



SOUTH VALLEY

CONFERENCE

EXHIBITOR

INFORMATION

NOVEMBER 7, 2024

INTERNATIONAL AGRI-CENTER
4500 S LASPINA ST, TULARE, CA 93274



Dear Exhibitor,

On behalf of our team, I would like to thank you for choosing to exhibit at our annual **South Valley Conference**, hosted by **MyAgLife**.

Enclosed you will find information for the conference. Please refer to this exhibitor kit regarding move-in / move-out information, digital guide ad, liability insurance certificate, tote bag items and order options for rentals / service not included with your booth package.

NEW! You asked and we listened, now **Exhibitor Staff Registration is on-line!**
Please register your exhibitor staff today to save time at your check-in: <https://myaglife.com/exhibitor-event-registration/>

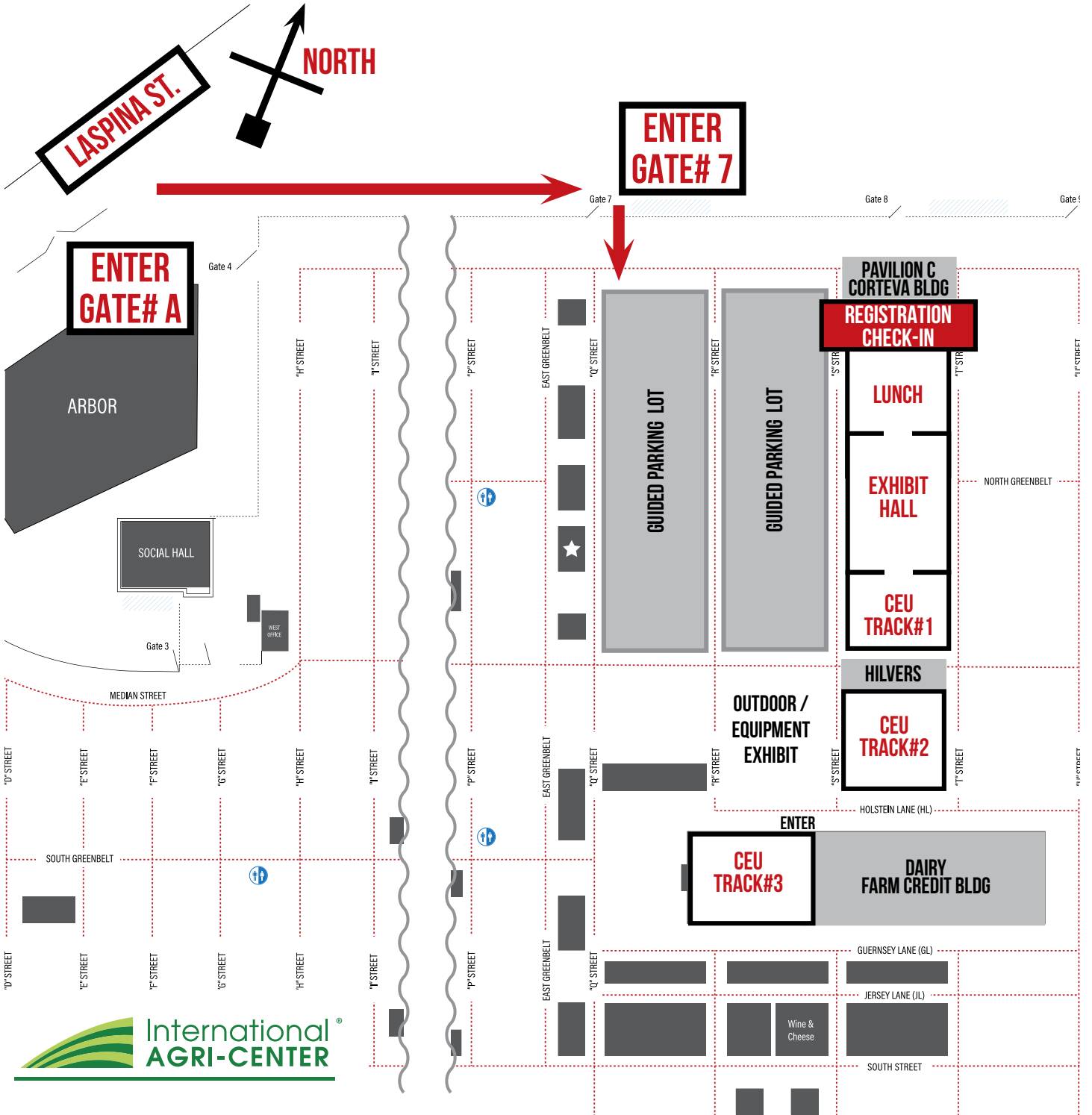
For those needing overnight accommodation, local hotels are Hampton Inn & Suites Tulare as well as the Fairfield Inn & Suites by Marriott Tulare.

We look forward to working with you and moving the industry forward together.

Sincerely,

Jason Scott
Jason Scott | Publisher

INTERNATIONAL AGRI-CENTER





NOVEMBER 7, 2024 | INTERNATIONAL AGRI-CENTER
4500 S LASPINA ST, TULARE, CA 93274

NEW! REGISTER YOUR EXHIBITOR STAFF Due by Oct 31, 2024

You asked and we listened! Please register your exhibitor staff today to save time at your check-in:
<https://myaglife.com/exhibitor-event-registration/>

MOVE-IN – POINT OF CONTACT: Jay Visser: (559) 352-4456, jay@jcsmarketinginc.com
Enter Gate# A to Parking Lot and Gate#7 to PAVILION C / CORTEVA Bldg - see map for details.
Gates close at 5PM.

Outdoor/Equipment: Nov 5, 2024 noon – 4PM and Nov 6, 2024 8AM – 11AM
Indoor: Nov 6, 2024 noon – 4PM

SHOW HOURS:

Nov 7, 2024 7AM – 1PM

MOVE-OUT: Gates close at 5PM

Nov 7, 2024 1PM – 4PM

LIABILITY INSURANCE Due by Oct 18, 2024

All exhibitors are required to have Comprehensive General Liability Insurance of not less than \$1,000,000 for bodily injury and/or property damage, with the following listed as additionally insured: JCS Marketing, Inc., South Valley Conference and Tulare International Agri-Center. While all exhibitors are required to have this insurance coverage, only those exhibitors with booths larger than a 10x10 booth must provide proof of a copy of that insurance by uploading the certificate of insurance by the due date. Exhibitors who fail to provide proof of insurance will not be allowed to move-in until coverage is provided. Sample certificate of insurance to send to your insurance company is included in this document. Upload <https://www.wcngg.com/upload-proof-of-insurance/>

NEED TO ORDER ELECTRICITY, TOTE BAG INSERT OR DIGITAL AD PLACEMENT?

Add your order: <https://mediakit.jcsmarketinginc.com/trade-shows/>

TOTE BAG ITEM Due by Oct 18, 2024

Mail/deliver: JCS Marketing Inc., Attn: Jay Visser, 8469 N. Millbrook Ave, Suite 101, Fresno, CA 93720

DIGITAL AD AND SPONSOR FILE Due by Oct 18, 2024

Specs for digital ad: 8.5in by 11in vertical digital file in RGB format, resolution set at min. 72dpi, 792px by 612px, full color, full page, digital ad, no crop/registration marks necessary. Will be sent in “thank you” email following the conference.

Upload digital ads and sponsor files <https://mediakit.jcsmarketinginc.com/advertiser-upload/>

HAVE QUESTIONS ABOUT YOUR SPONSORSHIP / EXHIBIT?

Call our office (559) 352-4456 or email Jay Visser jay@jcsmarketinginc.com

ONSITE POINT OF CONTACT

Jay Visser (559) 289-1980 and Rita Edwards (916) 792-2308

HOST HOTEL

Hampton Inn & Suites Tulare
1100 N Cherry St, Tulare, CA 93274
Phone (559) 686-8700

Fairfield Inn & Suites by Marriott Tulare
1225 Hillman St, Tulare, CA 93274
Phone (559) 686-4700



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 have ADDITIONAL INSURED provisions or 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 AND ADDRESS	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED INSURED NAME AND ADDRESS	E-MAIL ADDRESS:	
	PRODUCER CUSTOMER ID:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: INSURANCE COMPANY NAME	
	INSURER B:	
	INSURER C:	
INSURER D:		
INSURER E:		
INSURER F:		
		NAIC #

COVERAGES **CERTIFICATE NUMBER: W02036242** **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	MINIMUM LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR MUST BE SELECTED	<input checked="" type="checkbox"/>		POLICY NUMBER	CURRENT POLICY PERIOD MUST COVER		EACH OCCURRENCE	\$1,000,000
	<input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						DAMAGE TO RENTED PREMISES (Ea Occurrence)	\$1,000,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> NOT PROVIDED WHILE IN HAWAII						MED EXP (Any one person)	\$5,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION						PERSONAL & ADV INJURY	\$1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					GENERAL AGGREGATE	\$2,000,000
	MEDICAL PAYMENTS FOR PARTICIPANTS						PRODUCTS - COMP/OP AGG	\$1,000,000
							PROFESSIONAL LIABILITY	
							LEGAL LIAB TO PARTICIPANTS	
							COMBINED SINGLE LIMIT (Ea accident)	
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
							EACH OCCURRENCE	
							AGGREGATE	
							PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/>	
							E.L. EACH ACCIDENT	
							E.L. DISEASE - EA EMPLOYEE	
							E.L. DISEASE - POLICY LIMIT	
							PRIMARY MEDICAL	
							EXCESS MEDICAL	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
JCS MARKETING, INC.
ADD EVENT NAME, DATES AND ENDORSEMENT FORM# - FORM TO BE ATTACHED
THIS INSURANCE SHALL BE PRIMARY AND NON-CONTRIBUTORY.

CERTIFICATE HOLDER JCS Marketing, Inc. P.O. Box 27772 Fresno, CA 93729	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 SIGNATURE

POLICY NUMBER: POLICY NUMBER

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)

JCS Marketing, Inc.
P.O. Box 27772
Fresno, CA 93729

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.