



## **Exhibitor Insurance**

As a sponsor benefit, ViVE will be including liability insurance which meets all insurance requirements for ViVE 2024. This benefit only applies to the exhibitor contracted directly with ViVE. Exhibitors are **not** required to submit their own compliant insurance.

Exhibitors must abide by all show rules and regulations as outlined in the [Exhibitor Rules & Regulations](#) and [Exhibitor Kit](#) and maintain appropriate insurance coverage.

## **Exhibitor Appointed Contractor (EAC)**

Exhibitor Appointed Contractor (EAC) is an outside contractor hired by the exhibitor for any services used other than the in-house general contractor that ViVE uses.

If you use T3 Expo and/or LACC exclusively for all services related to the installation and dismantle of your booth, the EAC form is not required. If your company plans to use a firm which is not the official service contractor as designated by ViVE, please complete the EAC form and email both the form and the COI to [orders@t3expo.com](mailto:orders@t3expo.com) by **Friday, January 12**.

EACs will only be allowed access to the exhibit hall during exhibitor move-in and move-out dates/times. EACs will be required to pick up their wristbands onsite at the ViVE EAC check-in desk located near the exhibit hall in order to gain access to the exhibit hall. If an EAC needs access to an exhibitor's space at any other time, the exhibitor will need to register the EAC for a ViVE event badge.

Exhibitors and EACs must abide by all show rules and regulations as outlined in the [Exhibitor Rules & Regulations](#) and [Exhibitor Kit](#) and maintain appropriate insurance coverage.

## **Certificate of Insurance (COI)**

EAC must maintain the following insurance from the first day of their move until the last day of their move out at ViVE. No access to the floor will be granted without insurance coverage. Such insurance shall include contractual liability and product liability covered with the following limits:

- a. This General Liability insurance shall include limits of liability of not less than \$1,000,000 Each Occurrence combined single limits for bodily injury and property damage, \$2,000,000 General Aggregate limit, \$1,000,000 Personal Injury limit, and \$2,000,000 Products-Completed Operations Aggregate limit;
- b. Commercial Automobile Liability insurance for all owned, non-owned and hired vehicles in amounts not less than \$1,000,000 each accident for bodily injury and property damage, and including loading and unloading hazards;
- c. Worker's Compensation, as required by law, with Employers Liability Limits of not less than \$1,000,000 each accident, \$1,000,000 disease - each employee and \$1,000,000 disease - policy limit
- d. Umbrella/Excess Liability with a limit of not less than \$1,000,000 each occurrence/aggregate
- e. The policies shall name HLTH, Inc and T3 Expo, LLC as additional insured.
- f. Address for insured: 155 E 44th Street, Suite 701, New York, New York 10017

**Please Return EAC Form By:**  
**Friday, January 12, 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: ViVE 2024**

Phone: +1.888.698.3397  
Email: [orders@t3expo.com](mailto:orders@t3expo.com)

### 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:	

# Certificate of Insurance

MARSH USA INC.		CERTIFICATE OF INSURANCE		CERTIFICATE NUMBER	
<b>Producer</b> <div>Insurance Carrier</div>		This certificate is issued as a matter of information only and confers no rights upon the certificate holder other than those provided in the policy. This certificate does not amend, extend or alter the coverage afforded by the policies described herein.			
<b>Insured</b> <div>COMPANY NAME 100 MAIN ST. Anytown, TN 00000</div> <div>COMPANY NAME 100 MAIN ST. Anytown, TN 00000</div> <div>Name and address as it appears on the License Agreement</div>		<b>Companies Affording Coverage</b> Company A Company B Company C Company D			
<b>Coverages</b> This is to certify that the policies of insurance described herein have been issued to the insured named herein for the policy period indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which the 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.					
Co Ltr	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Amount of coverage
C	General Liability <input checked="" type="checkbox"/> Commercial General Liability <input checked="" type="checkbox"/> Occurrence Form <input type="checkbox"/> Claims Made Form <input type="checkbox"/> Owner's & Contractor's Protective				General Aggregate \$ 1,000,000 Products-Comp/Op Agg EXCLUDED Personal & Auto Injury Each Occurrence \$ 1,000,000 Fire Damage (Any One Fire) Med. Expense (Any One Person)
A	Automobile Liability <input checked="" 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"/> Garage Liability				Combined Single Limit \$ 1,000,000 Bodily Injury (per person) Bodily Injury (per accident) Property Damage
D	Excess Liability <input checked="" type="checkbox"/> Umbrella Form <input type="checkbox"/> Other Than Umbrella Form				Each Occurrence \$ 1,000,000 Aggregate \$ 1,000,000
B	Workers Compensation and Employers' Liability <input checked="" type="checkbox"/> Incl. The Proprietor/Partner/Executive Officers and <input type="checkbox"/> Other				<input checked="" type="checkbox"/> WC Statutory Limits EL Each Accident \$ 1,000,000 EL Disease Policy Limit \$ 1,000,000 EL Disease Each Employee \$ 1,000,000
<b>Description of Operations/Locations/Vehicles/Social Items (Limits may be subject to Deductibles or Retentions)</b> <div>List certificate holder and additionally insured companies and entities.</div> <div>Additional Insureds</div>					
<b>CERTIFICATE HOLDER</b> <div>Certificate Holder</div> <div>HLTH, Inc 155 E 44th Street, Suite 701 New York, NY 10017</div>		<b>CANCELLATION</b> SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. MARSH USA INC. <div>Signature of Authorized Insurance Representative</div>			