

<b>ACORD</b> <b>CERTIFICATE OF LIABILITY INSURANCE</b>		OP ID SB SOCIE-3	DATE (MM/DD/YYYY) 01/04/06
<b>PRODUCER</b>  Crist, Fritschi & Paterson Inc 266 Grand Avenue, Suite 230 Oakland CA 94610 Phone: 510-451-6000    Fax: 510-451-4203		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
<b>INSURED</b>  The Society For Creative Anachronism, Inc. P.O. Box 360789 Milpitas CA 95036		<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
		INSURER A: <b>Firemans Fund Insurance</b>	
		INSURER B: <b>ACE USA</b>	
		INSURER C: <b>Liberty Insurance Underwriters</b>	
		INSURER D:	
		INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
<b>A</b>	<b>B</b>	<b>GENERAL LIABILITY</b>	<b>MZX80852909</b>  <b>PHFD36875860</b>	<b>12/31/05</b>  <b>12/31/05</b>	<b>12/31/06</b>  <b>12/31/06</b>	EACH OCCURRENCE	<b>\$ 1000000</b>
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	<b>\$ 50000</b>
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	<b>\$ 5000</b>
		<input checked="" type="checkbox"/> <b>EQUESTRIAN</b>				PERSONAL & ADV INJURY	<b>\$ 1000000</b>
		<input checked="" type="checkbox"/> <b>LIQUOR LIABILITY</b>				GENERAL AGGREGATE	<b>\$ 2000000</b>
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	<b>\$ 1000000</b>
<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC					
<b>A</b>		<b>AUTOMOBILE LIABILITY</b>	<b>MZX80852909</b>	<b>12/31/05</b>	<b>12/31/06</b>	COMBINED SINGLE LIMIT (Ea accident)	<b>\$ 5000000</b>
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	<b>\$ 5000000</b>
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
<input checked="" type="checkbox"/> HIRED AUTOS							
<input checked="" type="checkbox"/> NON-OWNED AUTOS							
		<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:    EA ACC	\$
						AGG	\$
<b>C</b>		<b>EXCESS/UMBRELLA LIABILITY</b>	<b>LQ1B71192659</b>	<b>12/31/05</b>	<b>12/31/06</b>	EACH OCCURRENCE	<b>\$ 5000000</b>
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	<b>\$ 5000000</b>
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input type="checkbox"/> RETENTION    \$					\$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STATU-TORY LIMITS    OTH-ER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$
		<b>OTHER</b>				E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
\*\*\*\*\*FOR EVIDENCE OF INSURANCE ONLY\*\*\*\*\*

CERTIFICATE HOLDER

CANCELLATION

FOREVID   FOR EVIDENCE OF INSURANCE ONLY	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <b>Robert T. Crist</b>
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