A	CORD CERT	IFI(C.A		RILI		SURA	NCE		(MM/DD/YYYY)	
	THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMA BELOW. THIS CERTIFICATE OF IN REPRESENTATIVE OR PRODUCER, A	MATI TIVEL' SURA	TER Y OF NCE	OF INFORMATION ONL R NEGATIVELY AMEND DOES NOT CONSTITU	Y AND	CONFERS I	NO RIGHTS ER THE CO	UPON THE CERTIFIC	ATE HO BY TH	E POLICIES	
	MPORTANT: If the certificate holder the terms and conditions of the policy	r is an y, certa	ADD ain p	DITIONAL INSURED, the olicies may require an e	policy	(ies) must be ement. A sta	e endorsed. tement on th	If SUBROGATION IS	WAIVED confer), subject to rights to the	
_	certificate holder in lieu of such endo	rseme	nt(s)	•	CONTA	CT Agent	contact	information			
1	Agent's Name and Address	PHONE FAX (A/C, No, Ext): (A/C, No):									
						E-MAIL ADDRESS:					
									_	NAIC #	
INSURED						INSURERA: CAITIET					
Vendor's name and address						INSURER C :					
						INSURER D :					
						INSURER E :					
	OVERAGES CER			NUMBER:	INSUR	ER F :		REVISION NUMBER:			
	THIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R ZERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	S OF II EQUIR PERT/	NSUF EME	RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE	ED NAMED ABOVE FOR DOCUMENT WITH RESP D HEREIN IS SUBJECT	ECT TO	WHICH THIS	
	TYPE OF INSURANCE	ADDL 3		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	ITS		
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY	x		Policy #		Eff Date	Exp Date	E-CH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	S	1,000,000 100,000	
	CLAIMS-MADE X OCCUR							MED EXP (Any one person)	s	10,000	
ŀ								PERSONAL & ADV INJURY	S	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ \$	2,000,000	
	POLICY PRO- LOC								Ş	.,	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	s		
	ANY AUTO							BODILY INJURY (Per person)			
	AUTOS AUTOS NON-OWNED	1						BODILY INJURY (Per accident	s s		
	HIRED AUTOS AUTOS		_					(Per accident)	S		
	UMBRELLA LIAB OCCUR	1						EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	s	-	
-	DED RETENTION S WORKERS COMPENSATION		-					WC STATU-OTH	-		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	s		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYE			
	If yes, describe under DESCRIPTION OF OPERATIONS below		_					E.L. DISEASE - POLICY LIMIT	S		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC		ttach /	CORD 101 Additional Remarks	Schedule	If more space is	required)				
[.] С а	ertifcate holder, Cal Expo, dditional insured re: Sacra 019 including set up and te	Stat men	e o to E	f California and N Boat show and off	lorCa	I Manage	ement Se			d as	
	,										
CE	RTIFICATE HOLDER	CANCELLATION									
SVMA Inc P O Box 672 West Sacramento, CA 95691						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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