

O'LOUGHLIN TRADE SHOWS

A DIVISION OF TO-RO ENTERPRISES, INC.

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						
	NOTABLE EXCLUSIONS Employment Related Practices Event Participants Product Liability Workers' Compensation/Employer's Liability (available for an additional premium at S.I.S)						
PREMIUM AND FEE* Commercial General Liability Coverage \$1,000,000 Limit Per Occurrence (including an administrative fee) <table border="1"><tr><td><input type="checkbox"/> Washington Sportsman 1/23/19 through 1/27/19</td><td>Total Payment Due: \$115.00</td></tr><tr><td><input type="checkbox"/> Portland Sportsman 2/6/19 through 2/10/19</td><td>Total Payment Due: \$115.00</td></tr><tr><td><input type="checkbox"/> Central Oregon Sportsman 2/28/19 through 3/3/19</td><td>Total Payment Due: \$115.00</td></tr></table> <p>(Includes move-in and move-out dates) Premium is based on number of days at the show</p> <p>* Premiums are non-refundable and non-transferable</p>	<input type="checkbox"/> Washington Sportsman 1/23/19 through 1/27/19	Total Payment Due: \$115.00	<input type="checkbox"/> Portland Sportsman 2/6/19 through 2/10/19	Total Payment Due: \$115.00	<input type="checkbox"/> Central Oregon Sportsman 2/28/19 through 3/3/19	Total Payment Due: \$115.00	PAYMENT INFORMATION Check or money order payable to: <i>Shahinian Risk Management</i> 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: _____
<input type="checkbox"/> Washington Sportsman 1/23/19 through 1/27/19	Total Payment Due: \$115.00						
<input type="checkbox"/> Portland Sportsman 2/6/19 through 2/10/19	Total Payment Due: \$115.00						
<input type="checkbox"/> Central Oregon Sportsman 2/28/19 through 3/3/19	Total Payment Due: \$115.00						



Email completed forms to insurance@shahinian.com
or fax to 714.834.4917