

Exhibitor Appointed Contractor (EAC) Notification Submission Instructions:

An Exhibitor Appointed Contractor (EAC) is a company other than the official contractors listed in the exhibitor service manual providing a service (installation and dismantling labor, floral, photography, audio visual, computer rental and other related services) and requiring access to your booth during move-in and move-out.

All exhibiting companies/organizations that choose to use an EAC are required to submit this form, via the online [Exhibitor Resource Center](#), comply with all rules and regulations and supply necessary information by the **Friday, September 7** deadline.

EACs will be required to use labor supplied by the appointed contractor unless the following requirements are fulfilled:

- Exhibitors must return this completed form to ASA Exposition Management (SPARGO, Inc.) by the **Friday, September 7** deadline.
- EACs must provide a Certificate of Liability Insurance naming the American Society of Anesthesiologists, SPARGO, Inc., Freeman, and the Moscone Center as additional insured. The Certificate of Liability Insurance must include Comprehensive General Liability coverage with limits not less than \$2,000,000 including Contractual Liability and Product Liability coverage and Workers' Compensation and Occupational Disease insurance in full compliance with all federal and state laws. Please see the "sample certificate of liability insurance" on the following page. Certificates of Liability Insurance must indicate the name of the exhibiting company and booth number that they are representing in the description area of the certificate. Certificates will be discarded if this information is not supplied.
- All EAC personnel must be properly identified with wristband, available at the EAC check in desk(s) and/or an official ANESTHESIOLOGY® 2018 annual meeting badge on show site. The wristbands will be good on move-in and move-out days only. Additional information on this process will be emailed to the supervisor listed on this form the week of September 24.

All EACs are permitted on the exhibit floor ONLY during official move-in and move-out hours providing the information above is supplied. Exhibitor personnel, including EACs hired to work in their exhibit space, may not solicit from outside of their exhibit space or elsewhere in the meeting venue, including at educational and scientific meeting rooms and poster sessions, and may not canvass in any part of the exhibits or meeting venue. Failure to comply with any or all of the above will result in refusal of the EAC access to the exhibit hall and the ability to service your exhibit.

A sample certificate of insurance can be found on the next page.

Questions? Please contact Stephanie Houck, Exhibit Operations Manager



703-679-3972



stephanie.houck@spargoinc.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/07/2018

PRODUCER Insurnce Agent/Broker Name Insurnce Agent/Broker Street Address or P.O. Box Insurnce Agent/Broker City, State & Zip Code Contact & Phone Number	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.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Company Name Address Address City, State & Zip Code	INSURER A: Name of Insurance Company	Enter NAIC#
	INSURER B: Name of Insurance Company (if applicable)	Enter NAIC#
	INSURER C: Name of Insurance Company (if applicable)	Enter NAIC#
	INSURER D: Name of Insurance Company (if applicable)	Enter NAIC#
	INSURER E: Name of Insurance Company (if applicable)	Enter NAIC#

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	<input checked="" type="checkbox"/>	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"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Policy #	10/09/2018	10/17/2018	EACH OCCURENCE	\$2,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
						MED EXP (Any one person)	\$5,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$1,000,000
						PRODUCTS - COMP/OP AGG	\$2,000,000
						Contractual Liability	\$2,000,000
	<input type="checkbox"/>	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> _____				COMBINED SINGLE LIMIT (Each Occurrence)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/>	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
	<input type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ _____				EACH OCCURENCE	\$
						AGGREGATE	\$
							\$
							\$
							\$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	Policy #	10/09/2018	10/17/2018	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
						E.L. EACH ACCIDENT	\$1,000,000
						E.L. DISEASE - EA EMPLOYEE	\$1,000,000
						E.L. DISEASE - POLICY LIMIT	\$1,000,000
	<input checked="" type="checkbox"/>	OTHER Property Damage	Policy #	10/09/2018	10/17/2018		\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Additional Insured for the ANESTHESIOLOGY® 2018 annual meeting (Dates October 13-17, 2018) (Exhibit Dates October 13-15, 2018) servicing (Enter Exhibiting Company name here) at booth # _____:

American Society of Anesthesiologists, SPARGO, Inc., Freeman, and Moscone Center

CERTIFICATE HOLDER American Society of Anesthesiologists 1061 American Lane Schaumburg, IL 60173-4973 Phone: (847) 825-5586 Fax: (847) 825-2085	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE 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 OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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