

TheFitExpo Anaheim Insurance Requirements

All exhibitors, sponsors and programming partners are required to obtain a Certificate of General Liability Insurance naming the following entities as additional insured. All entities may be named on one form and emailed to: helen.thefitexpo@gmail.com or fax (818) 230-0468

1. Minimum insurance coverage:

For IV/Medical Activations, Comprehensive Professional Liability for Negligence, Errors and Omissions is required. All other activations, please provide: Comprehensive General Liability Insurance for Bodily Injury and Property Damage \$1,000,000 per occurrence and \$2,000,000 aggregate. Coverage shall include Premises and Operations, Contractual, Personal Injury, Worker's Comp, Independent Contractors and Property or Inland Marine insurance to cover risks of loss to exhibitor's property.

2. Certificate Holder:

National Fitness Productions/TheFitExpo
722 Americana Way #201
Glendale, CA 91210
FAX: (818) 230-0468
helen.thefitexpo@gmail.com

3. Additional insureds (enter this into the description box):

National Fitness Productions, Anaheim Convention Center, City of Anaheim, Aramark Entertainment and Expo Convention Contractors, Their Officers, Directors, Agents and Employees, are named as additional insureds at TheFitExpo Anaheim, August 1-3, 2025.

4. Addresses for additional insureds (if you send separate certificates):

National Fitness Productions/TheFitExpo
722 Americana Way #201
Glendale, CA 91210
FAX: (818) 230-0468

Aramark Entertainment
800 West Katella Avenue
Anaheim, CA 92802
Fax: 714-765-8808

**Anaheim Convention Center/
City of Anaheim**
800 West Katella Avenue
Anaheim, CA 92802
FAX: (714) 765-8965

Expo Convention Contractors
15959 NW 15th Avenue
Miami, FL 33169
FAX: (305) 754-9402

1. If you do not have a regular business insurance provider, you may call Shahinian Insurance (or any insurance broker of your choosing) to obtain special event coverage. Contact Shahinian Insurance Services at (714) 544-3963 or insurance@shahinian.com. Also visit ShahinianInsurance.com for pricing.
2. Shahinian Insurance does not charge per entity because they list everyone on the same certificate with NFP as the cert holder. Exhibitors who may use their own business insurance usually are not charged for certificates so you can list as many as you want.
3. As long as exhibitors tell their insurance company to list everyone on the same certificate, the fee should not be additional per entity. We do know some small exhibitors who do not pay the flat annual fee to list additional insureds because they aren't aware of the option or don't do many shows per year to get that option.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/09/2025

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	CONTACT NAME
SHAHINIAN INSURANCE SERVICES, INC.	PHONE (A/C, No, Ext):
P.O. BOX 4093	FAX (A/C, No):
TUSTIN CALIFORNIA 92781-4093	E-MAIL ADDRESS:
PHONE (800) 457-2231/FAX (714) 544-4370	INSURER(S) AFFORDING COVERAGE
	INSURER A: MAXUM INDEMNITY COMPANY
	INSURER B:
	INSURER C: EXHIBITING COMPANY CONTACT INFO
	INSURER D:
	INSURER E:
	INSURER F:
	NAIC # 12345
	CA/2020

COVERAGES

CERTIFICATE NUMBER: 194399

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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X		BDG 0080702 02	1/1/25	12/31/25	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 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"/> NON-OWNED AUTOS			COVERAGE FOR ABOVE INSURED EFFECTIVE DATES HERE 00/00/00 - 00/00/00			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$			PREMIUM NON-REFUNDABLE			EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

LOCATION: THEFITEXPO ANAHEIM, ANAHEIM CONVENTION CENTER, CA 92802

National Fitness Productions, Anaheim Convention Center, City of Anaheim, Aramark Entertainment and Expo Convention Contractors, Their Officers, Directors, Agents and Employees, are named as additional insureds at TheFitExpo Anaheim, August 1-3, 2025

CERTIFICATE HOLDER

CANCELLATION

NATIONAL FITNESS PRODUCTIONS
722 AMERICANA WAY #201
GLENDALE, CA 91210

FAX 818-230-0468 HELEN.THEFITEXPO@GMAIL.COM

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

SIGNATURE REQUIRED