LA27 INSURANCE REQUIREMENTS

All exhibitors, sponsors, vendors, and programming partners (collectively, “Exhibitor”) 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.

MEDICAL / CLINICAL ACTIVITIES: If your booth will offer IV hydration/infusions, injections, blood draws, finger/skin-prick testing, specimen collection, or similar invasive medical/clinical services, contact TheFitExpo before obtaining or submitting insurance. Additional insurance and documentation may be required, if activity is approved.

A. INDEMNIFICATION

Exhibitor shall defend, indemnify, and hold harmless National Fitness Productions; Expo Convention Contractors; Legends Global Management LACC, LLC; Legends Hospitality Parent Holdings, LLC; the City of Los Angeles; and their respective officers, directors, partners, members, shareholders, employees, agents, representatives, successors and assigns (“Indemnified Parties”) from all claims, liabilities, damages, losses, or expenses (including reasonable attorneys’ fees) arising out of or related to Exhibitor’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 Insured endorsement(s) for liability arising from operations and products. The following entities must be included as Additional Insureds on the Commercial General Liability policy:

National Fitness Productions; Expo Convention Contractors; Legends Global Management LACC, LLC; Legends Hospitality Parent Holdings, LLC; the City of Los Angeles; and their respective officers, directors, partners, members, shareholders, employees, agents, representatives, successors and assigns are named as Additional Insureds with respect to TheFitExpo Los Angeles.

C. WORKERS’ COMPENSATION & EMPLOYERS’ LIABILITY

Required if Exhibitor has employees working onsite. Exempt if Exhibitor 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) Commercial General Liability coverage afforded to the Additional Insureds must be Primary & Non-Contributory.
(b) Waiver of Subrogation is required for Commercial General Liability, Automobile Liability, and Workers’ Compensation, as applicable. (c) All required endorsements must be attached to the COI. (d) Automobile Liability is required if Exhibitor will drive or move a vehicle onto the show floor, or if otherwise required by the Convention Center or Show Management.

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 INSUREDS
(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

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

Legends Hospitality Parent Holdings, 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

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. INSURANCE CONTACT

If you do not have a regular business insurance provider, you may contact Inszone Insurance or any insurance broker of your choosing regarding event liability coverage. Coverage availability depends on Exhibitor’s products, services, and activities. Certain activities, including medical/clinical services or the sampling/distribution of consumable products, may require additional or specialized coverage. Contact Inszone Insurance at (714) 544-3963 or kdoucette@inszoneins.com.

[REV. 100826b]

PLEASE CHECK THAT YOUR INSURANCE CONTAINS SECTIONS 1-7 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!

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/1/2026

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

Insurance Agency / Broker

CONTACT NAME

PHONE (A/C, No, Ext):

FAX (A/C, No):

E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	MAXUM INDEMNITY COMPANY	12345
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

2 INSURER NAMES & NAIC #

INSURED

1 EXHIBITING COMPANY / LEGAL ENTITY NAME AS IT APPEARS ON EXHIBITOR CONTRACT
DBA/BRAND NAME MAY ALSO BE SHOWN

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	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT X LOC OTHER:	X	X	BC 01234567	12/1/2026	12/31/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 500,000 $ 15,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS 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 OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $			PREMIUM NON-REFUNDABLE			EACH OCCURRENCE AGGREGATE	$ $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N: Y If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	JP 47382211	12/1/2026	12/31/2027	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000

3 THESE AREAS CHECKED OFF

COVERAGE DATES MUST INCLUDE MOVE-IN, SHOW DAYS AND MOVE-OUT

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

4 National Fitness Productions; Expo Convention Contractors; Legends Global Management LACC, LLC; Legends Hospitality Parent Holdings, LLC; City of Los Angeles; and their respective officers, directors, partners, members, shareholders, employees, agents, representatives, successors and assigns are Additional Insureds with respect to TheFitExpo Los Angeles. Waiver of Subrogation: CGL, Auto and WC, as applicable.

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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The ACORD name and logo are registered marks of ACORD

7 Primary & Non-Contributory applies to CGL. Waiver of Subrogation applies to CGL, Auto, and Work Comp as applicable. Required Additional Insured endorsements for operations and products must be attached

[REV. 100826b]