

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/02/2022

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 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).

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PRODUCER		CONTACT NAME:			-	
SportsInsurance.com		PHONE (A/C, No, Ext):	1-866-889-4763	FAX (A/C No):		
D.O. D-11 4455		E-MAIL ADDRESS: info@sportsinsurance.com				
P.O. Box 1155,		PRODUCER				
Lake Placid, NY, 12946		CUSTOMER ID _:				
24.67.146.4, 111, 120.10			INSURER(S) AFFORDING	COVERAGE	NAIC #	
INSURED SSEI Program Management Inc.		INSURER A: A	ccelerant Specialty Insurance Con	npany	16890	
VA Momentum		INSURER B :				
1040 Toppin Blvd		INSURER C:				
Harrisonburg, VA, 22801		INSURER D:				
		INSURER E :				
		INSURER F:				
COVERACES	CERTIFICATE NUMBER: A SD SL 22 04	05 244964	E2 <b>D</b>	EVICION NUMBER:		

CERTIFICATE NUMBER: A-SP-SI-22-01-05-244864 E2

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		-		SURANC		CCOIII OLI		SUBR WVD	OWN MAY HAVE BEEN REDUCED BY POLICY NUMBER	POLICY EFF (MMODYYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
		ERAL LIABILITY					Y			` '		EACH OCCURRENCE	\$ 1.000.000.00	
Α	X	COMMERIC			LIABII	LITY	Y	N	S0019GL000001-01	04/02/2022	12/31/2022	DAMAGE TO PREMISES RENTED (Any one premises)	\$ 300,000.00	
		CLAIM	IS-MAD	E X	:   C	OCCUR						MED EXP (any one person)	\$ 5,000.00	
	X	INCLUDES	ATHLE	TIC PAF	RTICIF	PANTS						PERSONAL & ADV INJURY	\$ 2,000,000.00	
	-	_										GENERAL AGGREGATE	\$ 3,000,000.00	
	GE	NERAL AGGRE	GATE I	LIMIT AF	PPLIE	S PER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000.00	
	X	POLICY	PR	ROJECT		LOC							\$	
	AUT	OMOBILE LIABILI	TY	HIRE	D AUT	ros						COMBINED SINGLE LIMIT (Ea accident)	\$	
		ALL OWNED AUTOS		-		ED AUTO	s					BODILY INJURY (Per person)	\$	
												BODILY INJURY (Per accident)	\$	
		SCHEDULED AUTOS										PROPERTY DAMAGE (Per accident)	\$	
		UMBRELLA LIA	АВ		CCUF							EACH OCCURRENCE	\$	
		EXCESS LIAB		C	LAIM	IS-MADE						AGGREGATE	\$	
		DEDUCTIBLE											\$	
		RETENTION	\$										\$	
		KERS COMPENSAT										WC STATU- OTH- TORY LIMITS ER		
	ANY PROPRIETOR/PARTINER/EXECUTIVE OFFICER/MEM/BER EXCLUDED? (Mandatory in NH) If yes, describe under		Ľ,	N/A					E.L. EACH ACCIDENT	\$				
	SPE	CIAL PROVISIO	ONS bel	ow								E.L. DISEASE - EA EMPLOYEE	\$	
												E.L. DISEASE - POLICY LIMIT	\$	
Α	<b>OTI</b> Abu	<b>IER</b> se/Molestation	n				Y		S0019GL000001-01	04/02/2022	12/31/2022	Each Occurrence: \$ 25,000.00	Aggregate: \$ 50,000.00	
	ESCB	IDTION OF ODE	DATIO	NO / LO	OATIO	ONO WE		0 (4#	h ACORD 101. Additional Remar	la Cabadala ifaa		red) Endorsed Date :Sep. 2.2	2000 40 00 M FOT	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Endorsed Date :Sep 2 2022 12:00AM EST Liability Policy Deductible: \$ 1000.00 per each bodily injury or property damage claim. ISO Occurrence form CG 00 01 04 13 and company's specific forms. Coverage for Participant Legal Liability requires that every participant signs a waiver/release. The certificate holder is named as Additional Insured with respect to negligent acts or omissions of the Named Insured and only with respect to the Operations of the Insured during the coverage period. RE: Registered Running participants: 04/02/2022 - 04/02/2022 - 04/09/2022 - 04/09/2022 - 04/30/2022 - 04/30/2022 (continued on next page)

	Harrisonburg, VA, 22001	AUTHORITED DEPOSORITATIVE
	Harrisonburg, VA, 22801	
409 S Main St	409 S Main St	DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLI
	City of Harrisonburg	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFOR

E THE EXPIRATION CY PROVISIONS.

**CANCELLATION** 

Mark Di Perno

**CERTIFICATE HOLDER** 

AGENCY		NAMED INSURED			
SportsInsurance.com		VA Momentum			
POLICY NUMBER		1040 Toppin Blvd			
S0019GL000001-01		Harrisonburg,			
CARRIER	NAIC CODE	VA, 22801			
Accelerant Specialty Insurance Company	16890	EFFECTIVE DATE: 04/02/2022			

ADDITIONAL REMARKS						
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,						
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance						
05/14/2022 - 05/14/2022, 05/21/2022 - 05/21/2022, 06/04/2022 - 06/04/2022, 07/04/2022 - 07/04/2022, 12/03/2022 - 12/03/2022, 10/07/2022 - 10/07/2022, 10/08/2022 - 11/24/2022 -						