

# 2017 Insurance Requirements

## San Joaquin Asparagus Festival

**FAX OR SEND THIS FORM TO YOUR INSURANCE CARRIER  
DUE IN THE FESTIVAL OFFICE BY MARCH 13<sup>TH</sup>, 2017**



Dear Insurance Carrier:

Please note that San Joaquin Asparagus Festival and the San Joaquin County Fairgrounds require **TWO** documents to satisfy your client's insurance requirements; a Certificate of Insurance, accompanied by an Endorsement, please provide copy of Blanket Endorsement if your policy accompanies one. Below is information you need to issue the required forms.

**Name of Event: San Joaquin Asparagus Festival**

**Event Dates:** April 21 - April 23, 2017

**Set-up:** April 19 - April 20, 2017

**Tear-down:** April 23 - April 24, 2017

**Certificate of Insurance** showing current General & Product Liability coverage.  
\$1,000,000 each event.

**Certificate Holder:** San Joaquin County Fairgrounds  
1658 South Airport Way  
Stockton, California 95206

Naming the following as **additionally insured:**

San Joaquin County Fairgrounds, San Joaquin Asparagus Festival, Tony and Carol Noceti, Noceti Group, Inc., its officers, agents, and employees.

**Endorsement Form** naming the following as **additionally insured:**

San Joaquin County Fairgrounds, its officers, agents and employees.

***See attached sample:***

Mail, Email or Fax documents to: San Joaquin Asparagus Festival  
ATTN: Vendor Insurance  
Po Box 340  
French Camp, California 95231  
Fax: **209-234-1780**  
Email: vendors@sanjoaquinasparagusfestival.net

# THIS IS AN ENDORSEMENT SAMPLE

INSURED:

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS (FORM B)**

This endorsement modifies insurance provided under the following:  
COMMERCIAL GENERAL LIABILITY COVERAGE PART.

### **SCHEDULE**

Name of Person or Organization:

San Joaquin County Fairgrounds, its officers, agents and employees.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of “your work” for that insured by or for you.

***THIS IS A SAMPLE ONLY*** \_\_\_\_\_

Signature

Authorized Representative