

<p>PRODUCER</p> <p><b>Crist, Fritschi &amp; Paterson Inc</b>                  266 Grand Avenue, Suite 230                  Oakland CA 94610                  Phone: 510-451-6000 Fax: 510-451-4203</p>	<p><b>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></p>												
<p>INSURED</p> <p><b>The Society For Creative Anachronism, Inc.</b>                  P.O. Box 360789                  Milpitas CA 95036</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:80%;">INSURERS AFFORDING COVERAGE</th> <th style="width:20%;">NAIC #</th> </tr> <tr> <td>INSURER A: <b>Firemans Fund Insurance</b></td> <td></td> </tr> <tr> <td>INSURER B: <b>ACE USA</b></td> <td></td> </tr> <tr> <td>INSURER C: <b>Liberty Insurance Underwriters</b></td> <td></td> </tr> <tr> <td>INSURER D: <b>The Hartford Insurance Group</b></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: <b>Firemans Fund Insurance</b>		INSURER B: <b>ACE USA</b>		INSURER C: <b>Liberty Insurance Underwriters</b>		INSURER D: <b>The Hartford Insurance Group</b>		INSURER E:	
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**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
A		<b>GENERAL LIABILITY</b>	<b>MZX80866732</b>	<b>12/31/06</b>	<b>12/31/07</b>	EACH OCCURRENCE \$ <b>1000000</b>
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EQUESTRIAN</b> <input checked="" type="checkbox"/> <b>LIQUOR LIABILITY</b>				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>50000</b> MED EXP (Any one person) \$ <b>5000</b> PERSONAL & ADV INJURY \$ <b>1000000</b> GENERAL AGGREGATE \$ <b>2000000</b> PRODUCTS - COMP/OP AGG \$ <b>1000000</b>
B		GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	<b>PHFD36875860</b>	<b>12/31/06</b>	<b>12/31/07</b>	
A		<b>AUTOMOBILE LIABILITY</b>	<b>MZX80866732</b>	<b>12/31/06</b>	<b>12/31/07</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1000000</b>
		<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per person) \$ <b>1000000</b> BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
		<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
C		<b>EXCESS/UMBRELLA LIABILITY</b>	<b>LQ1B71192659052</b>	<b>12/31/06</b>	<b>12/31/07</b>	EACH OCCURRENCE \$ <b>5000000</b>
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				AGGREGATE \$ <b>5000000</b> \$ \$ \$
D		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	<b>57WBXNS2047</b>	<b>12/01/06</b>	<b>12/01/07</b>	WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ <b>1000000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1000000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1000000</b>
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				
		OTHER				

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 10 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