



To All Exhibitors of the 2013 BICSI 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 2013 BICSI Fall Conference & Exhibition.

In order to exhibit at the 2013 BICSI 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 27**.

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 2013 BICSI Fall Conference & Exhibition event space, so it is 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 2013 BICSI Fall Conference.

Best regards,

Carol Maggio  
Project Manager  
United Security Services, Inc.  
773-254-1824  
[bicsi@unitedhq.com](mailto:bicsi@unitedhq.com)

United Security Services Inc.  
1550 S. Indiana Ave. Chicago, IL 60605  
312-922-8558 | 312-922-8599 (Fax)  
License No. 122.000834



EXHIBITOR APPOINTED  
CONTRACTOR  
FORM

**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 2 , 20 .

**Email: [bicsi@unitedhq.com](mailto:bicsi@unitedhq.com) or [dlancaster@unitedhq.com](mailto: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

# SAMPLE

DATE (MM/DD/YYYY)

00/00/0000

PRODUCER (000) 000-0000

FAX

**AGENTS NAME**  
**AGENTS ADDRESS**
**THIS CERTIFICATE IS ISSUED AS A MOTTER 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 YOUR COMPANY NAME**
**YOUR COMPANY ADDRESS**

INSURER A:

INSURER B:

INSURER C:

INSURER D:

INSURER E:

**EAC FOR:**
**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.

INSL LTR	ADD'L INSRD	TYPES OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	X	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	<b>POLICY #</b>	<b>EFF DATE</b>	<b>EXP DATE</b>	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 <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	<b>POLICY #</b>	<b>EFF DATE</b>	<b>EXP DATE</b>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY-EA ACCIDENT	\$
						OTHER THAN EA ACC	\$
						AUTO ONLY: ACC	\$
		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	<b>POLICY #</b>	<b>EFF DATE</b>	<b>EXP DATE</b>	EACH OCCURRENCE	\$ 1,000,000
						AGGREGATE	\$ 1,000,000
		WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	<b>POLICY #</b>	<b>EFF DATE</b>	<b>EXP DATE</b>	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER	\$
						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:**
**CERTIFICATE HOLDER**
**CANCELLATION**

 BICSI  
 8610 Hidden River Parkway  
 Tampa, FL 33637

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