

## 2025 CERTIFICATE OF LIABILITY INSURANCE & ADDITIONAL INSURED ENDORSEMENT REQUIREMENTS

Unified Wine & Grape Symposium

January 28 - 30, 2025 (Exhibits: January 29 & 30)

**Policy Coverage Dates: January 26 - 31, 2025**

SAFE Credit Union Convention Center, 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 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)

# 2025 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 26 - 31, 2025).
- 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

### 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  Insurance Agent Name/Address	CONTACT NAME: PHONE (A/C, No, Ext):      FAX (A/C, No): E-MAIL: ADDRESS:  INSURER(S) AFFORDING COVERAGE      NAIC # INSURER A : Insurance Company Name      2 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :
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INSURED (AS NAMED IN POLICY)  Insured Name/Address      3	
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**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
	<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR      4	<input checked="" type="checkbox"/>	(Policy Number Mandatory)      6	(Policy term must cover event dates) Current Policy Period      7		EACH OCCURRENCE \$1,000,000      1 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
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NOT-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICEMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA				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 SAFE Credit Union Convention Center, January 26 - 31, 2025. Additional insureds per endorsement CG 2026 attached. This insurance shall be primary and non-contributory.      8						

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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Submit Certificate with Endorsement by September 3, 2024 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

# 2025 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

<p>POLICY NUMBER: (Policy Number Mandatory)</p>	<p>COMMERCIAL GENERAL LIABILITY CG 20 26 04 13</p>
<p><b>THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.</b></p>	
<p><b>ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION</b></p>	
<p>This endorsement modifies insurance provided under the following:</p>	
<p>COMMERCIAL GENERAL LIABILITY COVERAGE PART <b>SCHEDULE</b></p>	
<p>Name Of Additional Insured Person(s) Or Organization(s):</p>	
<p><b>Unified Wine &amp; Grape Symposium, LLC; The City of Sacramento; Visit Sacramento; Freeman; Convention Management Resources</b></p>	
<p><i>SAMPLE SEND TO YOUR INSURANCE COMPANY</i></p>	
<p><small>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</small></p>	
<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"> <li>1. In the performance of your ongoing operations; or</li> <li>2. In connection with your premises owned by or rented to you.</li> </ol> <p>However:</p> <ol style="list-style-type: none"> <li>1. The insurance afforded to such additional insured only applies to the extent permitted by law; and</li> <li>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.</li> </ol>	
<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"> <li>1. Required by the contract or agreement; or</li> <li>2. Available under the applicable Limits of Insurance shown in the Declarations;</li> </ol> <p>whichever is less.</p> <p>This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.</p>	
<p><b>Note: Your insurance carrier must be located in and licensed to do business in the U.S.A</b></p>	

## Submit Endorsement with Certificate by September 3, 2024 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