To All Exhibitors of the 20ϮϮBICSI Fall Conference& Exhibition

I am writing to you on behalf of United Security Services, Inc. (USSC) as our company is responsible for managing the insurance requirements for both the Exhibitors and their Exhibitor Appointed Contractors (EACs) for the 20ϮϮBICSI Fall Conference & Exhibition.

In order to exhibit at the 20ϮϮBICSI Fall Conference & Exhibition, ALL exhibitors are required to have general liability insurance. Please contact your insurance company and request a Certificate of Insurance (COI) according to the following requirements:

- The COI must list the BICSI Organization, its officers and directors, and service contractors as additional insured.
- The COI must be submitted to the USSC Project Manager by September 2ϮϮϮϮth

Please also check one of the following boxes regarding EACs.

☐ Yes, I will be using an EAC.
☐ No, I will not be using an EAC.

If you have checked “Yes” and are using a third-party Exhibitor Appointed Contractor (EAC), please complete the following Exhibitor Appointed Contractor Form. PLEASE NOTE: Both the Exhibitor and the EAC company must submit a COI to the USSC Project Manager by the deadline listed above in order to be granted access to the event space.

Exhibitors and/or EACs who have NOT submitted the proper COI paperwork in a timely fashion will NOT be allowed access to the 20ϮϮBICSI Fall Conference & Exhibition event space, so it very important to submit the required paperwork by the listed deadline.

If you have any questions, please do not hesitate to contact us. We are happy to help and look forward to working with you towards a successful 20ϮϮBICSI Fall Conference.

Best regards,

Carol Maggio
Project Manager
United Security Services, Inc.
773-254-1824
bicsi@unitedhq.com
EXHIBITOR INFORMATION

Representative: ____________________________ Company Name: ____________________________
Address: _________________________________________________________________
City / State: ________________________________________________________________
Postal / Zip Code: ____________________________ Country: ____________________________
Phone: ____________________________ Fax: ____________________________
E-mail: _________________________________________________________________
Representative Signature: ______________________________________________________

EXHIBITOR APPOINTED CONTRACTOR (EAC) INFORMATION

Representative: _________________________________________________________________
Company / Display House: _______________________________________________________
Address: _________________________________________________________________
City: Province / State: __________________________________________________________
Postal / Zip Code: ____________________________ Country: ____________________________
Phone: ____________________________ Fax: ____________________________
Exhibiting Company / Booth #: __________________________________________________
Representative Signature: ______________________________________________________

Please attach the requested COI and any additional subcontractor information to this form and return to Carol Maggio by email or fax. This form must be returned by September 27th, 2015.

Email: bicsi@unitedhq.com or dlancaster@unitedhq.com
Fax: 773-254-1840

United Services Inc.
1550 S. Indiana Ave. Chicago, IL 60605
312-922-8558 | 312-922-8599 (Fax)
License(s) No. 122.000834
NV2012B
CERTIFICATE OF LIABILITY INSURANCE

PRODUCER: (000) 000-0000
AGENTS NAME
AGENTS ADDRESS

DATE (MM/DD/YYYY): 00/00/0000

CERTIFICATE HOLDER
CANCELLATION

BICSI
8610 Hidden River Parkway
Tampa, FL 33637

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFER 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
YOUR COMPANY NAME
YOUR COMPANY ADDRESS
EAC FOR:

INSL
LTR
ADD'L
INSRD

TYPES OF INSURANCE
POLICY NUMBER
POLICY EFFECTIVE DATE (MM/DD/YYYY)
POLICY EXPIRATION DATE (MM/DD/YYYY)

GENERAL LIABILITY

POLICY #
EFF DATE
EXP DATE

X COMMERCIAL GENERAL LIABILITY

CLAIMS MADE

X OCCUR

INSURER A:
INSURER B:
INSURER C:
INSURER D:
INSURER E:

AGGREGATE LIMIT APPLIES PER:
POLICY
PROJECT
LOC

EACH OCCURRENCE
$ 1,000,000

DAMAGE TO RENTED PREMISES (Ea occurrence)
$ 500,000

MED EXP (Any one person)
$ 5,000

PERSONAL & ADV INJURY
$ 1,000,000

GENERAL AGGREGATE
$ 2,000,000

PRODUCTS-COMP-OP AGG
$ 2,000,000

AUTOMOBILE LIABILITY

POLICY #
EFF DATE
EXP DATE

X ANY AUTO

ALL OWNED AUTOS
SCHEDULUED AUTOS
X HIRED AUTOS
X NON-OWNED AUTOS

CLAIMS MADE

X OCCUR

DEDUCTIBLE

$ 10,000

EXCESS/UMBRELLA LIABILITY

POLICY #
EFF DATE
EXP DATE

X OCCUR

CLAIMS MADE

X RETENTION

$ 10,000

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY

POLICY #
EFF DATE
EXP DATE

ANY PROPRIETOR/PARTNER/EXECUTIVE/ OFFICER/MEMBER EXCLUDED?

If yes, describe under
SPECIAL PROVISIONS below

E.L. EACH ACCIDENT
$ 1,000,000

E.L. DISEASE-EA EMPLOYEE
$ 1,000,000

E.L. DISEASE- POLICY LIMIT
$ 1,000,000

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

ADDITIONAL INSURED AS RESPECTS LIABILITY PER WRITTEN CONTRACT:

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

BICSI
8610 Hidden River Parkway
Tampa, FL 33637

AUTHORIZED REPRESENTATIVE