

TheFitExpo Los Angeles 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

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
helen.thefitexpo@gmail.com

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

National Fitness Productions/TheFitExpo, Expo Convention Contractors, Levy Premium Food Service Limited Partnership, AEG Management LACC, LLC, the City of Los Angeles, ASM Global Parent, Their Officers, Directors, Agents and Employees, TheFitExpo Los Angeles, January 9-11, 2026 are named as additional insureds.

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

National Fitness Productions/TheFitExpo
722 Americana Way #201
Glendale, CA 91210
EMAIL: HELEN.THEFITEXPO@GMAIL.COM

Levy Food Service
1201 South Figueroa Street
Los Angeles, CA 90015
FAX: (213) 765-4552

AEG Management LACC LLC
1201 South Figueroa Street
Los Angeles, CA 90015
FAX: (213) 765-4552

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.

PLEASE CHECK THAT YOUR INSURANCE CONTAINS SECTIONS 1-6 AS NOTED BELOW. SECTION 3 IS MINIMUM COVERAGE. YOUR NEEDS MAY VARY. CONSULT WITH YOUR INSURER. SECTIONS 4-5 MUST READ EXACTLY AS SHOWN BELOW. INSURANCE WILL BE RETURNED FOR CORRECTIONS IF ANY SECTIONS ARE MISSING OR INCORRECT. THANK YOU!



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

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: AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below	X		BDG 0080702 02	6/26/25	6/30/26	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 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$ PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ 18437-

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
LOCATION: THEFITEXPO LOS ANGELES, LOS ANGELES CONVENTION CENTER, CA 90015
NATIONAL FITNESS PRODUCTIONS/ THE FITEXPO, EXPO CONVENTION CONTRACTORS, LEVY PREMIUM FOOD SERVICE LIMITED PARTNERSHIP, AEG MANAGEMENT LACC LLC, CITY OF LOS ANGELES, ASM GLOBAL PARENT, THEIR OFFICERS, DIRECTORS, AGENTS, AND EMPLOYEES ARE NAMED ADDITIONAL INSURED AT THEFITEXPO LOS ANGELES, JANUARY 8-11, 2026

CERTIFICATE HOLDER 5 NATIONAL FITNESS PRODUCTIONS 722 AMERICANA WAY #201 GLENDALE, CA 91210 HELEN.THEFITEXPO@GMAIL.COM	CANCELLATION 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 6 SIGNATURE REQUIRED
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