

EAC COMPANY INFORMATION

The National Franchise Show - Denver 2025

September 13 - 14, 2025

Colorado Convention Center - Four Seasons Ballroom

WORK AUTHORIZATION

DEADLINE DATE:

8/29/2025

THIS FORM & CERTIFICATE OF INSURANCE MUST BE RETURNED BY THE STATED DEADLINE DATE.

We have selected the following Exhibitor-Appointed Contractor(s) (EACs). The EAC has been notified that a General Liability Insurance Certificate is required by Show Management and must be received by LVE no later than deadline date.

The contractor hired by the exhibitor must provide a certificate of insurance with at least the following limits:

All Exhibitors using an Exhibitor Appointed Contractor must return this form.

Comprehensive General Liability not less than \$1,000,000 with respect to injuries to any person in one occurrence; \$2,000,000 with respect to injuries to more than one person in any one occurrence; and \$500,000 with respect to damage of property; Worker's Compensation Insurance, including employee liability coverage, in a minimum amount not less than \$1,000,000 of individual and/or aggregate coverage, and naming Show Management(Event Name) and Exhibitor as additional insured.

NAME									
PROVIDED									
ERSON(S)									
		STATE		ZIP					
		FAX							
			•						
Is this company authorized to order services on your behalf?					NO				
Is this company responsible for charges incurred for the show?) NO				
parties must	t complete and sign the Third Party form	TES NO							
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PHONE									
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I hereby authorize the company noted above to perform services on our behalf. Further, they have been provided with a copy of the Show Rules and Regulations as noted in the Exhibitor Manual and agree to abide by the same.

SIGN: PRINT:

CERTIFICATE OF LIABILITY INSURANCE

PRODUCER: Insurance Agent/Broker who issues certificate.

NAME OF INSURED: Must be the legal name of contracting party

TYPES OF INSURANCE: Must include types required by contract. See Official Services Provider Information in this Exhibitor Manual.)

FORM OF COVERAGE: Must be "occurrence" form coverage

NAME ADDITIONAL INSUREDS: LVE (Official Service Provider), <show organizer name> (Show Management), <show name> (Show) and <facility name> (Facility) as additional insureds on a primary and non-contributory basis.

CERTIFICATE HOLDER: Must be LVE

POLICY EFFECTIVE DATE: Must be prior to or coincide with the first day of Exhibitor Move-In

POLICY EXPIRATION DATE: Must be on or after the last day of Exhibitor Move-Out

LIMITS OF INSURANCE: Must be the same or greater than required by contract. See Terms and Conditions located within this manual or online at www.lvexpo.com

AUTHORIZED REPRESENTATIVE: Must be signed (not stamped) by an authorized representative of Producer

SUBMIT YOUR CERTIFICATE OF LIABILITY INSURANCE ONLINE:

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https://www.lvexpo.com/eacregistration/



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BOOTH #

THIRD PARTY PAYMENT AUTHORIZATION

By submitting this form I authorize LVE to charge any additional amounts incurred by myself or my show representative, including material handling and/or labor charges. In the event the credit card provided declines, standard show site rate prevails and a \$25.00 service charge will be added. CONVENIENCE FEE - All orders paid with a credit card will incur an additional non-refundable 3% fee.

EXHIBITING COMPANY NAME

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		THIRD PARTY'S CREDIT CARD CHARGE AUTHORIZATION (INFORMATION MUST BE PROVIDED)														
THIRD PARTY COM	1PANY								PHO	ONE						
THIRD PARTY CON	TACT							EM	AIL							
ADDRESS CITY DISCOVER ACCOUNT NUMI EXPIRATION DA																
CITY		STAT	E			ZIP				воот	ГН#					
DISCOVER		VISA	•			MASTERCARI					AMERICAN EXPRESS					
ACCOUNT NUM	BER															
EXPIRATION DA	TE	SECURITY CODE REQU						IRED								
The security code can be found on the front of your Amex or on back of your Visa, Discover and MasterCard.																
CARDHOLDER'S BILLING ADDRESS (IF DIFFERENT FROM ABOVE)																
CITY		STATE									ZIP					
CARDHOLDER'S NAME (PLEASE PRINT)																
CARDHOLDER'S SIGNATURE*					X											
*By signing, I agree to the Terms and Conditions located within this manual. For your convenience, the above																
credit card information will be kept on file to be used for future shows and all outstanding balances.																
SERVICES TO BE TO THIRD PARTY																
Discount pricing applies only to orders received with full payment prior to the deadline date.																
See each form for their specified deadline date.																
Damage to rental items outside of normal wear and tear could result in charges for replacement.																
you suspect you have potential errors on your charge card you have 60 days after the error appeared on your statement																

to contact us. You must notify us of the potential errors in writing.

CONVENIENCE FEE - All orders paid with a credit card will incur an additional non-refundable 3% fee.

Be advised, if a valid credit card is not provided prior to the shipment of your freight or ordering services, the card on file from the previous show will be charged. If you require us to change your form of payment and process a credit once the charge has processed there will be a \$75.00 processing fee. To avoid this charge, it is your responsibility to ensure that there is a valid card on file before submitting orders or shipping freight.