



**AZ Construction Career Days**  
www.azccd.com

**2019 EXHIBITOR REGISTRATION FORM**

We look forward to you participating in  
**Arizona Construction Career Days**  
 Presented by **Association for Construction Career Development**  
**"BUILDING TOMORROW'S WORKFORCE TODAY"**

**Event Dates:** **Thursday November 7, 2019** and **Friday November 8, 2019**  
 Arizona National Guard 5636 E. McDowell Rd, Phoenix, AZ 8:00 am-2:00 pm

**\*\*MANDATORY EXHIBITOR MEETING TBD**  
 Russell Auditorium Arizona National Guard 5636 E. McDowell Rd, Phoenix, AZ  
**SPONSORS --- bring banner(s) to meeting - if applicable**

**COMPANY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY/ZIP:** \_\_\_\_\_

**CONTACT NAME:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**Please check one:**

Contractor \_\_\_\_\_ Association \_\_\_\_\_ Education/Training \_\_\_\_\_

Equipment \_\_\_\_\_ **Other (explain)** \_\_\_\_\_

Space required (CIRCLE ONE)			Ask us about Sponsorship Opportunities!!!	
<b>20 ft x 20 ft</b> \$325	<b>20 ft x 40 ft</b> \$350	<b>20 ft x 60 ft</b> \$400	<b>20 ft x 80 ft</b> \$425	<b>20 ft x 100 ft</b> \$450
Request to be next to or near another exhibitor? _____				

**Type / Quantity of equipment you expect to bring:** *(Equip can be delivered Wed prior to event from 9am-1pm)*

Backhoe _____	Skid steerloader _____	Survey Equip _____	Compactor/Roller _____
Scissor Lift _____	Forklift _____	Hand Tools _____	Scraper _____
Crane _____	Dozer _____	Tamper _____	Dump Truck _____
Excavator _____	Concrete pumper _____	Testing _____	Generator _____
Grader _____	Water Truck _____	<b>Other (explain)</b> _____	

**Type of exhibit you will have:** *Power is NOT provided*

Description: \_\_\_\_\_

**Payment:**  **Mail Check**  **PLEASE PRINT OR TYPE**

Company Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone \_\_\_\_\_ Email for receipt \_\_\_\_\_

Amount charged \$ \_\_\_\_\_

*(this portion will be shredded after card is run)*

**Credit Card Information**

Name on Card \_\_\_\_\_ Card No. \_\_\_\_\_

Mailing Address \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

**Mail Registration Form, Insurance Document to:**  
 Association for Construction Career Development  
 (ACCD) c/o Sabrina Lechuga  
 PO Box 5854  
 Goodyear, AZ 85338



**2019 EXHIBITOR REGISTRATION FORM**

**Personnel attending:**

Please list names and dates of attendance.

(This is for Arizona National Guard security purposes)

Name	Day	Name	Day

**Points of Contact:**

**Event Questions:**

Rose Ann Canizales, ACCD President  
480-777-2226     [roseann@greatimpactinc.com](mailto:roseann@greatimpactinc.com)

**Exhibitor-Sponsor Payment, Insurance, & Website Questions:**

Sabrina Lechuga, ACCD Treasurer  
928-848-6718     [slechuga01@gmail.com](mailto:slechuga01@gmail.com)

**Equipment Delivery Questions:**

Sheila Hall, Site Coordinator & ACCD Secretary  
480-229-0032     [shall@cts-az.com](mailto:shall@cts-az.com)

**Insurance Requirements for Exhibitors:**

**Participants without equipment need:**

General Liability	\$2,000,000 aggregate \$1,000,000 per occurrence
Auto Liability	\$1,000,000 minimum

**Certificate Holder:** Association for Construction Career Development, PO Box 5854, Goodyear, AZ 85338

**Description:** Arizona Construction Career Days Event, 5636 W. McDowell Rd, Phoenix, AZ

**Additional Insured:** Association for Construction Career Development, Arizona Construction Career Days, Arizona National Guard

**Those with equipment need:**

General Liability	\$2,000,000 aggregate \$1,000,000 per occurrence
Auto Liability	\$1,000,000 minimum
Workers Comp or State Fund Information	\$100,000 per occurrence \$100,00 per person \$500,000 per disease

**Mail Registration Form, Insurance Document and Checks to:**

*Payable to: Association for Construction Career Development (ACCD) c/o Sabrina Lechuga PO Box 5854, Goodyear, AZ 85338*

**TEAR DOWN WILL BE IMMEDIATELY AFTER FRIDAY'S EVENT**

*Mission Statement: To support and promote the construction industry through education and employment*

Your clothing **MUST** be as working on a construction jobsite.

**MANDATORY DRESS CODE**

NO SHORTS of any kind, SKIRTS, TANK TOPS, HEELS, FLIP FLOPS or SANDALS. SAFETY IS #1.

Wear your Hard Hat at all times during the event--you are a role model for the students.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

DATE OF ISSUE

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.

**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).

PRODUCER BROKER INFORMATION	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : INSURANCE COMPANY NAME	
INSURED EXHIBITOR NAME & ADDRESS	INSURER B :	
	INSURER C :	
	INSURER D :	
	SUBROGATION :	
	INSURER P :	

# SAMPLE

**COVERAGES** CERTIFICATE NUMBER: \_\_\_\_\_ REVISED NUMBER: \_\_\_\_\_

THIS IS TO CERTIFY THAT THE POLICIES 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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE OCCUR GEN'L AGG REGATE LIMIT A*PLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-LOC		<input checked="" type="checkbox"/>	GL Policy Number	01/01/2019	01/01/2019	EACH OCCURRENCE * 000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) 8 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTIONS - GOMP/OP AGG \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED - U*OS <input type="checkbox"/> HUEQA U*OS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS		<input checked="" type="checkbox"/>	Auto Policy Number	01/01/2019	01/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJUR* (Per person) \$ BODILY INJUR* (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB RETENTION \$		<input type="checkbox"/>				EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY "PROPRIETOR/PARTNER/EXECUTIVE OFFICE MEMBER EXCLUDED" (Mandatory in NH) If yes, describe under "SG&IP+ION O" OPERATIONS below		<input checked="" type="checkbox"/>	WC Policy Number	01/01/2019	01/01/2019	EACH ACCIDENT OTHER * 100,000 E.L.DISEASE EMPLOYEES 100,000 E.L.DISEASE - POLIC* LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
**EVENT:** Arizona Construction Career Days  
**DATES:** 11/7/2019 thru 11/8/2019 (Dates include set-up)  
**SITE:** Arizona National Guard- Papago Site 5636 E. McDowell Rd, Phoenix, AZ 85008

Association for Construction Career Development, Arizona Construction Career Days, and the Arizona National Guard are additional insured under all policies, except workers compensation

<b>CERTIFICATE HOLDER</b>  ASSOCIATION FOR CONSTRUCTION CAREER DEVELOPMENT (ACCD) PO BOX 5854 GOODYEAR, AZ 85338	<b>CANCELLATION</b>  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

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