



**California Dairy
Sustainability
Summit**

SPONSOR AND EXHIBITOR INFORMATION

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March 25, 2025

Visalia Convention Center
303 E Acequia Ave, Visalia, CA 93291



California Dairy Sustainability Summit



MARKETING

PO BOX 27772 | FRESNO CA | 93729

Phone: (559) 352-4456

Dear Sponsors and Exhibitors,

On behalf of our teams, we would like to thank you for joining us at **2025 California Dairy Sustainability Summit**. This premier event, hosted by Dairy Cares, California Milk Advisory Board, Dairy Council of California, California Dairy Quality Assurance Program, and California Dairy Research Foundation and organized with JCS Marketing, empowers dairy owners and employees with information and tools to enhance and future-proof farming operations.

We are honored to have the support of leading organizations, including the California Dairy Campaign, California Dairies, Inc., California Farm Bureau Federation, Dairy Farmers of America, Hilmar Cheese Company, Land O'Lakes, Inc., Milk Producers Council, Producer's Dairy, Joseph Gallo Farms, Valley Milk, LLC, and Western United Dairies Foundation..

Enclosed you will find information for the conference. For those exhibiting, please refer to this document for all details needed.

We also have arranged a block of rooms for the conference with preferred hotels, for those who need overnight accommodation, see details in this document.

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

Sincerely,

Michael Boccadoro

Michael Boccadoro
Executive Director
Dairy Cares

and

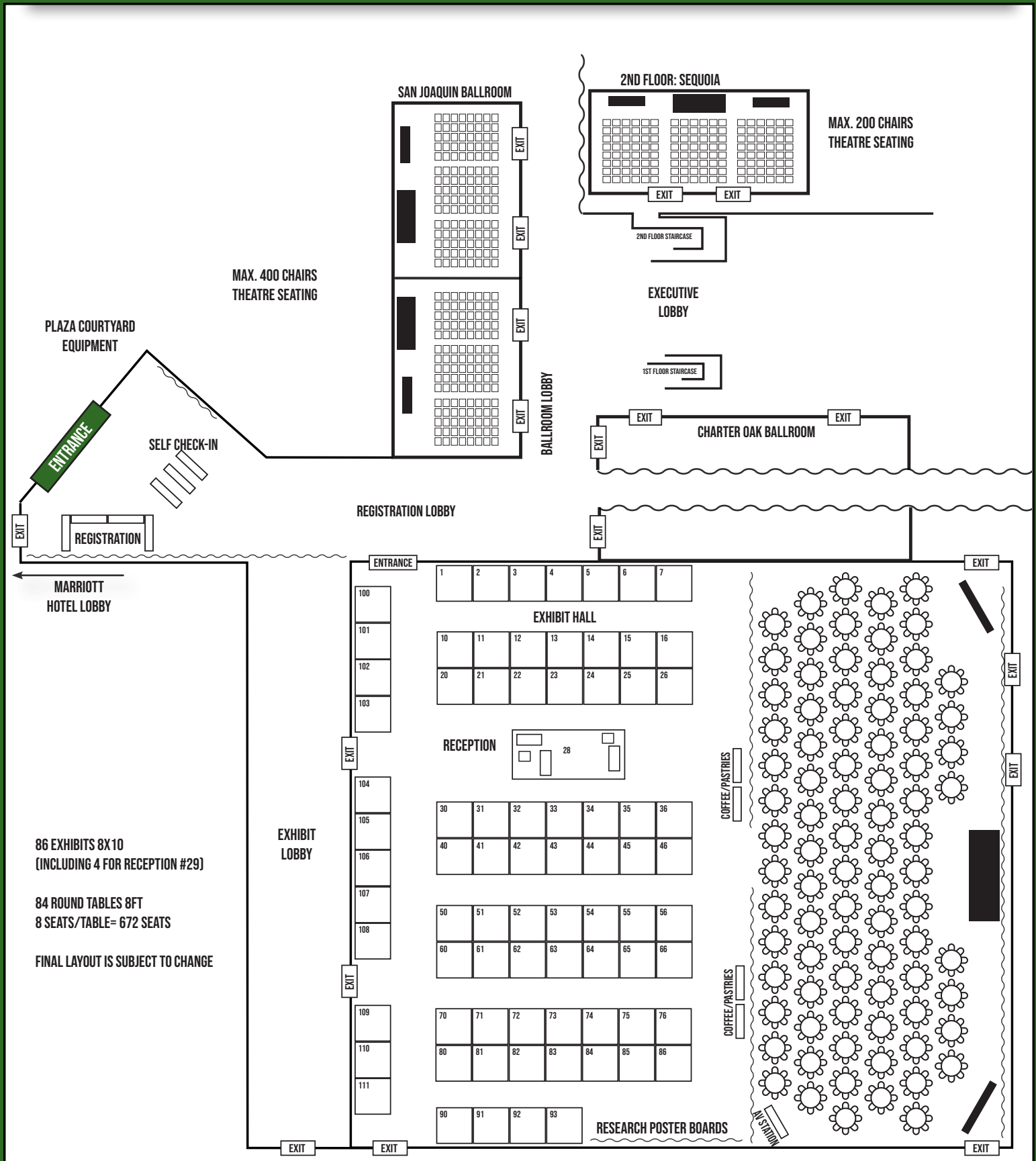
Jason Scott

Jason Scott
Publisher
JCS Marketing, Inc.



California Dairy Sustainability Summit

MARCH 25, 2025
VISALIA CONVENTION CENTER
VISALIA, CA



NEW! REGISTER YOUR STAFF: register your staff before March 20th to save time at your check-in; no on-site registration: <https://myaglife.com/exhibitor-event-registration/>

MOVE-IN: See map for details. Doors open at 7AM
March 24, 2025: noon – 4PM

EXHIBITS/TRADESHOW HOURS:
March 25, 2025: 7AM – 5:30PM with reception in the exhibit hall 3:30PM - 5:30PM

MOVE-OUT: See map for details. Doors close at 6:30PM
March 25, 2025: 5:30PM – 6:30PM

TOTE BAG ITEM Due by March 10, 2025
Mail/deliver: JCS Marketing Inc., Attn: Jay Visser, 8469 N. Millbrook Ave, Suite 101, Fresno, CA 93720

LIABILITY INSURANCE Due by March 10, 2025
All exhibitors must have Comprehensive General Liability Insurance of at least \$1,000,000 for bodily injury/property damage, with the following listed as additionally insured: Dairy Cares, JCS Marketing, Inc., and Visalia Convention Center. Exhibitors with booths larger than 10x10 must upload proof of insurance by the due date. No move-in without coverage. Sample certificate of insurance to send to your insurance company is included in this document.
Upload <https://www.wcngg.com/upload-proof-of-insurance/>

HOST HOTEL
Visalia Marriott at the Convention Center, 300 S. Court Street, Visalia, CA, 93291.
Phone: 559-636 -1111. Book hotel room: [Click Here](#)

Comfort Suites Visalia at the Convention Center, 210 E Acequia Ave, Visalia, CA 93291
Phone: 559-738-1700 – please ask for California Dairy Sustainability Summit when calling to receive our negotiated hotel room rate.

The Darling Hotel, 210 N Court St, Visalia, CA 93291
Phone: 559-713-2113 – please ask for California Dairy Sustainability Summit when calling to receive our negotiated hotel room rate.

HAVE QUESTIONS ABOUT YOUR SPONSORSHIP / EXHIBIT?
Call our office (559) 352-4456 or email Jay Visser jay@jcsmarketinginc.com or Rita Edwards rita@jcsmarketinginc.com

ONSITE POINT OF CONTACT
Jay Visser (559) 289-1980 and Rita Edwards (916) 792-2308



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: CONTACT INFORMATION PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL: ADDRESS: PRODUCER CUSTOMER ID:														
INSURED INSURED NAME AND ADDRESS	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: INSURANCE COMPANY NAME</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: INSURANCE COMPANY NAME		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER D:															
INSURER E:															
INSURER F:															

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

CANCELLATION

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

303 E. Acequia
Visalia, CA 93291
Email: vcc@visalia.city
Website: www.visalia.org
Phone: (559) 713-4000
Fax (559) 713-4804

