

**2021 CERTIFICATE OF LIABILITY INSURANCE &
ADDITIONAL INSURED ENDORSEMENT REQUIREMENTS**

Unified Wine & Grape Symposium
January 12 - 14, 2021 (Exhibits: January 13 & 14)
Policy Coverage Dates: January 10 - 15, 2021
Cal Expo, Sacramento, California, USA



Our ability to maintain our insurance as required coverage for this event necessitates that a Certificate of Liability Insurance and Additional Insured Endorsement CG 2026 be provided by Exhibitor. There will be a cost associated with each option below. Failure to meet these insurance requirements is a material breach of the Agreement for Exhibit Space. Please review the Indemnity and Insurance sections in the Terms & Conditions of the Agreement for Exhibit Space.

You may choose one option below:

1 Current Commercial General Liability Insurance Policy

To utilize your current Commercial General Liability (CGL) insurance policy, we suggest contacting your insurance agent to obtain a quote for a certificate of liability insurance and CG 2026 endorsement. **We will only accept a CG 2026 for your endorsement.** Please see the samples on the following pages. Your insurance shall be primary and non-contributory to any insurance held by UW&GS. Insurance held by UW&GS shall be excess over your insurance. If your insurance provider is unable to issue a CG 2026 for your current Commercial General Liability (CGL) insurance policy, you must purchase a Single Event Liability Policy that will provide you with a certificate of insurance and CG 2026 endorsement for this event. Refer to option 2 below.

2 Single Event Liability Policy

We have identified the following single event liability insurance provider.

K&K Insurance

Premium rate per policy for exhibitors is \$130 (US Dollars). [Click here](#) to automatically download the K&K Insurance application, which is specific to UW&GS exhibitors.

There is no endorsement of this provider inferred by or business agreement with the Unified Wine & Grape Symposium, LLC. We receive no incentives or financial benefit from this provider.

Please submit your Certificate of Liability Insurance with Additional Insured Endorsement CG 2026 to:

Unified Wine & Grape Symposium, LLC
PO Box 1855, Davis, CA 95617-1855 USA
Fax: (530) 601-5317

Email: insurance@unifiedsymposium.org

2021 Liability Insurance Certificate & Additional Insured Endorsement Requirements

Certificate of Liability Insurance Sample

Please submit your Certificate of Liability Insurance with your Additional Insured Endorsement Form issued for your current Commercial General Liability (CGL) policy. All sections must be completed as done in the example and in English.

Please submit your certificate of liability insurance with the following requirements:

- Minimum insurance limits in US Dollars as listed.
- Insurance Company must be located and licensed to do business in the USA.
- The Insured Name on the certificate must be identical to the Legal Entity name listed on the exhibit contract.
- Occur box must be selected for Type of Insurance.
- Additional Insured box must be selected.
- Policy number.
- Policy period must cover the dates of the show week (January 10 -15, 2021).
- Name event, dates and endorsement form #.
- Additional insured endorsement (Form CG 2026) must be attached to the certificate (see next page).

These requirements are per your application terms.

- See next page for Form CG 2026 sample

ACORD® CERTIFICATE OF LIABILITY INSURANCE						DATE (MM/DD/YYYY)	
<p>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.</p> <p>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).</p>							
PRODUCER Insurance Agent Name/Address				CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL: ADDRESS:		FAX (A/C, No): INSURER(S) AFFORDING COVERAGE INSURER A: Insurance Company Name	
INSURED (AS NAMED IN POLICY) Insured Name/Address				INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:		NAIC #	
COVERAGES CERTIFICATE NUMBER: 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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
X	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>	(Policy Number Mandatory)	(Policy term must cover event dates)	Current Policy Period	EACH OCCURRENCE	\$1,000,000
	GEN'L AGGREGATE LIMIT AND PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/>					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$50,000
	AUTOMOBILE LIABILITY					MED EXP (Any one person)	\$1,000
	ANY AUTO ALL OWNED AUTOS HIRED AUTOS					PERSONAL & ADV INJURY	\$1,000,000
	UMBRELLA LIAB EXCESS LIAB					GENERAL AGGREGATE	\$2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PRODUCTS - COM/POP AGG	\$1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE/ OFFICEMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
						EACH OCCURRENCE	\$
						AGGREGATE	\$
						DED	\$
						RETENTION \$	\$
						WC STATUTORY LIMITS	\$
						OTH-ER	\$
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Unified Wine & Grape Symposium at Cal Expo February 2-7, 2020. Additional insureds per endorsement CG 2026 attached. This insurance shall be primary and non-contributory.							
CERTIFICATE HOLDER Unified Wine & Grape Symposium, LLC PO Box 1855 Davis, CA 95617-1855				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			
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ACORD 25 (2010/05)				The ACORD name and logo are registered marks of ACORD			

Submit Certificate with Endorsement by August 3, 2020 to:

Unified Wine & Grape Symposium, LLC
 PO Box 1855, Davis, CA 95617 USA
 Phone: 530-753-3142 • Fax: 530-601-5317
 Email: insurance@unifiedsymposium.org

2021 Liability Insurance Certificate & Additional Insured Endorsement Requirements

Additional Insured Endorsement CG 2026 Sample

Please submit your Additional Insured Endorsement Form with your Certificate of Liability Insurance issued for your current CGL policy. All sections must be completed as done in the example.

Your Additional Insured Endorsement Form CG 2026 must list the following:

1. Unified Wine & Grape Symposium, LLC
2. State of California
3. California Exposition & State Fair, its agents, officers, directors, and employees
4. Policy number

These requirements are per your application terms.

The event will be held at Cal Expo, 1600 Exposition Blvd, Sacramento, CA 95815

POLICY NUMBER: (Policy Number Mandatory)	COMMERCIAL GENERAL LIABILITY CG 20 26 04 13
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.	
ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION	
This endorsement modifies insurance provided under the following:	
COMMERCIAL GENERAL LIABILITY COVERAGE PART SCHEDULE	
Name Of Additional Insured Person(s) Or Organization(s):	
<div style="border: 1px solid black; padding: 5px;"> <p>Unified Wine & Grape Symposium, LLC; State of California; California Exposition & State Fair, its agents, officers, directors, and employees</p> </div>	
<small>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</small>	
<p>A. Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization (s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:</p> <ol style="list-style-type: none"> 1. In the performance of your ongoing operations; or 2. In connection with your premises owned by or rented to you. <p>However:</p> <ol style="list-style-type: none"> 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured. 	
<p>B. With respect to the insurance afforded to these additional insureds, the following is added to Section III - Limits Of Insurance:</p> <p>If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:</p> <ol style="list-style-type: none"> 1. Required by the contract or agreement; or 2. Available under the applicable Limits of Insurance shown in the Declarations; <p>whichever is less.</p> <p>This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.</p>	
Note: Your insurance carrier must be located in and licensed to do business in the U.S.A	

Submit Endorsement with Certificate by August 3, 2020 to:

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 PO Box 1855, Davis, CA 95617 USA
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 Email: insurance@unifiedsymposium.org