

**2024 CERTIFICATE OF LIABILITY INSURANCE &  
ADDITIONAL INSURED ENDORSEMENT REQUIREMENTS**

Unified Wine & Grape Symposium  
January 23 - 25, 2024 (Exhibits: January 24 & 25)  
**Policy Coverage Dates: January 21 - 26, 2024**  
SAFE Credit Union Convention Center, Sacramento, California, USA

**Exhibit C**



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 starts at \$181 (US Dollars). [Click here](#) to automatically download the K&K Insurance application.

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](mailto:insurance@unifiedsymposium.org)

# 2024 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:

- 1 Minimum insurance limits in US Dollars as listed.
- 2 Insurance Company must be located and licensed to do business in the USA.
- 3 The Insured Name on the certificate must be identical to the Legal Entity name listed on the exhibit contract.
- 4 Occur box must be selected for Type of Insurance.
- 5 Additional Insured box must be selected.
- 6 Policy number.
- 7 Policy period must cover the dates of the show week (January 21 - 26, 2024).
- 8 Name event, dates and endorsement form #.
- 9 Additional insured endorsement (Form CG 2026) must be attached to the certificate (see next page).

These requirements are per your application terms.

- 9 See next page for Form CG 2026 sample

ACORD®		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY)	
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.					
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).					
PRODUCER		CONTACT NAME:		FAX (A/C, No):	
Insurance Agent Name/Address		PHONE (A/C, No, Ext):		E-MAIL:	
		ADDRESS:		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Insurance Company Name		NAIC #	
INSURED (AS NAMED IN POLICY)		INSURER B:			
Insured Name/Address		INSURER C:			
		INSURER D:			
		INSURER E:			
		INSURER F:			
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)
	GENERAL LIABILITY		(Policy Number Mandatory)	(Policy term must cover event dates)	LIMITS
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		Current Policy Period	EACH OCCURRENCE \$1,000,000
					DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000
					MED EXP (Any one person) \$1,000
					PERSONAL & ADV INJURY \$1,000,000
					GENERAL AGGREGATE \$2,000,000
					PRODUCTS - COM/POP AGG \$1,000,000
	GEN'L AGGREGATE LIMIT A/C PER:				
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				
	AUTOMOBILE LIABILITY				
	<input type="checkbox"/> ANY AUTO				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS				BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE (Per accident) \$
					\$
	UMBRELLA LIAB				
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE			EACH OCCURRENCE \$
					AGGREGATE \$
	DED	RETENTION \$			\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICEMEMBER EXCLUDED? (Mandatory In NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N			WC STATUTORY LIMITS \$
	If yes, describe under DESCRIPTION OF OPERATIONS below:				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 SAFE Credit Union Convention Center, January 21 - 26, 2024. Additional insureds per endorsement CG 2026 attached. This insurance shall be primary and non-contributory.					
CERTIFICATE HOLDER			CANCELLATION		
Unified Wine & Grape Symposium, LLC PO Box 1855 Davis, CA 95617-1855			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		
ACORD 25 (2010/05)			© 1988-2010 ACORD CORPORATION. All rights reserved.		
			The ACORD name and logo are registered marks of ACORD		

Submit Certificate with Endorsement by September 1, 2023 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

## 2024 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 shown in the example.

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

1. Unified Wine & Grape Symposium, LLC
2. The City of Sacramento
3. Visit Sacramento
4. Freeman
5. Convention Management Resources

These requirements are per your application terms.

The event will be held at SAFE Credit Union Convention Center, 1400 J Street, Sacramento, CA 95814

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):

**Unified Wine & Grape Symposium, LLC;  
The City of Sacramento;  
Visit Sacramento;  
Freeman;  
Convention Management Resources**

**SAMPLE  
SEND TO YOUR  
INSURANCE  
COMPANY**

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

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:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

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.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III - Limits Of Insurance:

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:

1. Required by the contract or agreement; or
  2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

Note: Your insurance carrier must be located in and licensed to do business in the U.S.A

### Submit Endorsement with Certificate by September 1, 2023 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](mailto:insurance@unifiedsymposium.org)