

Booth Plan Submission Requirements

Step 1: Forms & Documentation

To receive authorization to build at ViVE 2026, you will need to submit the following documents via email to sponsors@viveevent.com by [Friday, January 9, 2026](#):

- Completed copy of the **On-Site Exhibitor & Contractor Contact Form** (page 2).
- Please review the [LACC Temporary Structure Guidelines](#) (page 3).
- Completed Certificate of Insurance (COI) - please follow the sample COI [here](#) (more info on page 4).
- **Booth Plan** Inclusions:
 - A copy of the plan view, showing dimensions and positions of walling, features, major exhibits & demonstration areas. To include the height of any platform.
 - Plan showing the location (and orientation) of the booth within the show floor.
 - Elevations with full dimensions, including full steelwork and staircase details (if applicable).
 - Width and position of walkways within the booth.
 - Specification of materials used.
 - Your plans should all include a reference to your booth name and booth number and be produced for this event. It is not permissible to submit information for past events.

Step 2: Submission Format

1. **Email:** sponsors@viveevent.com
2. **Subject Line:** ViVE 2026 Booth Plan Submission | **Exhibiting Company Name**
3. Please send all required/applicable documents as attachments

Next Steps:

A member from the ViVE team will reach out on to confirm once the booth plan has been reviewed with a detailed summary that will serve as your authorization form.

Please be aware that once the authorization form has been issued, any changes or amendments to the build will need to be resubmitted.



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Sponsor/Exhibitor Information

Exhibiting Company: _____

Booth Number: _____

Contact Name: _____

Contact Email: _____

Contact Phone Number: _____

Contractor Information

Contractor Company: _____

Contact Name: _____

Contact Onsite Phone Number: _____

Contact Email: _____

Type of Service to be Performed: _____

Height of Booth (Height restriction for 20x20 & larger booths is 20 ft): _____

Note: Contractor move-in details will be provided closer to the show. This information will include check-in location, wristbands, and other move-in requirements.

LACC Temporary Structure Guidelines

Please review the LACC Temporary Structure Guidelines with your contractor to determine whether your booth requires additional permitting: https://www.laconventioncenter.com/assets/doc/LACC-Facility-Guidelines_Temporary-Structures-b442145a56.pdf

If your booth requires a temporary structure permit, you must complete all steps outlined in the guidelines. Failure to do so will prevent your booth from being cleared for move-in or construction. All requirements must be fulfilled prior to the show.

Structures and exhibits with any of the following elements are defined as temporary structures that require review/approval by LACC managed along with LADBS permit:

- Structures over 12' in height
- 2-story structures
- Platforms and stages exceeding 30 inches in height above the floor intended to carry live load, or stair/steps exceeding 48 inches in height above the floor intended to carry live loads.
- Expansive (15' or more) 1-story structures that contain: overhead beams; signage; truss; cantilevers; etc., of considerable weight and/or span
- Video wall structures exceeding 12' in height (single or multiple screens)

Submission & Review Process

(1) Submit isometric renderings of the proposed temporary structure to [LACC Event Services](#) and [show management](#).

(2) Submit for a temporary structure permit through LADBS. Send in stamped, engineering plans to the LADBS inspector and schedule onsite inspection of the structure.

(3) Send the LADBS temporary structure permit application confirmation to [show management](#) and [LACC Event Services](#) (required).

(4) Be available with copies of the stamped engineering at your booth/structure on the scheduled inspection date.

Please refer to the official [LACC guideline document](#) for all remaining requirements.

Exhibitor Insurance

Booth Packages, Turnkeys, Pavilions, Meeting Pods, Meeting Cubes, and Kiosks: ViVE will provide general liability insurance that satisfies all required insurance coverage for ViVE 2026. This applies exclusively to exhibitors with the booth types listed above, who hold a direct contract with ViVE and T3 Expo and are not required to submit their own insurance documentation.

10x20 Space-Only Booths: If you plan to build your own booth or bring a pop-up wall, ViVE will provide the necessary liability insurance that fulfills all insurance requirements for ViVE 2026. If you plan to use an outside contractor for your booth build, a Certificate of Insurance (COI) must be submitted by the contractor to ViVE Show Management before access will be granted for build or move-in.

Larger Custom/Raw Space-Only Booths: If utilizing an outside contractor, not working directly with T3 Expo, all Exhibitor Appointed Contractors (EACs) 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. See below for more information.

COI Requirements: As a standard requirement for all our applicable show exhibitors, it is necessary for you to carry general liability coverage from an insurance company in good standing with minimum policy limits as stated below. Insurance coverage for Exhibitor Appointed Contractor is mandatory.

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) Certificate of insurance shall name AEG MANAGEMENT LACC, LLC, the City of Los Angeles, ASM Global Parent Inc. and each of their respective affiliates, licensees, lenders and contractors, as well as each of their respective officers, directors, partners, members, shareholders, employees, agents, representatives successors as Additional Insured. ViVE Event LLC and T3 Expo, LLC must also be named as Additional Insureds.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
DATE OF ISSUE

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 have **ADDITIONAL INSURED** provisions or 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	INSURANCE BROKER 123 BROKER LANE ANYTOWN, NY 99999 ATTENTION: JOHN SMITH PHONE: (212) 555-5555 FAX: (212) 555-5556	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
INSURED	EAC TRADE SHOW CONTRACTOR 123 MAIN STREET ANYTOWN, NY 99999 ATTENTION: JOE SMITH PHONE: (212) 555-5555 FAX: (212) 555-5556	INSURER(S) AFFORDING COVERAGE	
		INSURER A : INSURANCE COMPANY A	NAIC #
		INSURER B : INSURANCE COMPANY 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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO- <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X	123456-A	NO LATER THAN 2/18/2026	NO EARLIER THAN 2/25/2026	EACH OCCURRENCE \$ 1,000,000.00
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000.00					
	MED EXP (Any one person) \$ 5,000.00					
	PERSONAL & ADV INJURY \$ 1,000,000.00					
	GENERAL AGGREGATE \$ 5,000,000.00					
						PRODUCTS - COMP/OP AGG \$
						\$
						\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
						BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ 4,000,000.00
						AGGREGATE 4,000,000.00
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	123456-B	NO LATER THAN 2/18/2026	NO EARLIER THAN 2/25/2026	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	E.L. EACH ACCIDENT \$ 1,000,000.00					
	E.L. DISEASE - EA EMPLOYEES \$ 1,000,000.00					
	E.L. DISEASE - POLICY LIMIT 1,000,000.00					

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

THE FOLLOWING ARE TO BE NAMED AS ADDITIONAL INSURED:

- Certificate of insurance shall name AEG MANAGEMENT LACC, LLC, the City of Los Angeles, ASM Global Parent Inc. and each of their respective affiliates, licensees, lenders and contractors, as well as each of their respective officers, directors, partners, members, shareholders, employees, agents, representatives successors as Additional Insured.
- T3 EXPO
- HLTH, INC

CERTIFICATE HOLDER

CANCELLATION

HLTH, INC 155 E 44th St #701 New York, NY 10017	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

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Submission Confirmation

Print Name: _____

Signature: _____

Date: _____