



**Marshall Robinson & Associates, Inc.**

P.O. Box 206

Naples, TX 75568

(903) 897-2091 Phone / (972) 692-7970 Fax

The following service will be provided: **Marshall Robinson & Associates, Inc.** will provide general exhibit area surveillance and is authorized to enter said property at any and all times necessary to perform their duties.

It is understood that neither **Marshall Robinson & Associates, Inc.** nor **Show Management** is an insurer of persons and/or property. Such insurance, if desired, shall be obtained by the CLIENT. Monies paid to **Marshall Robinson & Associates, Inc.** by the CLIENT are not related to the value of the CLIENT'S property or to others located on the premises of the CLIENT. **Marshall Robinson & Associates, Inc.** is being paid for Services designed to deter certain risks of loss and all amounts being charged are not sufficient to guarantee that the service supplied will avert or prevent occurrences, or the losses there of, which the Service is designed to detect or avert. The CLIENT, as a result of this agreement, does not seek indemnification from **Marshall Robinson & Associates, Inc.** nor **Show Management** against any damages or losses caused by hazards to the CLIENT'S property, or to the property or person of any third party while **Marshall Robinson & Associates, Inc.** is engaged in the execution of this agreement.

It is further understood that neither **Marshall Robinson & Associates, Inc.** nor **Show Management** offer any guarantee against theft, pilferage, robbery, vandalism or any loss of or damage to property on said premises. The sole intent of **Marshall Robinson & Associates, Inc.** is to provide a visual deterrent.

**CANCELLATION POLICY:** In the case cancellation is necessary charges will be incurred as noted herein. If cancelled two weeks or more prior to the beginning of coverage the charge will be for a minimum of 6 hours. If 72 hours or less notice is provided a charge of 33% of the original coverage will be charged. If less than 24 hours then a charge of 75% of the original charges will be incurred.

*In the event of an emergency, the following people will be notified on behalf of the client.*

- 1.  Telephone #
- 2.  Telephone #

**I HAVE READ AND UNDERSTAND THE CONDITIONS OF THIS AGREEMENT AS STATED ABOVE:**

Printed Name  Signature  Date   
Title  Company Name