



# EXHIBITOR SERVICE FORMS

Take note of the vendors, their rates, and most importantly, all deadline dates.

Use the Exhibitor Checklist section to track and meet all of your Show deadlines.

If you have any questions or problems, please call any of the Progressive® Insurance New York Boat Show Team:

**Jonathan Pritko**, Show Manager (646) 370-3645

**Lauren Rosenblatt**, Exhibitor Relationship Manager - Bulk / In-Water / Booths (646) 370-3577

**Monica Puentes**, Show administrator (646) 370-3660

**Josh Rosales**, Operations Manager (646) 370-3679

**Melissa Hall**, Exhibitor Registration Manager (954) 441-3236

We look forward to working with you to make the 2020 Show another successful show

## EXHIBITOR SERVICE FORMS

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# PAYMENT METHODS

**\*\* Remember to fax or email us a copy of your Contract Application \*\***

## **Regular mail (First Class)**

NMMA Payment Center  
33928 Treasury Center  
Chicago, IL 60694-3900

## **Make check payable to: NMMA**

Reference: invoice/order #, space #, or New York Boat Show

## **Overnight (FedEx, UPS)**

Harris Trust & Savings Bank  
Attn: Remittance Processing Div.  
Lockbox 33928  
311 W. Monroe St., 7<sup>th</sup> Fl.  
Chicago, IL 60606  
Tel. 312-461-7572 (For tracking)

## **Make check payable to: NMMA**

Reference: invoice/order #, space #, or New York Boat Show

## **Credit Card (VS, MC, DISC)**

Accepted via NMMA's secure payment site:

<http://orders.nmma.org>

(Login required. Up to \$5,000.00 per transaction.)

AMEX Not Accepted

## **Wire Transfer**

Harris Trust & Savings Bank  
111 W. Monroe Street  
Chicago, IL 60690  
ABA# 071000288  
Account# 3568128  
Swift Code: HATRUS44

Reference: invoice/order #, space #, or New York Boat Show



# BOAT INFORMATION AND LAYOUT

**DEADLINE: DECEMBER 9, 2019**

EXHIBITING COMPANY: \_\_\_\_\_

SPACE #: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

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

FILL OUT INFO BELOW IF YOU HAVE A TRANSPORTATION COMPANY THAT WILL BE TRANSPORTING YOUR BOAT(S) TO THE SHOW

1. TRANSPORT COMPANY: \_\_\_\_\_ CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_ Email: \_\_\_\_\_

2. TRANSPORT COMPANY: \_\_\_\_\_ CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_ Email: \_\_\_\_\_

**ALL CARPET & HANGING SIGNS NEED TO BE PRE-SHIPED TO ELIMINATE DELAYS AND OVERTIME COSTS**

Please check the appropriate item(s)

CARPET: Decorator rental Exhibitor's own Will pre-ship to Warehouse

HANGING SIGNS: YES NO Will pre-ship to Warehouse

Do you have staging to be set before boats can be picked? YES NO

<b><u>Make and Model #</u></b>	<b><u>Length Overall</u></b>	<b><u>Beam</u></b>	<b><u>WEIGHT</u></b> (LBS.)	<b><u>DISPLAYED ON:</u></b> (Cradle / dolly / block & stand / trailer)	<b><u>CARRIER:</u></b> T1 or T2= Transport 1 or 2 (indicated above) D= Dealer	<b><u>HANDLING BY NMMA:</u></b> Y= Yes N= No	<b><u>BRIDGE or TOWER WORK</u></b>	<b><u>New Product / Debut / Technology</u></b>

**DEADLINE: DECEMBER 9, 2019**

Email: [Jrosales@nmma.org](mailto:Jrosales@nmma.org) Phone: 646-370-3679

EXHIBITING COMPANY NAME: \_\_\_\_\_ SPACE: \_\_\_\_\_

<b><u>Make and Model #</u></b>	<b><u>Length Overall</u></b>	<b><u>Beam</u></b>	<b><u>WEIGHT</u> (LBS.)</b>	<b><u>DISPLAYED ON:</u> (Cradle / dolly / block &amp; stand / trailer)</b>	<b><u>CARRIER:</u> T1 or T2= Transport 1 or 2 (<i>indicated above</i>) D= Dealer</b>	<b><u>HANDLING BY</u> <u>NMMA:</u> Y= Yes N= No</b>	<b><u>BRIDGE or TOWER WORK</u></b>	<b><u>New Product / Debut / Technology</u></b>

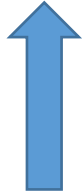
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# BOAT INFORMATION AND LAYOUT

DEADLINE: DECEMBER 9, 2019

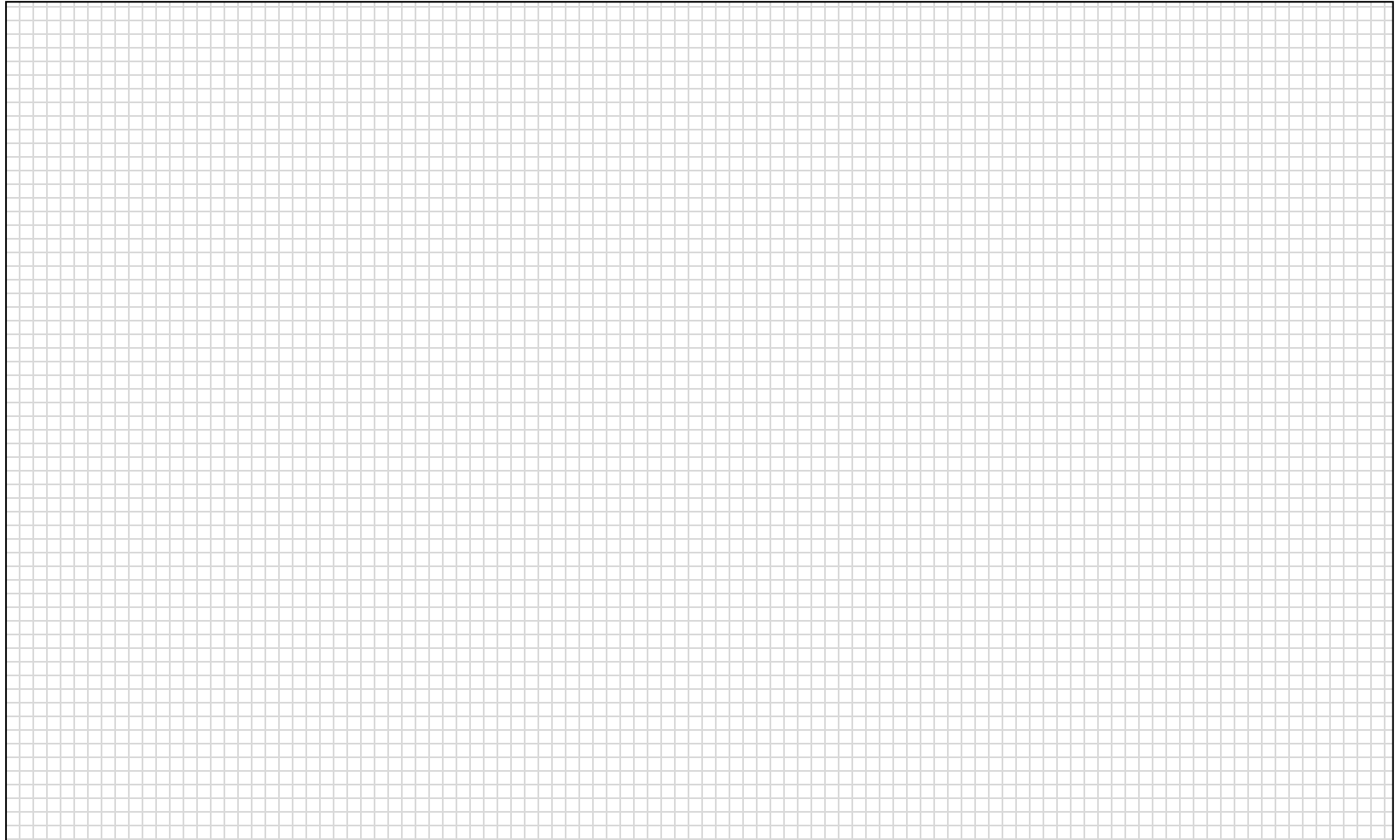
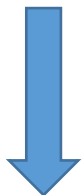
EXHIBITING COMPANY NAME: \_\_\_\_\_ SPACE: \_\_\_\_\_

PLEASE SHOW DIMENSIONS OF YOUR EXHIBIT AND LAYOUT TO SCALE



LOADING  
DOCKS

11<sup>th</sup>  
Avenue



**DEADLINE: DECEMBER 9, 2019**

Email: [Jrosales@nmma.org](mailto:Jrosales@nmma.org) Phone: 646-370-3679



# EXHIBITOR APPOINTED CONTRACTOR

Return by January 7, 2020

Josh Rosales - Operations Manager: [jrosales@nmma.org](mailto:jrosales@nmma.org)

330 West 385<sup>th</sup> Street, Suite 206 New York, NY 10018

Phone - 646-370-3679

Fax - 888-649-7786

PLEASE FOLLOW THE REQUIRED INSTRUCTIONS WHEN USING A CONTRACTOR OTHER THAN AN  
OFFICIAL NMMA SERVICE CONTRACTOR!

An exhibitor-appointed contractor (EAC) is any company other than the designated "official" contractors listed in the exhibitor kit, who provides a service (display/installation and tear-down, boat cleaners, tent companies, models, florists, photographers, audio/visual, electric, etc.) and needs access to your exhibit anytime during the installation, the actual show dates and dismantling. NMMA management will consider exceptions to the use of NMMA official contractors only if the following criteria is met:

1. Submit this form to NMMA Boat Shows no later than January 7, 2020
2. Each EAC must provide a certificate of insurance. Client will be solely responsible for ensuring that each EAC furnish evidence of workers' compensation insurance in the minimum amount required by state law; evidence of commercial general liability, in a minimum amount of one million dollars (\$1,000,000) covering all operations and automobile liability insurance; and a minimum amount of one million dollars (\$1,000,000) covering all owned, hired, and non-owned vehicles. The policies for Commercial General Liability and Automobile Liability shall name NMMA, Client, Venue, and Freeman as additional insureds for the New York Boat Show.
3. Agree to abide by all rules, regulations and amendments of the New York Boat Show and NMMA Policies.
4. Agree to abide by all City of New York licensing requirements & Jacob Javits Convention Center Convention Center rules and regulations.
5. Agree to all insurance certification requirements and wear identification at all times

**These requirements will be strictly enforced. If the exhibitor and/or EAC fails to supply these forms by January 7, 2020, the EAC will not be permitted access to the exhibit floor**

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

Exhibit Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail \_\_\_\_\_ Signature: \_\_\_\_\_

Type of work to be performed by contractor: \_\_\_\_\_

\_\_\_\_\_

Appointed Contractor: \_\_\_\_\_ Contact Person: \_\_\_\_\_

E-mail: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

## EXCLUSIVE CONTRACTORS:

**For insurance, safety and security purposes, the contractor designated by NMMA management must be used for services such as catering, electrical, plumbing, telephone, drayage and rigging NO EXCEPTIONS WILL BE MADE!**



## Working Exhibitor Information

National Marine Manufacturers Association

237 W. 35th Street  
Suite 1006  
New York, NY 10001

### New York Boat Show

Jacob K. Javits Convention Center January 22 - 26, 2020

#### Exhibitor of Record/Contract Contact: Contact

Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

☐

We do not have any working dealers.

If space is contracted to a **MANUFACTURER**, please list all local dealerships that will be working in your space. Dealerships also get listed in the show guide.

If space is contracted to a **DEALER**, please list all factory/manufacture representatives that will be working in your space.

#### Primary working exhibitor responsible for managing the exhibit:

Company Name: \_\_\_\_\_ Web: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_ Contact Email: \_\_\_\_\_

#### List Additional Working Exhibitor Companies

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

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

Web: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

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

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

Web: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

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

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

Web: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

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

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

Web: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Note: Any changes to working exhibitor companies & contacts must be forwarded immediately. We will forward a separate badge order form directly to each Working Exhibitor listed above. By signing and submitting this form to NMMA, Exhibitor acknowledges, agrees and consents to receipt of notices from NMMA and its affiliates by facsimile or electronically, using the contact information set forth on this form.

Your Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print)

#### QUESTIONS?

Please contact: Monica Puentes  
Email: [mpuentes@nmma.org](mailto:mpuentes@nmma.org)

Phone: (646)370-3660  
Web: [www.nyboatshow.com](http://www.nyboatshow.com)



# Business Contact and Responsible Person Questionnaire

Retain a copy of this form for your records for each business contact or responsible person.

## Who should complete this questionnaire

Any officer, partner, member, shareholder, or employee who is considered a business contact of the business applying for a sales tax *Certificate of Authority* should complete the *Business contact information* section below. Also, a business contact who is a responsible person should also complete the *Responsible person information* section on page 2.

## Responsible person

A *responsible person* generally includes anyone who does any of the following:

- is actively involved in operating the business on a daily basis
- is involved in deciding which financial obligations are paid
- is involved in personnel activity (such as hiring or firing employees)
- has check signing authority
- prepares tax returns
- has authority over business decisions
- is a tax manager or general manager

In addition, certain owners, officers, partners, and members of limited liability companies (LLCs) are automatically considered responsible persons. To determine who is considered a business contact or responsible person, see the table below.

Entity type	Business contacts	Responsible persons?
Individual (sole proprietor)	Owner	Yes
Partnership, limited partnership (LP), or limited liability partnership (LLP)	All general partners	Yes
	Any limited partner who: <ul style="list-style-type: none"><li>• actively runs the business, or</li><li>• has at least 20% ownership or profit distribution percentage</li></ul>	Yes, if the limited partner does any of the following: <ul style="list-style-type: none"><li>• is actively involved in operating the business on a daily basis</li><li>• is involved in deciding which financial obligations are paid</li><li>• is involved in personnel activity (such as hiring or firing employees)</li><li>• has check signing authority</li><li>• prepares tax returns</li><li>• has authority over business decisions</li><li>• is a tax manager or general manager</li></ul>
LLC	All members Appointed manager (if a manager-managed LLC)	Yes
Corporation	CEO CFO President Vice President Treasurer Secretary	Yes, if the corporate officer or shareholder does any of the following: <ul style="list-style-type: none"><li>• is actively involved in operating the business on a daily basis</li><li>• is involved in deciding which financial obligations are paid</li><li>• is involved in personnel activity (such as hiring or firing employees)</li><li>• has check signing authority</li><li>• prepares tax returns</li><li>• has authority over business decisions</li><li>• is a tax manager or general manager</li></ul>
	Any shareholder who has at least 20% ownership or profit distribution interest.	Yes, if the shareholder: <ul style="list-style-type: none"><li>• does any of the following (regardless of the amount of ownership or profit distribution interest):<ul style="list-style-type: none"><li>– is actively involved in operating the business on a daily basis</li><li>– is involved in deciding which financial obligations are paid</li><li>– is involved in personnel activity (such as hiring or firing employees)</li><li>– has check signing authority</li><li>– prepares tax returns</li><li>– has authority over business decisions</li><li>– is a tax manager or general manager</li></ul></li><li>• owns more than 50% of the voting stock of the corporation</li></ul>



**Business contact information**

Name (first, middle initial, last, suffix)		Business title		Date of birth (mm/dd/yyyy) / /	
Home address (number and street; not a PO Box)		City	U.S. state/Canadian province	ZIP/Postal code	Country
Home phone number ( )	Ownership percentage except for government entities, trusts, and estates:		Profit distribution percentage, if different than ownership percentage:		
E-mail address					
Are you a responsible person? ..... Yes <input type="checkbox"/> No <input type="checkbox"/> If you are a responsible person, complete the <i>Responsible person information</i> section.					

**Responsible person information** (Mark an **X** in the Yes or No box for each question below.)

SSN 	Country of residence	Effective date of assuming responsibility / /
<b>Partnerships, LPs, LLPs, and LLCs:</b> Have you been designated as a tax matters partner or as the person responsible for tax issues? .....		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Manager-managed LLC:</b> Are you the appointed manager? .....		Yes <input type="checkbox"/> No <input type="checkbox"/>
Will you be actively involved in operating this business on a daily basis? .....		Yes <input type="checkbox"/> No <input type="checkbox"/>
Will you be involved in deciding which financial obligations are paid? .....		Yes <input type="checkbox"/> No <input type="checkbox"/>
Will you be involved in personnel activity (such as hiring or firing)? .....		Yes <input type="checkbox"/> No <input type="checkbox"/>
Primary duties - You must mark Yes for at least one of the business duties listed below:		
• Will you have check signing authority? .....		Yes <input type="checkbox"/> No <input type="checkbox"/>
• Will you prepare tax returns? .....		Yes <input type="checkbox"/> No <input type="checkbox"/>
• Will you have authority over business decisions? .....		Yes <input type="checkbox"/> No <input type="checkbox"/>
• Are you a tax manager or general manager? .....		Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any open, unsatisfied judgments, injunctions, or liens in effect today? .....		Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any felony, misdemeanor, and/or administrative charges currently pending? .....		Yes <input type="checkbox"/> No <input type="checkbox"/>
At any time within the last five years, have there been any judgments, injunctions, or liens issued against you? .....		Yes <input type="checkbox"/> No <input type="checkbox"/>
At any time within the last five years, have you had any permit, license, concession, franchise, or lease terminated for cause or revoked for <b>any</b> reason? .....		Yes <input type="checkbox"/> No <input type="checkbox"/>
At any time within the last five years, have you been investigated by any governmental or quasi-governmental agency, including but not limited to federal, state, and local regulatory agencies? .....		Yes <input type="checkbox"/> No <input type="checkbox"/>
At any time within the last five years, have you been convicted of a misdemeanor and/or found in violation of any administrative, statutory, or regulatory provisions? .....		Yes <input type="checkbox"/> No <input type="checkbox"/>
At any time within the last five years, have you had any sanction imposed as a result of a judicial, regulatory, or administrative proceeding with respect to any license, permit, concession, franchise, or lease? .....		Yes <input type="checkbox"/> No <input type="checkbox"/>
At any time within the last five years, have you failed to file any applicable federal, state, or New York City tax return by the applicable due date? .....		Yes <input type="checkbox"/> No <input type="checkbox"/>
At any time within the last five years, have you failed to pay any applicable taxes or assessed government charges by the applicable due date? .....		Yes <input type="checkbox"/> No <input type="checkbox"/>
At any time within the past seven years, has any bankruptcy proceeding been initiated by or against you? .....		Yes <input type="checkbox"/> No <input type="checkbox"/>
At any time within the last ten years, have you been convicted of a felony and/or any crime related to truthfulness and/or business conduct? .....		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Retain a copy of this form for your records for each business contact or responsible person.**