

O'LOUGHLIN TRADE SHOWS

A DIVISION OF TO-RO ENTERPRISES, INC.

THE SPORT SHOWS®

SIS

Shahinian Insurance Services, Inc.

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EXHIBITOR INSURANCE PROGRAM ENROLLMENT FORM

EXHIBITOR INFORMATION	SHOW INFORMATION						
Owners Name: _____ Business Name: _____ Address: _____ _____ City: _____ State: _____ Zip: _____ Contact Person: _____ Phone: _____ Fax: _____ Email: _____	Move-In Date: _____ Move-Out Date: _____ Name of Show: _____ City: _____						
DESCRIPTION OF PRODUCTS SOLD _____ _____ _____	LIMITS OF LIABILITY General Aggregate: \$2,000,000 Per Occurrence: \$1,000,000 Damage to Rented Premises: \$100,000						
PREMIUM AND FEE*	NOTABLE EXCLUSIONS Employment Related Practices Event Participants Product Liability Workers' Compensation/Employer's Liability (available for an additional premium at S.I.S)						
Commercial General Liability Coverage \$1,000,000 Limit Per Occurrence (including an administrative fee) <table border="1" data-bbox="115 1520 792 1713"> <tr> <td><input type="checkbox"/> Washington Sportsmen's Show January 22 - 26, 2020</td> <td>Total Payment Due: \$115.00</td> </tr> <tr> <td><input type="checkbox"/> Pacific Northwest Sportsmen's Show February 5 - 9, 2020</td> <td>Total Payment Due: \$115.00</td> </tr> <tr> <td><input type="checkbox"/> Central Oregon Sportsmen's Show March 12 - 15, 2020</td> <td>Total Payment Due: \$115.00</td> </tr> </table> (Includes move-in and move-out dates) Premium is based on number of days at the show * Premiums are non-refundable and non-transferable	<input type="checkbox"/> Washington Sportsmen's Show January 22 - 26, 2020	Total Payment Due: \$115.00	<input type="checkbox"/> Pacific Northwest Sportsmen's Show February 5 - 9, 2020	Total Payment Due: \$115.00	<input type="checkbox"/> Central Oregon Sportsmen's Show March 12 - 15, 2020	Total Payment Due: \$115.00	PAYMENT INFORMATION Check or money order payable to: Shahinian Risk Management or Credit Card Payment <input type="checkbox"/> Mastercard / <input type="checkbox"/> Visa / <input type="checkbox"/> Discover / <input type="checkbox"/> American Express Account #: _____ Expiration Month: _____ Year: _____ CVC code on back (4 digits on front if AMEX): _____ Signature: _____
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Fax completed form to: 714.544.4370