

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Current date

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 Agent contact information					
Agent's Name and Address					PHONE					
										INSURER(S) AFFORDING COVERAGE
					INSURER A: Carrier					
					INSURED					INSURER B:
Vendor's name and address					INSURER C:					
					INSURER D:					
					INSURER E :					
						INSURER F:				
COVERAGES CERTIFICATE NUMBER:								REVISION NUMBER:		
	THIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RI CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIF	REME	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY ED BY TH	CONTRACT HE POLICIE	OR OTHER S DESCRIBE	DOCUMENT WITH RESPECT TO ED HEREIN IS SUBJECT TO ALL	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	P	OLICY EFF	POLICY EXP	LIMITS		
	GENERAL LIABILITY	- I		, object themself				EACH OCCURRENCE \$	1,000,000	
A	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR			Policy #	Ff	Eff Date	Exp Date	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	100,000	
				i oney ii	1			MED EXP (Any one person) \$	10,000	
l,					1.	Date		PERSONAL & ADV INJURY S	1,000,000	
ľ		1						GENERAL AGGREGATE \$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG \$	1,000,000	
	POLICY PRO-							\$	1,000,000	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$		
	ANY AUTO							BODILY INJURY (Per person) \$		
	ALL OWNED SCHEDULED							BODILY INJURY (Per accident) \$		
	NON-OWNED	1						PROPERTY DAMAGE \$		
	HIRED AUTOS AUTOS		,					(Per accident) S		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$		
	EXCESS LIAB CLAIMS-MADE	!						AGGREGATE \$		
	DED RETENTION S							S		
	WORKERS COMPENSATION							WC STATU- OTH-		
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT \$		
	OFFICERMEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE; \$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		
	BESCHI HONOT OF ENAMONO BEIOW							E.E. BISCASE - I GEIGT EINIT		
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DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	Attach A	ACORD 101, Additional Remarks	Schedule, If	more space is	required)	1		
. ^	*Certifcate holder, Cal Expo, State of California and NorCal Management Services LLC are named as									
	ertificate holder, Cal Expo,	Sia	te o	r California and N	orCari	wanage	ment Se	ervices LLC are named	as	
additional insured re: Sacramento Boat show and The Big RV Show being held March 5-8, 2026										
				out on our una in	o 2.g .					
in	icluding set up and tear dov	۷n.								
CF	RTIFICATE HOLDER	_			CANCE	LLATION				
l	KIII IOATE HOLDER				JANGE	LLATION				
SVMA Inc								ESCRIBED POLICIES BE CANCELL		
P O Box 672								EREOF, NOTICE WILL BE DEL	IVERED IN	
West Sacramento, CA 95691					ACCORDANCE WITH THE POLICY PROVISIONS.					
11000 Gaoramento, 071 0000 1					AUTHORIZED REPRESENTATIVE					