

AN26 INSURANCE REQUIREMENTS

All exhibitors, sponsors, vendors, and programming partners must provide a Certificate of Insurance (“COI”) 45 days before move-in. Insurance must cover all move-in, show days, and move-out dates, and include all Additional Insureds as shown below.

A. Indemnification

Service Provider shall defend, indemnify, and hold harmless National Fitness Productions, Anaheim Convention Center, City of Anaheim, Aramark, Expo Convention Contractors; and their respective officers, directors, agents, and employees (“Indemnified Parties”) from all claims, liabilities, damages, losses, or expenses (including reasonable attorneys’ fees) arising out of or related to Service Provider’s services, products, equipment, personnel, or activities at the Event.

B. Commercial General Liability (CGL)

\$1,000,000 per occurrence, \$2,000,000 aggregate, Occurrence form: Covers premises/operations, contractual liability, product liability and personal injury.

Exhibitor shall also provide Additional Insureds Endorsement(s) for liability arising from operations and product. The following entities must be included as Additional Insureds on the Commercial General Liability policy:

[National Fitness Productions, Anaheim Convention Center, City of Anaheim, Aramark, Expo Convention Contractors, Their Officers, Directors, Agents and Employees, TheFitExpo Anaheim, August 28-30, 2026](#) are named as additional insureds.

C. Workers’ Compensation & Employers’ Liability

Required if Service Provider has employees working onsite. Exempt if Service Provider has no employees. Canadian Exhibitors may provide provincial Workers’ Compensation coverage (e.g., WSIB, WorkSafeBC, WCB Alberta, CNESST) if employees attend the event.

D. Required Endorsements

Policies must include:

- a. Primary & Non-Contributory wording
- b. Waiver of Subrogation (GL, Auto, WC if applicable)
- d. All endorsements must be attached to the COI

Our failure to enforce these requirements does not mean these requirements are null and void.

E. Certificate Holder

National Fitness Productions / TheFitExpo
722 Americana Way #201
Glendale, CA 91210
Email: helen.thefitexpo@gmail.com

F. ADDRESSES FOR ADDITIONAL INSURED

(Use if your insurer issues separate certificates for each entity.)

National Fitness Productions/TheFitExpo
722 Americana Way #201
Glendale, CA 91210
Email: helen.thefitexpo@gmail.com

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

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

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

G. SAMPLE CERTIFICATE

See the attached ACORD sample for required layout and fields. Certificates missing required clauses, limits, or endorsements will be returned for correction.

H. SHAHINIAN INSURANCE

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 that meets or exceeds these minimum requirements. Contact Shahinian Insurance Services at (714) 544-3963 or insurance@shahinian.com. Also visit ShahinianInsurance.com for pricing.

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)
10/1/2025

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).

<p>PRODUCER</p> <p>SHAHINIAN INSURANCE SERVICES, INC. P.O. BOX 4093 TUSTIN CALIFORNIA 92781-4093 PHONE (800) 457-2231/FAX (714) 544-4370</p>	<p>CONTACT NAME</p> <p>PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____</p> <p>E-MAIL ADDRESS: _____</p>														
<p>INSURED</p> <p>1 EXHIBITING COMPANY NAME OR DBA AS IT APPEARS ON EXHIBITOR CONTRACT</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A: 2 MAXUM INDEMNITY COMPANY</td> <td>12345</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C: INSURER NAMES & NAIC #</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: 2 MAXUM INDEMNITY COMPANY	12345	INSURER B:		INSURER C: INSURER NAMES & NAIC #		INSURER D:		INSURER E:		INSURER F:	
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INSURER E:															
INSURER F:															

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	ADOL (INSO)	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 THESE AREAS CHECKED OFF GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC	X		BC 01234567	12/1/2025	12/1/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 1,000,000
	OTHER: AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEF. <input type="checkbox"/> RETENTION \$			COVERAGE FOR ABOVE INSURED EFFECTIVE DATES HERE 00/00/00 - 00/00/00 PREMIUM NON-REFUNDABLE			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	JP 47382211	12/1/2025	12/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

4 National Fitness Productions, Anaheim Convention Center, City of Anaheim, Aramark, Expo Convention Contractors, Their Officers, Directors, Agents and Employees, TheFitExpo Anaheim, August 28-30, 2026 are named as additional insureds.

<p>CERTIFICATE HOLDER</p> <p>5 NATIONAL FITNESS PRODUCTIONS 722 AMERICANA WAY #201 GLENDALE, CA 91210 HELEN.THEFITEXPO@GMAIL.COM</p>	<p>CANCELLATION</p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p>6 SIGNATURE REQUIRED</p>
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