

2027 EXHIBITOR APPOINTED CONTRACTOR (EAC) RULES AND REGULATIONS AND APPLICATION FOR APPROVAL

Unified Wine & Grape Symposium
January 26 - 28, 2027 (Exhibits: January 27 & 28)
Policy Coverage Dates: January 24 - 29, 2027
SAFE Credit Union Convention Center, Sacramento, California, USA



If an exhibitor chooses to employ an Exhibitor Appointed Contractor (EAC), the EAC must sign this agreement and pay a \$100 fee per booth they are contracted to install and/or dismantle. **The signed agreement and fee must be received no later than January 8, 2027.**

An EAC is defined as any company, other than the Official Contractor, Freeman, used by an exhibitor inside the exhibit hall.

- (1) The EAC must maintain and provide proof of insurance through the terms of the 2027 UW&GS as outlined in this Exhibit D of the 2027 UW&GS Application/Agreement for Exhibit Space. A certificate of liability insurance for no less than \$2,000,000 U.S. per occurrence and an additional insured endorsement (CG2026) must be provided to the UW&GS, LLC.
- (2) The EAC agrees that they will work in the hall only between the hours specified by the UW&GS and Freeman and will abide by all badging rules established by UW&GS.
- (3) The EAC is not allowed on the show floor during show hours as an additional safety and security measure.
- (4) The EAC is permitted to store equipment in the exhibitor's booth during installation and dismantle only.
- (5) The EAC may not operate a service desk within the exhibit hall. The EAC must confine its operations within the exhibitor's booth space.
- (6) EACs and exhibitors are not permitted to have electric carts or scooters in the building at any time.
- (7) The operation or use of motorized or mechanical material handling equipment or lifts by exhibitors or their appointed contractors is prohibited.
- (8) Cameras or photography are prohibited on the exhibit floor without permission from UW&GS.
- (9) The EAC affirms that they have confirmed work orders from all contracted exhibitors and will not in any manner solicit work from other exhibitors or booths under any circumstances.
- (10) The EAC under no circumstances will be allowed to remove floor marking tape until the close of the exposition.
- (11) The EAC must abide by the fire and safety and exhibit hall regulations.
- (12) All booth designs and structures must conform to the rules and regulations in the exhibitor service manual.
- (13) The EAC agrees to abide by all existing union contracts, regardless of dispute from a prior work engagement. Any dispute causing injury of any kind to UW&GS, its agents, contractors, exhibitors or attendees will be the full responsibility of the EAC including, but not limited to, all consequential damages arising out of such a dispute.
- (14) The EAC must meet all venue and general service contractor requirements in order to participate in the UW&GS.
- (15) The EAC agrees to pay all reasonable costs incurred by the UW&GS official service contractor (Freeman) in connection with the EAC's operation that would not have been incurred otherwise.
- (16) UW&GS has no responsibility whatsoever for any property at the event or any financial obligation of the EAC under any circumstances.
- (17) The UW&GS reserves the right, in its sole discretion, to withhold approval or to dismiss from the show, any service contractor whose participation in the show may, in the opinion of show management, lead to strikes, picketing, other labor action directed at the show, other disruption of the show, noncompliance with the Freeman exhibitor manual or the UW&GS 2027 Exhibitor Application/Agreement, or interference with any of the exhibitors.

EAC (Indemnitor) agrees to indemnify, hold harmless and defend Unified Wine & Grape Symposium, LLC, its members the American Society for Enology and Viticulture and the California Association of Winegrape Growers, the City of Sacramento, Visit Sacramento, Freeman, Convention Management Resources and their respective directors, officers, members, agents, employees, volunteers, successors and assigns (collectively "Indemnitee"), from and against any and all liabilities, damages, actions, costs, losses, claims and expenses (including all attorneys' fees, court cost and litigation expenses), on account of injury, death, loss or damage to persons, property or profits arising out of or resulting in whole or in part from any act, omission, negligence, fault or violation of law or ordinance by EAC or its officers, directors, employees, members, partners, its parent and/or subsidiary, successors, assigns, agents, affiliates, sub-contractors, guests, or invitees.

**2027 EXHIBITOR APPOINTED CONTRACTOR (EAC)
ACCEPTANCE OF TERMS & CONDITIONS AND
INFORMATION & CREDIT CARD AUTHORIZATION FORM**



Unified Wine & Grape Symposium
January 26 - 28, 2027 (Exhibits: January 27 & 28)
Policy Coverage Dates: January 24 - 29, 2027
SAFE Credit Union Convention Center, Sacramento, California, USA

PLEASE COMPLETE, SCAN, AND RETURN THE FOLLOWING FORM TO:
info@unifiedsymposium.org **no later than January 8, 2027.**

EAC INFORMATION

EAC Company Name:

EAC Contact name and title:

EAC Company:

EAC Full Address:

EAC Telephone Number:

EAC Contact Email Address:

Exhibiting Company Name:

Exhibiting Company Booth Number:

EAC CREDIT CARD INFORMATION

Accepted credit cards    

Card Number

Expiration Date

CVC Code

Billing address

City, State

Zip code

Total amount to be charged = \$100.00 (USD) x _____ (Number of Exhibiting Companies contracted by EAC)

Please Print Cardholder's Name

Authorized Signature (Authorizes Charge on Credit Card)

REFUNDS WILL NOT BE ISSUED

Acceptance of Terms and Signature

I agree to the Terms & Conditions delineated in the 2027 EAC (Exhibitor Appointed Contractor) Rules and Regulations and Application for Approval

AUTHORIZED SIGNER

DATE

2027 Liability Insurance Certificate

& Additional Insured Endorsement Requirements

Certificate of Liability Insurance Sample

Please submit your Certificate of Liability Insurance with your Additional Insured Endorsement Form issued for your current Commercial General Liability (CGL) policy. All sections must be completed as done in the example and in English.

Please submit your certificate of liability insurance with the following requirements:

- 1 Minimum insurance limits in US Dollars as listed.
- 2 Insurance Company must be located and licensed to do business in the USA.
- 3 The EAC must be listed as the Insured Name on the certificate
- 4 Occur box must be selected for Type of Insurance.
- 5 Additional Insured box must be selected.
- 6 Policy number for each type of Insurance (General Liability, Automobile Liability & Workers Compensation).
- 7 Policy period for each type of insurance must cover the dates of the show week (January 24 -29, 2027).
- 8 Automobile Liability minimum insurance limit is in US dollars as listed.
- 9 Workers Compensation insurance as required by California Law.
- 10 Name event, dates and endorsement form #.
- 11 Additional insured endorsement (Form CG 2026) must be attached to the certificate (see next page for sample).

| ACORD® | | CERTIFICATE OF LIABILITY INSURANCE | | DATE (MM/DD/YYYY) | | |
|---|--|-------------------------------------|---|--------------------------------------|-------------------------|---|
| <p>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.</p> <p>IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. 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).</p> | | | | | | |
| PRODUCER Insurance Agent Name/Address | | | CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL: ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A : Insurance Company Name INSURER B : INSURER C : INSURER D : INSURER E : INSURER F : | | | |
| INSURED (AS NAMED IN POLICY) Insured Name/Address | | | NAIC # | | | |
| COVERAGES | | CERTIFICATE NUMBER: | | REVISION NUMBER: | | |
| THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. | | | | | | |
| INSR LTR | TYPE OF INSURANCE | ADD'L SUBR INSR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
| | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT AND PER POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | <input checked="" type="checkbox"/> | (Policy Number Mandatory) | (Policy term must cover event dates) | Current Policy Period | EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$1,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$1,000,000 |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NOT-OWNED AUTOS | <input type="checkbox"/> | (Policy Number Mandatory) | (Policy term must cover event dates) | Current Policy Period | COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$ |
| | UMBRELLA LIAB EXCESS LIAB DED RETENTION \$ | <input type="checkbox"/> | (Policy Number Mandatory) | (Policy term must cover event dates) | Current Policy Period | EACH OCCURRENCE \$ AGGREGATE \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICEMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | <input type="checkbox"/> | (Policy Number Mandatory) | (Policy term must cover event dates) | Current Policy Period | WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) | | | | | | |
| Unified Wine & Grape Symposium at SAFE Credit Union Convention Center, January 24 - 29, 2027. Additional insureds per endorsement CG 2026 attached. This insurance shall be primary and non-contributory. | | | | | | |
| CERTIFICATE HOLDER Unified Wine & Grape Symposium, LLC PO Box 1855 Davis, CA 95617-1855 | | | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE | | | |

ACORD 25 (2010/05)

The ACORD name and logo are registered marks of ACORD

© 1988-2010 ACORD CORPORATION. All rights reserved.

Submit Certificate with Endorsement to:

Unified Wine & Grape Symposium, LLC
 PO Box 1855, Davis, CA 95617 USA
 Phone: 530-753-3142 • Fax: 530-601-5317
 Email: insurance@unifiedsymposium.org



2027 Liability Insurance Certificate

& Additional Insured Endorsement Requirements

Additional Insured Endorsement CG 2026 Sample

Please submit your Additional Insured Endorsement Form with your Certificate of Liability Insurance issued for your current CGL policy. All sections must be completed as shown in the example.

Your Additional Insured Endorsement Form CG 2026 must list the following:

- 1. Unified Wine & Grape Symposium, LLC
2. The City of Sacramento
3. Visit Sacramento
4. Freeman
5. Convention Management Resources

These requirements are per your application terms.

The event will be held at SAFE Credit Union Convention Center, 1400 J Street, Sacramento, CA 95814

Sample insurance certificate form with fields for Policy Number, Commercial General Liability, and Additional Insured - Designated Person or Organization. Includes a table for listing insured persons and a large 'SAMPLE' watermark.

Submit Endorsement with Certificate to:

Unified Wine & Grape Symposium, LLC
PO Box 1855, Davis, CA 95617 USA
Phone: 530-753-3142 • Fax: 530-601-5317
Email: insurance@unifiedsymposium.org