



## NOTICE OF INTENT TO USE EXHIBITOR APPOINTED CONTRACTOR(S)

Deadline Date: December 22, 2008

Please fill out this form **ONLY** if you plan to use labor other than that provided by the official service contractor, Geo. E. Fern Co.

We have contracted with the following firm to install and/or dismantle our exhibit display at the MBNA 2009 Monument Industry Show.

Service Company Name: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

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

- a) Workman's Compensation insurance in the minimum amounts required by the laws of the State of Indiana.
- b) 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 must be maintained in full force during the period when the exhibitor appointed contractor is working on the display at MBNA in Indianapolis, IN. The exhibitor appointed contractor must furnish Show Management with an original certificate of insurance attesting to these coverage's. **The exhibitor appointed contractor will not be allowed to work at the show until Show Management has received this form and an original certificate of insurance.**

Exhibiting Company: \_\_\_\_\_  
Contact: (Please Print) \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State & Zip \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ Booth #: \_\_\_\_\_  
Authorized Signature: \_\_\_\_\_

RETURN FORM AND ORIGINAL CERTIFICATE OF INSURANCE BY DECEMBER 22, 2008 TO MBNA:  
136 S. Keowee St. | Dayton, OH 45402 | Fax: 937.222.5794 | info@monumentbuilders.org