

[™]SPORT SHOWS°



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Shahinian Insurance Services, Inc.

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EXHIBITOR INSURANCE PROGRAM ENROLLMENT FORM

EXHIBITOR INFORMATION	SHOW INFORMATION
Owners Name:	Move-In Date:
Business Name: ————	Move-Out Date:
Address:	Name of Show:
	City:
City:	LIMTS OF LIABILITY
State: Zip:	LIMIS OF LIABILITY
Contact Person:	General Aggregate: \$2,000,000
Phone:	Per Occurrence: \$1,000,000
Fax:	Damage to Rented Premises: \$100,000
Email:	NOTABLE EXLUSIONS
DESCRIPTION OF PRODUCTS SOLD	NOTABLE EXCUSIONS
	Employment Related Practices Event Participants Product Liability Workers' Compensation/Employer's Liability (available for an additional premium at S.I.S)
PREMIUM AND FEE*	PAYMENT INFORMATION
Commercial General Liability Coverage \$1,000,000 Limit Per Occurrence (including an administrative fee)	Check or money order payable to: Shahinian Risk Management or
Central Oregon Sportsmen's Show March 11 - 14, 2021 Total Payment Due: \$115.00	Credit Card Payment
Washington Sportsmen's Show	☐ Mastercard / ☐ Visa / ☐ Discover / ☐ American Express
March 17 - 21, 2021 Total Payment Due: \$125.00 Pacific Northwest Sportsmen's Show	Account #:
March 24 - 28, 2021 Total Payment Due: \$125.00	Expiration Month:Year:
(Includes move-in and move-out dates)	CVC code on back (4 digits on front if AMEX):
Premium is based on number of days at the show	Signature:
* Premiums are non-refundable and non-transferable	



Fax completed form to: 714.544.4370