

Exhibitor Insurance

As a sponsor benefit, ViVE will be including liability insurance which meets all insurance requirements for ViVE 2025. This benefit only applies to the exhibitor contracted directly with ViVE. Exhibitors are **not** required to submit their own compliant insurance.

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 Music City Center (MCC) 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 by **Wednesday, January 15**.

EACs will only be allowed access to the show floor 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 show floor in order to gain access to the floor. 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, \$1,000,000 General Aggregate limit, \$1,000,000 Personal Injury limit, and \$1,000,000 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, insurance within statutory limits and, 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. Such additional insurance that Licensor may require in its discretion from time to time.
- e. The policies must name HLTH, Inc. and T3 Expo, LLC as additional insured.

**Please Return EAC Form By:
Wednesday, January 15, 2025**

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 2025

Phone: +1.888.698.3397
Email: 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



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.

PRODUCER		CONTACT	
Insurance Agency		NAME:	
Insurance Agency Street Address		PHONE NUMBER:	FAX NUMBER:
Insurance Agency City, State, Zip		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		NAIC #	
INSURED		INSURER A:	
Company Name		INSURER B:	
Company Street Address		INSURER C:	
Company City, State, Zip		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REV** **Amount of Coverage**

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	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	<input checked="" type="checkbox"/> GENERAL LIABILITY				GENERAL AGGREGATE \$ 1,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$ EXCLUDED
	<input type="checkbox"/> OCCURANCE FORM				PERSONAL & ADV INJURY \$
	<input type="checkbox"/> CLAIMS MADE FORM				EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE				FIRE DAMAGE (Any one fire) \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY				AMED EXP (Any one person) \$
	<input type="checkbox"/> ANY AUTO				COMBINED SINGLE LIMIT \$ 1,000,000
	<input type="checkbox"/> ALL OWNED <input type="checkbox"/> NON-OWNED				BODILY INJURY (Per person) \$
	<input type="checkbox"/> SCHEDULED <input type="checkbox"/> GARAGE LIABILITY				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED				PROPERTY DAMAGE \$
D	<input type="checkbox"/> EXCESS LIABILITY				Underinsured motorist \$
	<input type="checkbox"/> UMBRELLA FORM				EACH OCCURRENCE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE \$
B	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input checked="" type="checkbox"/> WC Statutory Limits
	<input type="checkbox"/> Includ. Proprietor/Partner/Executive Officers are:				E.L. EACH ACCIDENT \$ 1,000,000
	<input type="checkbox"/> Exclud.				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
					E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	<input type="checkbox"/> OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS (Limit may be subject to Deductibles or Retentions)

Additional Insureds

CERTIFICATE HOLDER	CANCELLATION
Music City Center	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
201 Rep. John Lewis Way South	
Nashville, TN 37203	AUTHORIZED REPRESENTATIVE

ACORD 25 (2014/01)
INS025 (201401)

The ACORD name and logo

Signature of Authorized Insurance Representative