

An EAC (Exhibitor Appointed Contractor)/Non-Official Contractor is a company other than the official contractors listed in the exhibitor service manual providing a service (installation and dismantling labor, floral, photography, audio visual, computer rental and other related services) and requiring access to your booth during move-in and move-out.

All exhibiting companies/organizations that choose to use an EAC/Non-Official Contractor are required to submit this form, comply with all rules and regulations and supply necessary information by the **April 29, 2010** deadline.

EACs/Non-Official Contractors will be required to use labor supplied by the appointed contractor unless the following requirements are fulfilled:

- Exhibitors must return this completed form to ASCO Exhibit Management (J. Spargo & Associates, Inc.) by the **April 29, 2010** deadline.
- EACs/Non-Official Contractors must provide a Certificate of Liability Insurance naming ASCO, J. Spargo & Associates, Inc., Brede Exposition Services/Allied Division, McCormick Place and Metropolitan Pier and Exposition Authority as additional insured. The Certificate of Liability Insurance must include Comprehensive General Liability coverage with limits not less than \$1,000,000 including Contractual Liability and Products Liability coverage and Workman's Compensation in accordance with local law. Please see the "sample certificate of liability insurance" on the following page. Certificates of Liability Insurance must indicate the name of the exhibiting company and booth number that they are representing in the description area of the certificate. Certificates will be discarded if this information is not supplied.
- All EAC/ Non-Official Contractor personnel must be properly identified with official ASCO Annual Meeting badge on show site. Additional information on this process will be e-mailed to the supervisor listed on this form.

All EAC/Non-Official Contractors are permitted on the exhibit floor ONLY during official move-in and move-out hours providing the information above is supplied. Failure to comply with any or all of the above will result in refusal of the EAC/Non-Official Contractor access to the exhibit hall and the ability to service your exhibit.

EAC/NON-OFFICIAL CONTRACTOR: _____			
ADDRESS: _____	CITY: _____	STATE: _____	ZIP: _____
SERVICE(S) PERFORMED: _____		SUPERVISOR/ON-SITE CONTACT: _____	
PHONE #: _____	FAX#: _____	E-MAIL: _____	

EXHIBITING COMPANY: _____ BOOTH #: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ FAX#: _____ E-MAIL: _____

AUTHORIZED BY: _____ TITLE: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/16/2010

PRODUCER Insurnce Agent/Broker Name Insurnce Agent/Broker Street Address or P.O. Box Insurnce Agent/Broker City, State & Zip Code Contact & Phone Number	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Company Name Address Address City, State & Zip Code	INSURER A: Name of Insurance Company	Enter NAIC#
	INSURER B: Name of Insurance Company (if applicable)	Enter NAIC#
	INSURER C: Name of Insurance Company (if applicable)	Enter NAIC#
	INSURER D: Name of Insurance Company (if applicable)	Enter NAIC#
	INSURER E: Name of Insurance Company (if applicable)	Enter NAIC#

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	<input checked="" type="checkbox"/>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Policy #	05/29/2010	06/09/2010	EACH OCCURENCE	\$1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
						MED EXP (Any one person)	\$5,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$1,000,000
						PRODUCTS - COMP/OP AGG	\$1,000,000
						Contractual Liability	\$1,000,000
	<input type="checkbox"/>	AUTOMOBILE LIABILITY <input 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"/> _____ <input type="checkbox"/> _____				COMBINED SINGLE LIMIT (Each Occurrence)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/>	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
	<input type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ _____				EACH OCCURENCE	\$
						AGGREGATE	\$
							\$
							\$
							\$
A	<input checked="" type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	Policy #	05/29/2010	06/09/2010	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
						E.L. EACH ACCIDENT	\$1,000,000
						E.L. DISEASE - EA EMPLOYEE	\$1,000,000
						E.L. DISEASE - POLICY LIMIT	\$1,000,000
	<input checked="" type="checkbox"/>	OTHER Property Damage	Policy #	05/29/2010	06/09/2010		\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Additional Insured for the 2010 ASCO Annual Meeting (Meeting Dates June 4-8, 2010) (Exhibit Dates Jun 5-7, 2010) servicing (Enter Exhibiting Company name here) in booth # _____:

American Society of Clinical Oncology, J. Spargo & Associates, Inc., Brede Exposition Services/Allied Division, McCormick Place, Metropolitan Pier and Exhibition Authority (MPEA)

CERTIFICATE HOLDER American Society of Clinical Oncology 2318 Mill Road Suite 800 Alexandria, VA 22314 Phone: (571) 483-1300 Fax: (703) 299-0255	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed hereon.

SAMPLE