

**Deadline: August 27, 2021**

## **EXHIBITOR-APPOINTED CONTRACTOR (EAC) INFORMATION**

An Exhibitor-Appointed Contractor (EAC) is defined as any individual who is not a full-time permanent employee of an exhibiting firm, who is providing a service to an exhibitor on-site.

EAC's must adhere to the following requirements below:

- Exhibitors must return this completed form to Event Management at least thirty (30) days prior to the event.
- EAC's must attach proof of adequate insurance, in the form of a policy rider, furnished by their broker to Event Management and the appointed contractor no later than thirty (30) days in advance of the actual move-in date. This must include a copy of your Worker's Compensation Insurance.
- All personnel must have credentials validated on event site. Credentials can be picked up on-site at Exhibitor Registration.

Failure to comply with any or all of the above will result in refusal of the EAC to service your exhibit.

### **Insurance Requirements:**

All non-official contractors (EAC's) must secure and maintain the following insurance that extends over the move-in, event and move-out dates:

- Commercial general liability insurance with limits not less than \$1,000,000 per occurrence, \$2,000,000 aggregate, combined single limit for bodily injury and property damage, including coverage for personal injury, contractual, and operation of mobile equipment, products and liquor liability (if applicable).
- Medical Expenses for any one person of no less than ten thousand dollars (\$10,000).
- Automobile Liability Insurance (required if bringing automobiles into the Venue) with limits not less than \$500,000 each occurrence combined single limit for bodily injury and property damage, including coverage for owned, non-owned and hired vehicles, including loading and unloading operators.
- Umbrella Liability Insurance not less than one million dollars (\$1,000,000) per occurrence and one million dollars (\$1,000,000) aggregate.
- Workers' Compensation Insurance in full compliance with all laws covering the contractor's employee in the state for which this event is being held, or for where the work is being performed, or of the state in which vendor is obligated to pay compensation to employees engaged in the performance of the work. Employer's Liability Limits of not less than one million dollars (\$1,000,000) each accident.

For additional insureds and the certificate holder, please refer to the Insurance Information located on our website at [motorcycleshows.com](http://motorcycleshows.com).

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## NOTICE OF INTENT

### TO USE AN EXHIBITOR-APPOINTED CONTRACTOR (EAC) FORM

If your company plans to use any contractor, you must complete this form and return it to Event Management at least thirty (30) days prior to the event. **Failure to do so will result in the inability of the contractor to service your exhibit.**

In addition, your selected contractor must furnish Event Management with an original Certificate of Insurance showing General Liability Coverage and Worker's Compensation and with the required limits and additional insureds, as outlined in the EAC Information Sheet.

NON-OFFICIAL CONTRACTOR (EAC): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE #: \_\_\_\_\_ ON-SITE CONTACT: \_\_\_\_\_

EMAIL: \_\_\_\_\_ ON-SITE PHONE #: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ BOOTH #: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**PLEASE RETURN THIS FORM TO THE EMAIL ADDRESS BELOW**

[Operations@motorcycleshows.com](mailto:Operations@motorcycleshows.com)

**Deadline to Return this Form:  
August 30, 2021**

Complete and return this Form via email to:  
[Operations@motorcycleshow.com](mailto:Operations@motorcycleshow.com)

## MATERIAL HANDLING FORM

Rates below include receipt of your freight; delivery to the booth; storage and return of empty crates; and reloading. Additional charges may apply if your shipment does not arrive/depart during the designated move-in/out times.

### SHIPMENT RATES

Description	Advance Warehouse		Event Site	
	\$		\$	
Small Package - Shipments Up to 2 packages	\$	FREE	\$	FREE
Small Package - Shipments 3 - 6 packages	\$	200.00	\$	275.00
Skid / Pallet - 1 unit	\$	350.00	\$	475.00
Skid / Pallet - 2 units	\$	470.00	\$	650.00
Skid / Pallet - 3 units	\$	585.00	\$	800.00
Skid / Pallet - 4 units	\$	700.00	\$	950.00
Skid / Pallet - 5 units	\$	825.00	\$	1,125.00

Small packages are defined as any package not shipped on a skid or pallet that can be hand carried or handled using a hand cart. Shipments of 7 or more packages should be on a skid or pallet. Skids or Pallets are defined as shipments that are 48"x48"x60" or 4'x4'x5', that are handled with a pallet jack or forklift. All Skids / Pallets must be shrink wrapped.

Shipments of 6 or more Skids / Pallets should contact Operations for a quote at [Operations@motorcycleshow.com](mailto:Operations@motorcycleshow.com). Anything bigger than a Skid / Pallet must be quoted by Operations Team.

Shipments to the Advance Warehouse must arrive by 3pm on the Monday prior to the first move-in day.

Shipments received at the Advance Warehouse after 3pm on the Tuesday prior to the first move-in day will be subject to an additional charge to have the freight brought to event site. Charges will vary depending on the location of the Advance Warehouse to event site.

Payment for all Material Handling services must be made by credit card in advance. Freight will not be delivered to the exhibitors booth until payment is rendered.

**STRAIGHT TIME:** 8:00 A.M. to 3:00 P.M. Monday through Friday

**OVERTIME:** 3:00 P.M. to 8:00 A.M. Monday through Friday. Open Saturday, Sunday, and Holidays by appointment only.

(Overtime will be applied to all freight received at the warehouse during above listed times.)

**PLEASE COMPLETE THE ESTIMATED MATERIAL HANDLING CALCULATION BELOW AND SUBMIT BY DEADLINE DATE.**

Description	Number of Units	Price per UNIT	Estimated Total Cost
		Tax	N/A
		Total	

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

Complete and return this Form via email to:  
[Operations@motocycleshows.com](mailto:Operations@motocycleshows.com)

## OUTBOUND SHIPPING FORM

By using the advance warehouse services, you are eligible for outbound shipping.

A Material Handling Form must be completed for all freight shipped to the Advance Warehouse and for outbound shipments.

COMPANY NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

BOOTH #: \_\_\_\_\_ BOOTH SIZE: \_\_\_\_\_

### SHIP TO:

COMPANY NAME: \_\_\_\_\_ BOOTH #: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ ATTN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

### METHOD OF SHIPMENT:

CARRIER NAME: \_\_\_\_\_

CARRIER PHONE: \_\_\_\_\_

### DESCRIPTION OF ARTICLES:

### NUMBER OF SHIPPING UNITS:

Crates (wooden)

\_\_\_\_\_

Cartons (cardboard)

\_\_\_\_\_

Trunks / Cases (fiber)

\_\_\_\_\_

Skids / Pallets

\_\_\_\_\_

Other (please specify)

\_\_\_\_\_



**RECEIVING DATE BEGINS: AUGUST 13, 2021**

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**DEADLINE DATE IS: SEPTEMBER 2, 2021**

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**TO:** \_\_\_\_\_

EXHIBITOR NAME

**C/O: SCHROEDER MOVING & STORAGE**

**ATTN: MATT GENAME**

**15700 W LINCOLN AVE**

**NEW BERLIN, WI 53151**

**ADVANCE WAREHOUSE**

*Progressive IMS Outdoors  
Pennsylvania*

**EVENT:** \_\_\_\_\_

**BOOTH NO:** \_\_\_\_\_ **NO.** \_\_\_\_\_ **OF** \_\_\_\_\_ **PCS**

\_\_\_\_\_

EXHIBITOR NAME

**C/O: SCHROEDER MOVING & STORAGE**

**ATTN: MATT GENAME**

**15700 W LINCOLN AVE**

**NEW BERLIN, WI 53151**

**ADVANCE WAREHOUSE**

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**EVENT:** \_\_\_\_\_

**BOOTH NO:** \_\_\_\_\_ **NO.** \_\_\_\_\_ **OF** \_\_\_\_\_ **PCS**



**CANNOT DELIVER BEFORE SEPTEMBER 8, 2021**

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**TO:** \_\_\_\_\_  
*EXHIBITOR NAME*

\_\_\_\_\_

**C/O:** IMS OUTDOORS / SHOW MANAGEMENT  
CARLISLE FAIRGROUNDS  
1000 Bryn Mawr Rd  
Carlisle, PA 17013

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CARLISLE FAIRGROUNDS  
1000 Bryn Mawr Rd  
Carlisle, PA 17013

# EVENT SITE

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*Progressive IMS Outdoors*  
EVENT: \_\_\_\_\_  
*Pennsylvania*

*Progressive IMS Outdoors*  
EVENT: \_\_\_\_\_  
*Pennsylvania*

BOOTH NO: \_\_\_\_\_ NO. \_\_\_\_\_ OF \_\_\_\_\_ PCS

BOOTH NO: \_\_\_\_\_ NO. \_\_\_\_\_ OF \_\_\_\_\_ PCS