



# WORK AUTHORIZATION FORM

## For Exhibitor Appointed Contractors

**Deadline: April 16, 2010**

Complete and Return to:  
IAFC Exhibits Manager  
4025 Fair Ridge Dr #300  
Fairfax, VA 22033

Fax: 703/273-9363  
Email: [sgilliland@iafc.org](mailto:sgilliland@iafc.org)

We have contracted with the following firm to install and/or dismantle our exhibit display at FRM 2010:

Service Company Name: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

It is understood that the above contractor will maintain insurance coverage as follows:

1. Workman's compensation insurance in the minimum amounts required by the laws of the State of Nevada
2. Comprehensive general liability insurance with minimum combined single limits of \$1,000,000 for bodily injury and/or property damage in any one occurrence

Such insurance shall be maintained in full force during the period when the contractor is working on my display at FRM 2010.

The independent contractor will furnish show management with a certificate of insurance attesting to the coverage.

Submitted by:

Exhibiting Company: \_\_\_\_\_ Booth #: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FAQ: Do I need this form? /Does this form apply to me?**

You need this form if, and only if, you are using labor for any part of your exhibit (installation and dismantling) that:

- a. Does not work directly for your company, or
- b. Is not the Official Service Contractor (Freeman)

If these conditions do not apply to you, then disregard this form.