

# **NORTH VALLEY** *Nut Conference*



**JANUARY 14, 2026**

**SILVER DOLLAR FAIRGROUNDS**

**2357 FAIR ST, CHICO, CA 95928**

# **EXHIBITOR INFORMATION**

**BROUGHT TO YOU BY:**

# **WEST COAST NUT**

**Progressive  
Crop Consultant**

**MY  
AG  
LIFE**

**UC  
CE**

**University of California**

**Agriculture and Natural Resources**

**Cooperative Extension**



Dear Exhibitor,

On behalf of our team, I would like to thank you for choosing to exhibit at our annual North Valley Nut Conference, hosted by **West Coast Nut Magazine** in conjunction with **UC Cooperative Extension**.

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 other details about your exhibit.

For those needing overnight accommodation, local hotel is the Marriott in Chico.

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

Sincerely,

*Jason Scott*  
Jason Scott | Publisher



## **NEW! REGISTER YOUR EXHIBITOR STAFF**

You asked and we listened! Register your exhibitor staff today to save time at your check-in:

<https://myaglife.com/exhibitor-event-registration/>

**MOVE-IN:** Use South Gate GPS 39.714900, -121.813100 - see map for details. Gates close at 5PM.

Outdoor/Equipment: Jan 12, 2026: noon – 4PM and Jan 13, 2026: 8AM – 11AM

Indoor: Jan 13, 2025: noon – 4PM

**EXHIBITS AND TRADESHOW HOURS:** Park in South or North Parking Lots

Jan 14, 2026: 7AM – 1:00PM

**MOVE-OUT:** Use South Gate - see map for details. Gates close at 5PM.

Indoor and Outdoor/Equipment: Jan 14, 2026: 1:00PM – 4:00PM

**LIABILITY INSURANCE:** Due by Jan 6, 2026

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., North Valley Nut Conference and Silver Dollar Fairgrounds. 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 INSERT:** Due by Jan 6, 2026

Mail/deliver: JCS Marketing Inc., Chyann Stiles, 8469 N. Millbrook Ave, Suite 101, Fresno, CA 93720

**DIGITAL AD AND SPONSOR FILE:** Due by Jan 6, 2026

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 Chyann Stiles [chyann@jcsmarketinginc.com](mailto:chyann@jcsmarketinginc.com)

**ONSITE POINT OF CONTACT**

Jay Visser (559) 289-1980 and Chyann Stiles (559) 513-5386

**HOST HOTELS**

Courtyard by Marriott Chico  
2481 Carmichael Dr, Chico, CA 95928  
Phone (530) 894-6699

Residence Inn by Marriott Chico  
2485 Carmichael Dr, Chico, CA 95928  
Phone (530) 894-5500



### 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  <b>INSURANCE AGENT NAME AND ADDRESS</b>	CONTACT NAME:	
	PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID:	<b>CONTACT INFORMATION</b> FAX (A/C, No):
INSURED  <b>INSURED NAME AND ADDRESS</b>	INSURER(S) AFFORDING COVERAGE	
	INSURER A:	<b>INSURANCE COMPANY NAME</b>
	INSURER B:	
	INSURER C:	
	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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <b>MUST BE SELECTED</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	<input checked="" type="checkbox"/>		<b>POLICY NUMBER</b>	<b>CURRENT POLICY PERIOD MUST COVER</b>		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 <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						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE AGGREGATE	
	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					PER STATUTE <input type="checkbox"/> 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 <b>SIGNATURE</b>

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.