amount of One Million (\$1,000,000.00) Dollars per occurrence to provide coverage for any owned and non-owned vehicles, including loading and unloading hazards. (c) Workers' compensation and employer's liability coverage as required by Florida Statute.

Note:

Complete this form only if your company is using a Service Contractor other than Expo Convention Contractors, Inc. to pay for services, unpack, erect, assemble, dismantle or pack your display. The local union claims jurisdiction over the erection, dismantling, repair and building of all exhibits. If using another service contractor they must use the local union labor either through their own contract or direct hire through Expo Convention Contractors.

PLEASE COMPLETE

(Exhibiting Company Name)

Will indemnify and hold harmless Expo Convention Contractors, Inc. from and against any bodily injury or property damage liability claims, judgments, damages, costs, or expenses, including reasonable attorney fees, arising out of or occasioned by the operations performed by _____ except for occurrences or accidents caused by the sole negligence of Expo Convention Contractors, Inc. or by any other party.

(EAC Company Name)

Exhibiting Company name: _____ Booth #: _____

Address: _____

City: _____ State: _____ Country: _____ Zip: _____

Telephone: _____ Fax: _____

Authorized On-Site Representative: _____ Cell Phone: _____

(Please Print)

Name of service firm: _____

Address: _____

Contact name: _____ Email Address: _____

Telephone: _____ On-site Cell Phone: _____

Authorized On-Site Supervisor: _____

Note:

This form must be returned with a valid and current Certificate of Insurance naming EXPO Convention Contractors Inc., Show Management and Show Location from above as "Additionally Insured" by August 22, 2025

The COI Must have ALL Additionally Insured named, Exhibitor Name and Booth # (see Sample COI for reference).

Labor Source	EXPO LABOR	_____	Local Union Direct Contract	_____
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Please return along with payment policy via email to info@expocci.com or via fax 305-751-1298.



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	SAMPLE	CONTACT NAME:	
		PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	INSURER A :		
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
		INSURER F :	

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
	GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000.00
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000.00
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 1,000,000.00
							PERSONAL & ADV INJURY \$ 1,000,000.00
							GENERAL AGGREGATE \$ 1,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 1,000,000.00
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$ 1,000,000.00
	<input type="checkbox"/> OCCUR						AGGREGATE \$ 1,000,000.00
	EXCESS LIAB						\$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Additionally Insured: EXPO Convention Contractors, Inc., World Trade Center Miami, The City of Miami, Miami Beach Convention Center and Spectra

Exhibiting Company Name and Booth #.

CERTIFICATE HOLDER**CANCELLATION**

Expo Convention Contractors, Inc.
15959 NW 15th Avenue
Miami, Florida 33169

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