

ARCHITECTURAL DIGEST DESIGN SHOW

Exhibitor Appointed Contractor Form (EAC)

DEADLINE: FEBRUARY 17, 2016

TO THE EXHIBITOR: Forward this Form to the contractor after completing the top portion.

If you plan to use the services of an independent set-up contractor or display house, rather than those services offered by MMPI, Show Management must be notified, using this form, by the deadline date.

Booth Name: _____ Booth Number: _____

Ordered by: _____

Exhibitor Responsible at the Show Site: _____

Telephone Number: _____ Fax Number: _____

TO THE CONTRACTOR: Return this form with certificate of insurance to the address below by February 17, 2016.

Provide below the names of full-time employees who will be working in the booth listed above, and the dates work is contracted for. Services provided must not conflict with existing labor regulations or contracts, and the independent contractor shall adhere to the regulations set up by Show Management regarding entrance.

This form, accompanied by a Certificate of Insurance showing possession of a public liability and property damage insurance policy of not less than \$2,000,000, and Workmen's Compensation Insurance to cover employees, must be submitted by the contractor and approved by Show Management or access will be denied. The certificate of insurance must name MMPI Piers LLC, MMPI Piers MTS LLC, Merchandise Mart Properties, Inc., Vornado Realty L.P., Vornado Realty Trust, City of New York, the New York City Economic Development Corporation, Port Parties, Ltd. as Additional Insureds. Such insurance shall contain a waiver of subrogation against the Trade Show Entities. In addition, the coverage afforded the Additional Insureds under the policy shall be primary insurance. If an Additional Insured has other insurance, which is applicable to the loss, such other insurance shall be on an excess or contingent basis. The amount of the EAC's liability under this policy shall not be reduced by the existence of such other insurance.

Name of Contractor: _____

Name of Supervisor: _____

Address/City/State/Zip: _____

Phone Number: _____ Dates For Contracted Work: _____

Fax Number: _____

Name of Authorized Personnel _____ Name of Authorized Personnel _____

Name of Authorized Personnel _____ Name of Authorized Personnel _____

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