

Please Return EAC Form By:  
Friday, September 27, 2024

## Notification Of Intent To Use EAC

### Important Information

Inform your Exhibitor Appointed Contractor (EAC) that they **MUST** send a copy of their General Liability Insurance Certificate no later than 30 days prior to the first day of exhibitor move in or they will not be permitted to service your exhibit.

You **MUST** include the Exhibitor Name and Booth # under the Description of Operations section on the Certificate of Insurance.

It is the responsibility of the exhibitor to see that each representative of an EAC abides by the official rules and regulations of this event.

If your company plans to use a firm which is not the official service contractor as designated by Show Management, please complete this form and mail or email to the address listed below.

Please return to: **T3 Expo**  
8 Lakeville Business Park  
Lakeville, MA 02347  
RE: AHIMA24  
Phone: +1.888.698.3397  
Email: [orders@t3expo.com](mailto:orders@t3expo.com)

### Mandatory Insurance Requirements for EAC's

Each Party shall maintain adequate insurance covering the risks to persons and property associated with their assigned duties in the Agreement. Evidence of insurance policies acquired and maintained under this Agreement will be provided to each Party upon request. Any acquired policy will name the other Parties as an additional insured, as applicable. All property of the Exhibitor Appointed Contractor (EAC) is understood to remain under its custody and control in transit to and from or within the confines of the Facility. AHIMA and the Facility do not maintain insurance covering EAC's property. All EAC's shall carry Comprehensive General Liability coverage, including liquor liability, premises and operations coverage of **at least \$1,000,000 USD for Personal Injury Liability and \$1,000,000 USD for Property Damage Liability and Statutory Workers' Compensation** insurance in full compliance with all federal and state laws. EAC's must have a Certificate of Insurance for general liability and property damage in their possession at the Event and name AHIMA and the Facility as additional insureds.

### Exhibiting Company Information

Company Name:	Booth Number:
Contact Name:	
Signature:	Date:

### Exhibitor Appointed Contractor Information

EAC Company Name:	
EAC Contact Name:	
EAC Address:	
City/State/Zip:	
Contact Email Address:	
Phone: (    )	Fax: (    )
Type of Service to be Performed:	