



Special Event Application

Please review the entire application to ensure the information is completed correctly. Once all documentation has been received, the application will be reviewed and the applicant will be contacted about the status of the event. Event organizers may be requested to meet with City representatives and others to review event plans, layout and logistics.

Special events must be approved by Harrisonburg City Council (except for private events using the Turner Pavilion and Park). Therefore, this application must be submitted at least 60 calendar days prior to the scheduled event. Special events may be denied if required time lines are not strictly adhered to or if there are inadequate safety measures, street closing conflicts or other logistical concerns.

Submit completed application and supporting documents to:
Kim Kirk, Director of Events, 212 South Main Street, Harrisonburg, VA 22801 or kim.kirk@harrisonburgva.gov.

EVENT TITLE: 2014 Alpine Loop Gran Fondo

Contact Information

Organization/Applicant Name: ERIN BISHOP
Contact Name: _____
Daytime Phone: 540-246-7673 Cell Phone: SAME
E-mail Address: ERIN@ALPINELOOPGRANFONDO.COM
Mailing Address: P.O. Box 868, Harrisonburg, VA 22803

Event Summary

Date of Event: Sunday, September 28, 2014

Location: Turner Pavilion

Event Hours: Set-up Time: Sat. Sept. 27 (Following Farmers Market) Event Time: (6:30 AM - 7:30 P.M.) Clean-up Time: until 10 p.m. (w/ equipment collection Monday, Sept. 29)

Type of Event (fundraiser, run/walk, etc): Cycling Event

Is this an annual event? Yes No # of years event has been held: 3 previous

Description of Event (activities, benefitting cause, etc): 105, 76, and 35-mile cycling routes; Finish Line Festival features: food, bands, "expo" area, and Beer Garden to benefit Shourdach Valley Bicycle Coalition, Event supports Prostate Cancer.

Size of Event: Participants: 600 Spectators: 150 Plan Ow Park; HDR; SUBC

Will the event affect the flow of traffic on a public street within the City of Harrisonburg? Yes No

Will food or merchandise be sold? Yes No All vendors except those selling unprocessed food products must have a current business license. Contact the Commissioner of Revenue at 540-432-7704 for details. The collection of applicable taxes will be the responsibility of the individual vendor.

Will alcohol be served: Yes No If yes, attach copy of ABC License (unless private event).

Will a security firm be present? Yes No If yes, complete and attach section 2.

* Some event equipment - toilets, rental equipment - will be delivered on Friday, Sept. 27. As in past, will discuss w/ Josie Showalter.

Request for Resources (check all that apply)

- City Street Closings** – Complete & Attach Sect. 1
- Public Works Support at Event** – Please check this box if you are requesting city street closings.
- Police Support at Event** – Complete & Attach Sect. 2
- Turner Pavilion & Park Rental** – Complete & Attach Sect. 3
- City Park Reservation** – If the event involves the use of a city park, the applicant must obtain advance approval from the Department of Parks & Recreation before submitting an application. For availability, call 540-433-9168.
- Host an Event in Court Square** – If the event involves the use of the Courthouse Grounds, the applicant must obtain advance approval from Rockingham County before submitting an application. For availability, call 540-564-3008.
- Refuse & Garbage Removal** – Questions can be directed to Harsit Patel at 540-434-5928.
- Flusher/Sweeper** (i.e. parades require street sweeper after event)
- Permit for Tents/Structures** – Any tent greater than 900 square feet or accommodating more than 50 people requires a building permit and inspection. Tents greater than 400 sq. ft. require an inspection by the Fire Department. Building permit applications are available at www.harrisonburgva.gov/community-development. The permit application should be filed with the Community Development office at least 10 days in advance of the event. Questions about the permit process can be directed to Wayne Lilly, Ron Schuett or Mike Williams at 540-432-7700.
- Fire/EMS Support** – For additional information or questions, contact Deputy Chief Ian Bennett at 540-432-7703.
- Fireworks Permit** – Any type of fireworks display requires a permit through the Fire Department. To apply for a fireworks permit, contact Deputy Fire Chief Ian Bennett at 540-432-7703.
- Water and/or Electricity** – *Water hook-ups are only available in the Turner Pavilion & Park area

Required Documents (The following documents must be attached to application)

- A Certificate of Insurance (COI) providing evidence of liability insurance of a minimum of \$1,000,000 and property damage of \$100,000. The addendum must include this exact wording: **"The City of Harrisonburg, 345 South Main St, Harrisonburg, VA 22801, is hereby named as additional insured."** If using the Turner Pavilion & Park, addition wording must include **"Harrisonburg Downtown Renaissance, 212 S. Main St., Harrisonburg, VA 22801, is hereby named as additional insured."**
 - The Endorsement from the Insurance Company showing the City is an Additional Insured is also required. The insurance company must have a minimum financial rating from the A.M. Best Company of an "A" or better.
 - If your organization has employees, you must also provide evidence of Workers Compensation insurance with statutory limits that meet state requirements.
 - If alcohol will be served, the City requires a Liquor Liability endorsement be added to the insured's policy. This endorsement can be added to the Certificate of Insurance along with the other insurance requirements.
 - The COI and Endorsement must be obtained and sent to the the City Purchasing Office at Purchasing@harrisonburgva.gov at least 5 days before the event.An option for quote and coverage can be obtained through the Tenant User Liability Insurance Program. Call Pat Hilliard, Purchasing Agent, at 540-432-7794 for more information.
- Map with requested street closures and/or parking lots highlighted
- Diagram of event, including location of activities
- ABC License - If alcohol will be served, events must obtain a VA ABC license (unless it is a private event). Contact VA Department of Alcoholic Beverage Control for more information: (p) 804-213-4400

Section 1. Street Closings / Parking Lots

Attach a map with requested street closures and/or parking lots highlighted.

Time streets will be closed by: 7:55 A.M.

Time streets will reopen: 8:10 A.M.

In addition to the map, list in detail what street closures are needed for the event:

See attached Street Closures List

Are parking lots needed for the event? Yes No

If yes, list them below and include the times that parking lots should be cleared:

The event requires all the "vendor spaces" adjacent to the Turner Pavilion. Depending upon the Municipal Building Construction, we might require the row of parking spaces between the Pavilion and the first median strip north of the Pavilion. (See attached Map)

Will your event involve the use of a parking and/or shuttle plan Yes No

If yes, please describe below:

No formal parking plan. See attached for parking info that is communicated to participants.

For Office Use Only: Requested equipment, personnel and type of support needed from Public Works.

*For the City to approve a road closure, the following must be considered: resident/business impact, detour routes, signage and notification, set up of barricades and directional signage, and traffic control and safety. Please note that there may be a cost to your organization for these services.

Section 2. Police Support at Event

Describe request for police support: Request for Police to provide support for temp. road closures along city streets for event start. In past, motorcycle and patrol cars have been used. Event can compensate HCPD for officers time.

Traffic Marshals:

- Persons under the age of 18 are not allowed to assist with traffic.
- All marshals must be properly equipped with identification, a reflective vest and communication equipment

Will you provide additional traffic marshals?

Yes No If so, how many: _____

Would you like to request the use of the Police Department's reflective vests? A limited number is available.

Yes No If so, how many: _____

Would you like to request an instructional presentation on traffic/pedestrian management from HPD?

Yes No

Would you like to request an instructional presentation on ABC management from HPD?

Yes No

Additional Security:

Have you hired a licensed professional security company to help manage your event? Yes No

Security Organization: _____

of Security Team Members _____

Main Contact: _____

Cell Phone #: _____

Please describe plan for crowd management and safety:

In previous years, our event has hired one off-duty police officer - or an on-duty officer has been assigned to monitor the event; Pending meeting w/ HPD

Are there any requests for police demonstrations? If so, what type?

NA

*The Harrisonburg Police Department will work with event organizers to find what meets their specific security needs. Please note that event organizers may be charged a rate of \$35.00/hr per officer for police services.

* The Harrisonburg Police Department has the authority to decline approval for issues that directly affect public safety.

Section 3. Turner Pavilion & Park Rental

Areas requested for event:

Pavilion Adjacent Park Both

Pending Municipal Building Construction

Rental Policies & Fee Information: Please review the policies and sign below to accept the terms and agreement.

Policies:

- Illegal drugs, firearms or weapons of any kind are prohibited on Pavilion or Park property.
- Alcohol is permitted only with permission, and in compliance with ABC requirements.
- Bikes and skateboards are prohibited on the grass and concrete areas.
- Dogs must be on a leash at all times. Pet handlers are required to pick up dog waste.
- Burning wood or charcoal is not allowed in the pavilion; however, gas grills are permitted.
- Open fires are not permitted in either facility.
- Smoking is not permitted in the Pavilion.
- Cleanup and trash storage arrangements must be made. Trash must be secured from blowing away and any loose debris removed from the site.
- Tables, chairs and other amenities must be provided by the event organizer.
- Loud music, amplified speaking or other potentially disturbing activities are permitted only with permission.
- Use of lights, electricity and water facilities are permitted. Water hoses must be disconnected from spigots after event.
- Access to utility boxes must be arranged in advance with Harrisonburg Downtown Renaissance and Harrisonburg Electric Commission, as appropriate.
- Event organizers must supply portable restrooms for events with at least 50 people in attendance. Restrooms must not be rinsed on site.
- Events held on Tuesdays or Saturdays must be coordinated with the Farmers Market Manager.
- HDR reserves the right to decline any application if the event is viewed as inappropriate for the site or conflicts with other downtown events or revitalization goals.

Fee Information:

- Pavilion and Park facilities are reserved on a first come first served basis. An exception can be made for annual community or public events.
- Typically only one event is scheduled at either facility in order to avoid conflicts.
- Switching dates after the application is submitted is discouraged. No refunds will be granted.
- Applications for use of facilities can be submitted up to one year in advance.
- Organizer shall be responsible for any and all damages to the property arising from the use of the premises.
- Organizer is restricted to only the facility reserved for the event.
- Due to parking limitations, use of facilities is limited on weekdays to 5:00 PM to 11:00 PM.
- Time of use is not to exceed 7:00 AM to 11:00 PM on weekends.
- A refundable damage deposit equal to the rental fee must be paid 30 days prior to the event. Checks should be made payable to Harrisonburg Downtown Renaissance.
- A check for the reservation must accompany the completed application.
- A reservation is not confirmed until all conditions are met and agreed upon.

Pending availability based on construction.

Fee Scale: Check one.

- City of Harrisonburg, HDR, FundFest & Farmers Market Events
- Non-profit Community Event
- Private Event (100 people or less)
- Private Event (101-500 people)
- Private Event (more than 500 people)
- Profit-making Events

Park	Pavilion
N/A	N/A
\$50	\$100
\$150	\$300
\$250	\$500
\$1,000 for both facilities	
Fee negotiated on case-by-case basis	

Signature of Applicant: *Eri Bely*

Date: *4/1/2014*

For Office Use Only: Deposit submitted Fee Submitted Insurance Verified

CERTIFICATION AND ACKNOWLEDGMENT OF APPLICANT

The undersigned certifies that he or she is familiar with the guidelines for planning an event in the City of Harrisonburg and the same will be enforced and honored by the sponsoring organization. The undersigned further certifies that the information furnished in this application is true and correct to the best of the undersigned knowledge and information.

The undersigned acknowledges that use of city resources to host an event in the City of Harrisonburg is contingent upon approval of this application by the city staff and Harrisonburg City Council.

Signature of Applicant: 

Date: 4/1/2014

For Office Use Only:

Date received _____

Department Review

Commissioner of Revenue	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	_____
Community Development	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	_____
Dept. of Public Transportation	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	_____
Downtown Parking Services	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	_____
Fire Department	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	_____
Harrisonburg Downtown Renaissance	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	_____
Police Department	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	_____
Public Works	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	_____
Purchasing Agent	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	_____

Comments:

Special Event Guidelines

The City of Harrisonburg supports special events that provide enjoyable opportunities for residents and visitors, and help to create a vibrant, livable and sustainable city.

A number of City departments are involved in the logistics necessary to produce a safe and successful community event. In an effort to simplify the application process for community organizations and event planners, the City of Harrisonburg has provided the guidelines below. These guidelines must be met in order to ensure a positive experience for the community.

Application Process At-a-Glance:

Every event must submit an application, whether a new or annual event.

1. Complete and return the application at least 60 days prior to the event.
2. Application will be reviewed only if it is completed and all supporting documents are included.
3. Organizers may be requested to meet with City representatives to review event plans, layout and all other event logistics.
4. If the application is reviewed and approved by the City Departments, the application will be presented to the Harrisonburg City Council for their approval, if required.
5. After the City Council meeting, the applicant will be informed of Council's decision.

Guidelines:

- The applicant shall be responsible for notifying, as soon as possible, all businesses and residences which may be affected as a result of street closings or event activities.
- Event planners will need to provide extra trash receptacles for their event. All trash must be removed from the event site; trash removal is the responsibility of the event organizer, if arrangements have not been made with Harrisonburg City Department of Public Works.
- Events must take into consideration the placement of all vendors and activities:
 - Restrooms are not to be placed near restaurants or food vendors
 - Vendors must not be placed near competing merchants/businesses
 - A 20' Fire Lane must be maintained at all times. This must be continuous in nature and include sufficient turning radii for Fire Department apparatus to navigate.
 - Activities and vendors must not block any Fire Hydrant or any Fire Department connections (standpipe, sprinkler, etc.)
- Events anticipating a large amount of attendees must supply an appropriate amount of portable restrooms. Portable restrooms are not be rinsed on site.
- Any tent greater than 900 square feet or accommodating more than 50 people requires a building permit. Any tent greater than 400 square feet requires a Fire Department inspection upon installation. More information can be found at www.harrisonburgva.gov/community-development
- Health and licensing requirements apply to all food/beverage sales. Food vendors must adhere to the regulations of the Virginia Department of Health (VDH). For information, call the Health Department directly at 540-574-5200.
- All vendors except those selling unprocessed food products must have a current business license. Contact the Commissioner of Revenue at 540-432-7704 for details. The collection of applicable taxes will be the responsibility of the individual vendor.
- Food vendors are not allowed to drain grease onto the property or leave grease at the site.

TENANT USERS LIABILITY INSURANCE
CERTIFICATE BINDER

THIS CERTIFICATE/BINDER REPRESENTS A SUMMARY OF THE INSURANCE PROVIDED. INSURANCE PROVIDED IS SUBJECT TO THE TERMS AND CONDITIONS OF THE POLICY.

Date: 4/18/2014 1:35 PM
Certificate Number: 55305
Broker: Hub International New England
Tenant User: Erin Bishop
Event Title Alpine Loop Gran Fondo
Type of Event Festival and Cultural Events – Outdoors
Daily Attendance 200 (Form asked for average daily attendance #)
Period of Insurance: 09/26/2014 12:01 AM To 09/30/2014 12:01 AM
Policy #1 **GL00565-05** ↑ setup - takedown = 800 total
Insurance Company: Atlantic Specialty Insurance Company
Coverage Limits
General Agg. None
Products Completed Ops \$1,000,000
Personal/Adv. Injury \$1,000,000
Each Occurance: \$1,000,000
Fire Damage: \$50,000
Medical Payments: Excluded
Liquor Liability \$1,000,000 Aggregate
\$1,000,000 Each Common Cause
Policy #2 **PF00493-04**
Insurance Company: Atlantic Specialty Insurance Company
Coverage Limits Deductible

To obtain a complete copy of the policy with the terms, conditions and exclusions of the policy, you must contact us at: tulip@ebi-ins.com or (800) 507-8414.

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CERTIFICATE BINDER

THIS CERTIFICATE/BINDER REPRESENTS A SUMMARY OF THE INSURANCE PROVIDED. INSURANCE PROVIDED IS SUBJECT TO THE TERMS AND CONDITIONS OF THE POLICY.

Third Party Property Damage:	\$1,000,000	\$1,000
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Premium Computation

General Liability	\$327.00
Liquor Liability	\$260.00
Third Party Property Damage	\$67.00
Excess Liability	\$0.00
Total Premium	\$654.00
Total Fees	\$0.00
Total Due	\$654.00

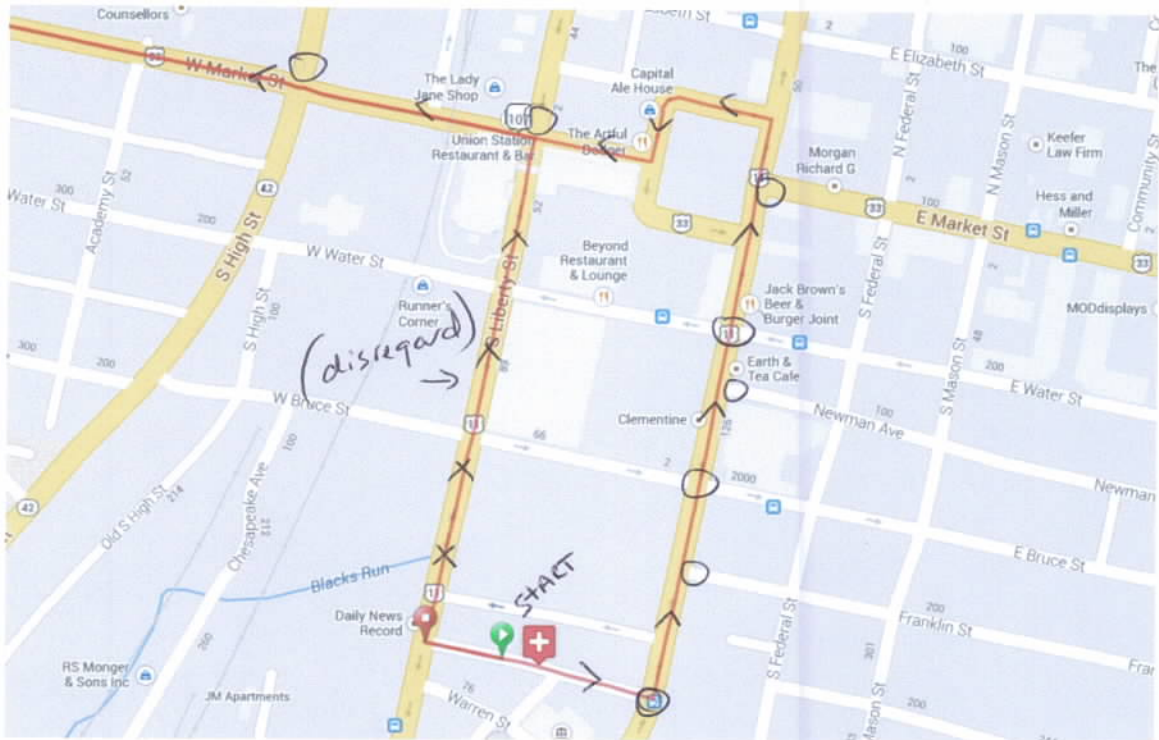
Certificate Holder/Additional Insured

National League of Cities
1301 Pennsylvania Ave. NW
7th Floor
Washington, DC 20004

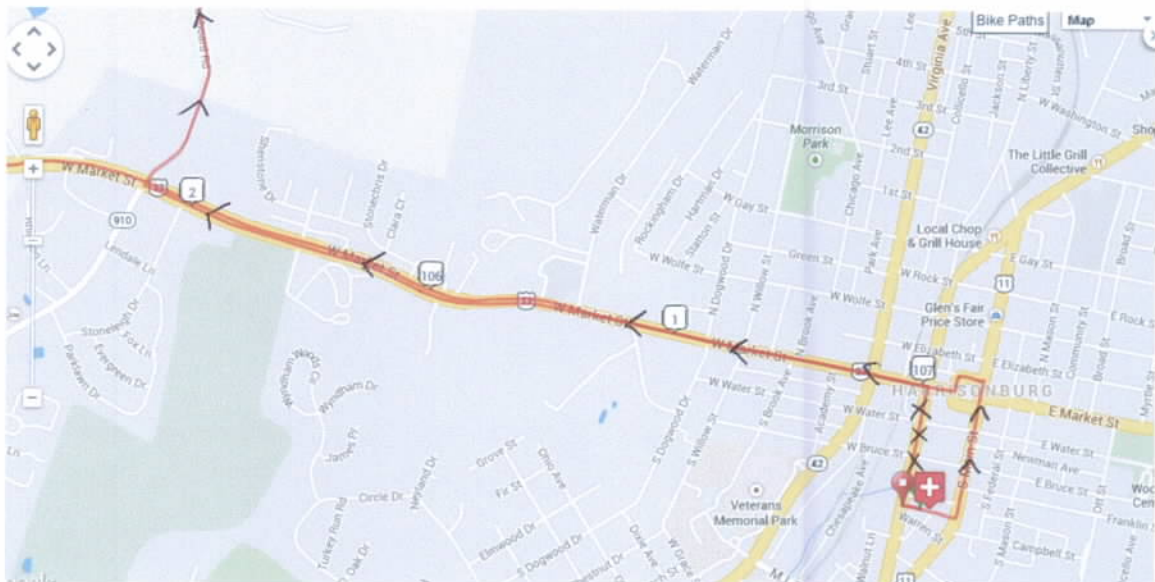
VA - Harrisonburg, City of
345 South Main Street
Harrisonburg, VA 22801

To obtain a complete copy of the policy with the terms, conditions and exclusions of the policy, you must contact us at: tulip@ebi-ins.com or (800) 507-8414.

2014 Alpine Loop Gran Fondo – Map Downtown Start w/Closures



2014 Alpine Loop Gran Fondo – Map Turn onto Switchboard Road end Closures
Note: ALL Police escorts are asked to turn onto Switchboard and pull off to the left side of road until final riders pass by (instead of continuing straight on 33 to prevent confusion among riders.)



HARRISONBURG POLICE DEPARTMENT

SPECIAL OPERATIONS DIVISION

Operational Plan



EVENT:

Date: September 29, 2013

Event Time: 0800 - 1900 hrs.

Example: plans for event are unchanged for 2014

LOCATION: Turner Pavilion - Warren Street

CONTACTS:

HPD	Bureau Commander	Capt. T.D. Hoover	(540) 810-7632
HPD	Supervisor/OIC	Sgt. P. Ritchie	(540) 810-5881
City	Traffic Engineering	Hector Ramon	(540) 810-7599
HDR	Events Coordinator	Kim Kirk	(304) 668-5454
SBC	Sponsor/Contact	Erin Bishop	(540) 246-7673

EVENT SYNOPSIS:

1. The "Jeremiah Bishop" Alpine Loop Gran Fondo is a non-competitive bicycling event that takes cyclists through Rockingham County as well as Pendleton County, WV. Approximately 600 participants will start from the Turner Pavilion, en masse, westward out of the city and return throughout the day and evening.
2. The sponsor is requesting the alleyway in between the Farmer's Market and adjacent grassy lot closed from 0600-1900 hrs. The sponsor is also requesting a police escort to lead the cyclists from the Turner Pavilion area, down S. Main St., and onto 33 West. Also they are requesting an officer provide police presence for the return that afternoon.

3. Post activities to include food and drink will take place at the Turner pavilion and the adjacent grassy lot.
4. SBC volunteers will act as traffic marshals when the escort and riding mass are passing intersections. These volunteers will be adorned with a traffic vest, and carry a cell phone.

OPERATIONAL PROCEDURES:

1. Radio traffic will be on HPD Channel 1. Officers will have vests and whistles.
2. Officers working the escort portion of the event will report to the OIC upon arrival at 0730. Upon check-in, officers will receive a briefing and report to their assigned post. Officers will report safety discrepancies and/or concerns to the OIC.
3. Each officer will operate a marked cruiser to be placed to maximize safety of participants from vehicle intrusions onto course, and to minimize chance of pedestrians wandering on an active course.
4. In case of emergency, officers should notify OIC, assist in stabilizing the situation and request assistance. EMS will be on standby as needed.
5. When the race begins, three motor units will lead the procession out onto South Main St. north towards Court Square. The OIC will stop traffic northbound in the area of Campbell St. and take up a tail position when the last bicycle leaves the starting line. Motor units will leap frog from intersection to intersection as the escort moves out onto West Market St. towards the city limits. Auxiliary officers and civilian marshals will stop traffic in their assigned intersections as the Motors pass. Once the OIC clears the intersection, traffic can then be started again.
6. When the escort clears Switchboard Rd., Motor units will break off and assemble at Dove's Camper Center; after confirmation with the OIC that the escort is complete - all units can return to Turner Pavilion.
7. The officer assigned to patrol the pavilion area from 12:30-1930 hrs. will mark in service and call the OIC for updates. A marked cruiser will be obtained and parked in the Community Development parking lot. This officer will patrol the Turner Pavilion area and provide general security and police presence as riders return from points outside the city. This officer will not be utilized as a "bouncer" or ABC agent for the beer garden. The officer will coordinate with ECC/Patrol Supervisor if another officer is needed in response to a disturbance or other call for service.
8. Upon completion of the racing activity, all assigned officers will check in with OIC - from their assigned post - and will be released when OIC confirms the escort is complete. The assigned security officer will contact the OIC, and mark out of service when the assignment is complete.

9. Officers will not remove any traffic control devices when leaving post. Streets will be opened by Traffic Engineering.

Alpine Gran Fondo Loop : September 29, 2013, 0800-1900

Assignment Roster

1. Capt. Hoover	Cell Phone	Bureau Commander
2. Sgt. Ritchie	0730-0900	OIC - escort
3. MPO Deeds	0730-0900	Motor Escort
4. MPO Puffenbarger	0730-0900	Motor Escort
5. MPO Skelton	0730-0900	Motor Escort
6. POII Argiro	1230-1930	Security on Foot - Turner Pavilion
7. Aux MacKail	0730-0900	West Market/High St.
8. Aux Folsom	0730-0900	N. Liberty/West Market
9. Adrie Voors	0730-0900	East Market/Court Square
10. Katie Baker	0730-0900	S. Main/Campbell St.
11. Willam Copsey	0730-0900	S. Main/Franklin St.
12. Jen Edwards	0730-0900	S. Main/Bruce St.
13. Kari Carpenter	0730-0900	S. Main/Newman Ave.
14. J. Pyle	0730-0900	S. Main/E. Water
15. Art Fovargue	0730-0900	West Market/Willow St.
16. Aux Finseth	0730-0900	West Market/Dogwood Dr.
17. Carl Droms	0730-0900	West Market/Waterman Dr.
18. Mary Joe Lynne	0730-0900	TMHS

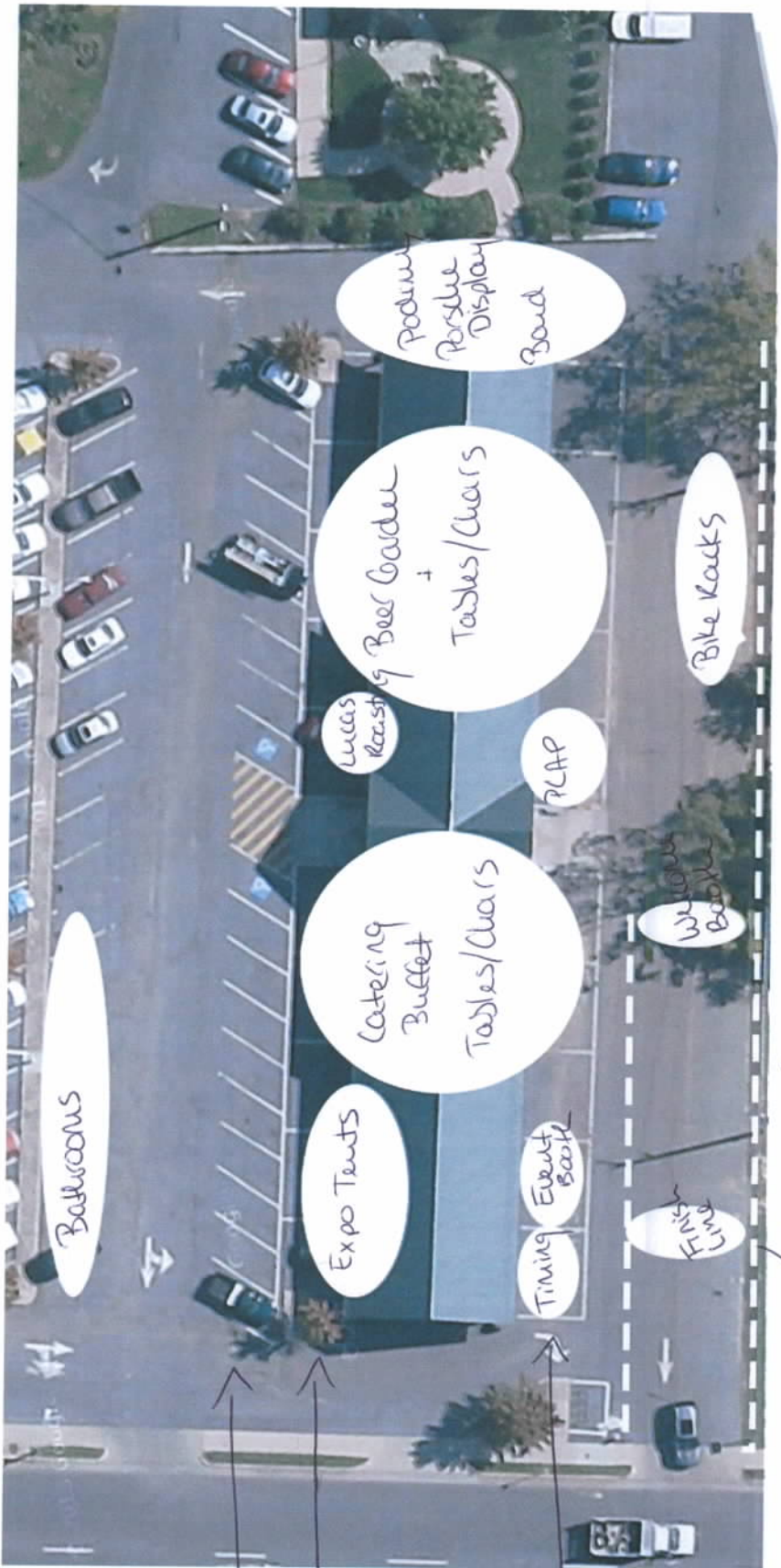
Bureau Commander: Capt T.D. Hoover _____

Date _____

Officer In Charge: Sgt. P.R. Ritchie _____

Date _____

2014 Alpine Loop Gran Fondo - Map of Finish Line Festival Activities (General Outline, May Be Re-Arranged)



aluminum fencing - if needed

* request "No Parking" signs in advance of event

2014 Alpine Loop Gran Fondo – Sanitation Plan



Key:

Red – Portable Shower

Blue – Portable Toilet

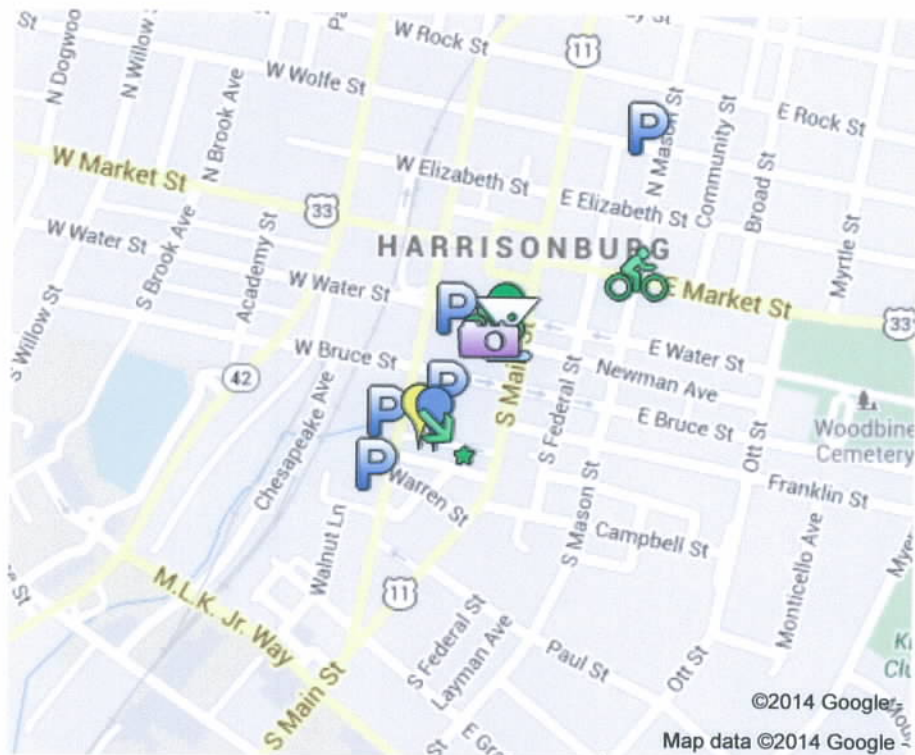
Green – accessible portable toilet

Small Brown – Event trash/recycling receptacles

Large Brown – Proposed Trash/Recycling Collection Sites; discuss with Harsit.

The parade-style start of the Gran Fondo will take place on South Main Street between Warren Street and Court Square. The Finish Line Festival will be held in the Turner Pavilion and adjacent greenspace.

View the map below, for important locations for the Alpine Loop Gran Fondo, Cycling Capital Celebration, Host Hotel and local bike shops.



View [Alpine Loop Gran Fondo Activities](#) in a larger map

Sign In and Packet Pickup

SATURDAY, September 27, 2-7 p.m. – LOCATION TO BE ANNOUNCED

SUNDAY, September 28, 6-7:30 a.m. – Turner Pavilion, 228 South Liberty Street, Harrisonburg

★ Event Parking ★

There is ample parking in Downtown Harrisonburg.

Event parking will be allowed in the municipal lot adjacent to the Turner Pavilion – the location of the Start and Finish Line Festival. [Reserved Porsche VIP Parking](#) is FREE and will be located adjacent to the Pavilion.

View the map (above) for parking locations. **CHECK/LEAVE YOUR BIKES WITH A FRIEND BEFORE ENTERING PARKING DECKS IF YOU USE A ROOF RACK!** In all instances, obey posted parking signs and meters if applicable. Sunday parking is all-day and free in almost all downtown locations.

Cycling Capital Celebration

SATURDAY, September 27, 6-9 p.m. LOCATION TO BE ANNOUNCED, Harrisonburg, Virginia.

The dinner event includes: Porsche Red Carpet photo opportunity, New Belgium Brewing Happy Hour, dinner, and chances to win great raffle items – including a set of wheels from Stan's NoTubes! The event is a great way to meet and mingle with other cyclists and fuel up for the big ride!



VIRGINIA DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL
2901 Hermitage Road · P O Box 27491 · Richmond VA 23261-7491

License Number:
434014

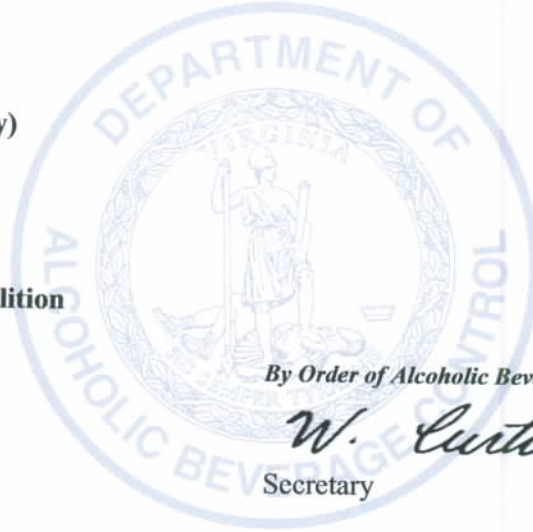
ABC BANQUET LICENSE

State License Fee Paid: \$40.00

License Type:
Banquet Special Event (Per Day)

Banquet Event Dates:
09/28/2014

Banquet Name & Event Address
Kyle David Lawrence
Shenandoah Valley Bicycle Coalition
Turner Pavilion
228 S Liberty St
Harrisonburg, VA 22801-3605
Harrisonburg City - Territory # 31
Staunton - Region 3
(540) 332-7800



By Order of Alcoholic Beverage Control Board

W. Curtis Coleburn
Secretary

Instructions for Operating under a Banquet License

The privileges of this license are hereby granted by the Virginia Alcoholic Beverage Control Board to the Licensee named above to operate in accordance with the terms of the license herein designated and the applicable statutes of the Commonwealth of Virginia and regulations of the Board.

1. Do not sell or give away any alcoholic beverage to any person who you know or have reason to believe is intoxicated and do not allow any alcoholic beverage to be consumed by such a person in attendance at your banquet. Do not allow any person who you know or have reason to believe is intoxicated to loiter upon your licensed area. Any person who has drunk enough alcoholic beverages to affect his manner, disposition, speech, muscular movements, general appearance or behavior, as to be apparent to observation shall be deemed to be intoxicated.
2. Do not sell or give away any alcoholic beverage to any person who you know or have reason to believe is less than 21 years of age and do not allow any alcoholic beverage to be consumed by such a person in attendance at your banquet.
3. Do not allow any form of illegal gambling to take place during your banquet.
4. Do not possess any illegal gambling apparatus, machine or device upon your licensed premises.
5. Do not be intoxicated or under the influence of a self-administered drug during your banquet.
6. Do not sell or give away any alcoholic beverages on your licensed area during restricted hours.
7. Mixed Beverages under a Mixed Beverage Special Event License must be purchased from a state ABC Store.
8. Do not purchase alcoholic beverages from licensed wholesalers except on the day of the banquet. For those functions held on Saturday or Sunday, purchase may be made on Friday. Payment must be made in cash or a valid check drawn upon a bank account in the name of the licensee or in the name of the group sponsoring the banquet. Each invoice must be signed by the purchasing licensee or his duly authorized agent.
9. Licensed wholesalers may supply, at a reasonable wholesale price, paper or plastic cups upon which advertising matter regarding beer or wine may appear.
10. Alcoholic beverages to be given away may be purchased from retail establishments.
11. Do not sell, give away or allow the consumption of alcoholic beverage in any portion or your licensed area that has not been approved by the Board.
(NOTE: Violation of this instruction could result in arrest for Drinking in Public.) Alcoholic beverages must be confined to the building, room or general area for which the license is issued.
12. Do not allow any person who is less than 18 years of age to sell, serve or dispense beer.

KYLE DAVID LAWRENCE
SHENANDOAH VALLEY BICYCLE
COALITION
222 CAMPBELL ST
HARRISONBURG VA 22801

The license privilege is strictly for on premises sale and/or consumption of alcoholic beverages at the address of event.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/17/2014

Page 1 of 2

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).

PRODUCER Willis of Texas, Inc. c/o 26 Century Blvd. P.O. Box 305191 Nashville, TN 37230-5191	CONTACT NAME: PHONE (A/C, NO, EXT): 877-945-7378 E-MAIL ADDRESS: certificates@willis.com	FAX (A/C, NO): 888-467-2378
	INSURER(S) AFFORDING COVERAGE	
INSURED USA Cycling, Inc. 210 USA Cycling Point Colorado Springs, CO 80919	INSURER A: Federal Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

CERTIFICATE NUMBER: 21509318

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	ADD'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC	Y		79960314	12/31/2013	12/31/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach Acord 101, Additional Remarks Schedule, if more space is required)

Endorsement 80-02-2306: Additional Insured : As required by written contract, Certificate Holders are named as Additional Insureds for USA Cycling sanctioned/permitted events.

Endorsement 80-02-9301: Event Organizer and/or Promoters are Named Insureds. It shall be a condition of coverage that all organizers/promoters for whom coverage is afforded under this policy execute a USAC event permit application and coverage will be afforded only for the specific event and dates on the permit.

CERTIFICATE HOLDER**CANCELLATION**

City of Harrisonburg 345 South Main Street Harrisonburg, VA 22801	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 
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ACORD 25 (2010/05)

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ADDITIONAL REMARKS SCHEDULE

AGENCY Willis of Texas, Inc.		NAMED INSURED USA Cycling, Inc. 210 USA Cycling Point Colorado Springs, CO 80919	
POLICY NUMBER 79960314		EFFECTIVE DATE: 12/31/2013	
CARRIER Federal Insurance Company	NAIC CODE 20281-001		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Event # 2014-343
 Event Name: Alpine Loop Gran Fondo
 Event Location: Harrisonburg, VA
 Event Date: 09/28/2014

Certificate Holder is an Additional Insured with respects to Event #2014-343, Alpine Loop Gran Fondo, in Harrisonburg, VA on 09/28/2014, but only with respect to the liability arising out of the Named Insured's Operations.



Liability Insurance

Endorsement

Policy Period DECEMBER 31, 2013 TO DECEMBER 31, 2014
Effective Date DECEMBER 31, 2013
Policy Number 7996-03-14
Insured USA CYCLING, INC.
Name of Company FEDERAL INSURANCE COMPANY
Date Issued OCTOBER 11, 2013

This Endorsement applies to the following forms:

GENERAL LIABILITY

Under Who Is An Insured, the following provision is added:

Who Is An Insured

*State Or Political
Subdivision – Permits*

Any state or political subdivision designated below is an **insured**; but they are **insureds** only with respect to liability arising out of operations performed by you or on your behalf for which the state or political subdivision has issued a permit.

Under Bodily Injury/Property Damage Exclusions, the following exclusion is added:

Bodily Injury/Property Damage Exclusions

*Operations For State Or
Political Subdivision*

This insurance does not apply to **bodily injury** or **property damage** included within the **products-completed operations hazard** arising out of operations performed for any state or political subdivision designated as an **insured**.

Under Policy Exclusions the following exclusion is added:

Policy Exclusions

*Operations For State Or
Political Subdivision*

This insurance does not apply to **bodily injury, property damage, advertising injury or personal injury** arising out of operations performed for any state or political subdivision designated as an **insured**.

Designation Of State Or Political Subdivision

AS REQUIRED BY WRITTEN CONTRACT/PERMIT

All other terms and conditions remain unchanged.

Authorized Representative





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/17/2014

Page 1 of 2

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).

PRODUCER Willis of Texas, Inc. c/o 26 Century Blvd. P.O. Box 305191 Nashville, TN 37230-5191	CONTACT NAME: PHONE (A/C, NO, EXT): 877-945-7378 E-MAIL ADDRESS: certificates@willis.com FAX (A/C, NO): 888-467-2378
	INSURER(S) AFFORDING COVERAGE INSURER A: Federal Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED USA Cycling, Inc. 210 USA Cycling Point Colorado Springs, CO 80919	NAIC# 20281-001

COVERAGES **CERTIFICATE NUMBER: 21509314** **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	ADD'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC			79960314	12/31/2013	12/31/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						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) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach Acord 101, Additional Remarks Schedule, if more space is required)
 Endorsement 80-02-2306: Additional Insured : As required by written contract, Certificate Holders are named as Additional Insureds for USA Cycling sanctioned/permited events.

Endorsement 80-02-9301: Event Organizer and/or Promoters are Named Insureds. It shall be a condition of coverage that all organizers/promoters for whom coverage is afforded under this policy execute a USAC event permit application and coverage will be afforded only for the specific event and dates on the permit.

CERTIFICATE HOLDER**CANCELLATION**
 Erin Bishop
 PO Box 868
 Harrisonburg, VA 22801

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

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ADDITIONAL REMARKS SCHEDULE

AGENCY Willis of Texas, Inc.		NAMED INSURED USA Cycling, Inc. 210 USA Cycling Point Colorado Springs, CO 80919	
POLICY NUMBER 79960314		EFFECTIVE DATE: 12/31/2013	
CARRIER Federal Insurance Company	NAIC CODE 20281-001		
ADDITIONAL REMARKS			

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Event # 2014-343
 Event Name: Alpine Loop Gran Fondo
 Event Location: Harrisonburg, VA
 Event Date: 09/28/2014



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/17/2014

Page 1 of 2

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.

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PRODUCER Willis of Texas, Inc. c/o 26 Century Blvd. P.O. Box 305191 Nashville, TN 37230-5191	CONTACT NAME: PHONE (A/C. NO. EXT): 877-945-7378 E-MAIL ADDRESS: certificates@willis.com	FAX (A/C. NO.): 888-467-2378
	INSURER(S) AFFORDING COVERAGE INSURER A: Federal Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
INSURED USA Cycling, Inc. 210 USA Cycling Point Colorado Springs, CO 80919		

COVERAGES

CERTIFICATE NUMBER: 21509319

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	ADD'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC	Y		79960314	12/31/2013	12/31/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach Acord 101, Additional Remarks Schedule, if more space is required)

Endorsement 80-02-2306: Additional Insured : As required by written contract, Certificate Holders are named as Additional Insureds for USA Cycling sanctioned/permitted events.

Endorsement 80-02-9301: Event Organizer and/or Promoters are Named Insureds. It shall be a condition of coverage that all organizers/promoters for whom coverage is afforded under this policy execute a USAC event permit application and coverage will be afforded only for the specific event and dates on the permit.

CERTIFICATE HOLDER**CANCELLATION**
 Harrisonburg Downtown Renaissance
 212 South Main Street
 Harrisonburg, VA 22801

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

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ADDITIONAL REMARKS SCHEDULE

AGENCY Willis of Texas, Inc.		NAMED INSURED USA Cycling, Inc. 210 USA Cycling Point Colorado Springs, CO 80919	
POLICY NUMBER 79960314		EFFECTIVE DATE: 12/31/2013	
CARRIER Federal Insurance Company	NAIC CODE 20281-001		
ADDITIONAL REMARKS			

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Event # 2014-343
 Event Name: Alpine Loop Gran Fondo
 Event Location: Harrisonburg, VA
 Event Date: 09/28/2014

Certificate Holder is an Additional Insured with respects to Event #2014-343, Alpine Loop Gran Fondo, in Harrisonburg, VA on 09/28/2014, but only with respect to the liability arising out of the Named Insured's Operations.



Liability Insurance

Endorsement

Policy Period DECEMBER 31, 2013 TO DECEMBER 31, 2014
Effective Date DECEMBER 31, 2013
Policy Number 7996-03-14
Insured USA CYCLING, INC.
Name of Company FEDERAL INSURANCE COMPANY
Date Issued OCTOBER 11, 2013

This Endorsement applies to the following forms:

GENERAL LIABILITY

Under Who Is An Insured, the following provision is added:

Who Is An Insured

*State Or Political
Subdivision – Permits*

Any state or political subdivision designated below is an **insured**; but they are **insureds** only with respect to liability arising out of operations performed by you or on your behalf for which the state or political subdivision has issued a permit.

Under Bodily Injury/Property Damage Exclusions, the following exclusion is added:

Bodily Injury/Property Damage Exclusions

*Operations For State Or
Political Subdivision*

This insurance does not apply to **bodily injury** or **property damage** included within the **products-completed operations hazard** arising out of operations performed for any state or political subdivision designated as an **insured**.

Under Policy Exclusions the following exclusion is added:

Policy Exclusions

*Operations For State Or
Political Subdivision*

This insurance does not apply to **bodily injury, property damage, advertising injury or personal injury** arising out of operations performed for any state or political subdivision designated as an **insured**.

Designation Of State Or Political Subdivision

AS REQUIRED BY WRITTEN CONTRACT/PERMIT

All other terms and conditions remain unchanged.

Authorized Representative





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/17/2014

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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).

PRODUCER Willis of Texas, Inc. c/o 26 Century Blvd. P.O. Box 305191 Nashville, TN 37230-5191	CONTACT NAME: PHONE (A/C, NO, EXT): 877-945-7378 E-MAIL ADDRESS: certificates@willis.com FAX (A/C, NO): 888-467-2378
	INSURER(S) AFFORDING COVERAGE INSURER A: Federal Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED USA Cycling, Inc. 210 USA Cycling Point Colorado Springs, CO 80919	NAIC # 20281-001

COVERAGES **CERTIFICATE NUMBER: 21509316** **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	ADD'L SUBR INSRD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC	Y	79960314	12/31/2013	12/31/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					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) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach Acord 101, Additional Remarks Schedule, if more space is required)

Endorsement 80-02-2306: Additional Insured : As required by written contract, Certificate Holders are named as Additional Insureds for USA Cycling sanctioned/permitted events.

Endorsement 80-02-9301: Event Organizer and/or Promoters are Named Insureds. It shall be a condition of coverage that all organizers/promoters for whom coverage is afforded under this policy execute a USAC event permit application and coverage will be afforded only for the specific event and dates on the permit.

CERTIFICATE HOLDER Jeremiah Bishop 331 New York Avenue Harrisonburg, VA 22801	CANCELLATION 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



ADDITIONAL REMARKS SCHEDULE

AGENCY Willis of Texas, Inc.		NAMED INSURED USA Cycling, Inc. 210 USA Cycling Point Colorado Springs, CO 80919	
POLICY NUMBER 79960314		EFFECTIVE DATE: 12/31/2013	
CARRIER Federal Insurance Company	NAIC CODE 20281-001		
ADDITIONAL REMARKS			

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Event # 2014-343
 Event Name: Alpine Loop Gran Fondo
 Event Location: Harrisonburg, VA
 Event Date: 09/28/2014

Certificate Holder is an Additional Insured with respects to Event #2014-343, Alpine Loop Gran Fondo, in Harrisonburg, VA on 09/28/2014, but only with respect to the liability arising out of the Named Insured's Operations.



Liability Insurance

Endorsement

Policy Period DECEMBER 31, 2013 TO DECEMBER 31, 2014
Effective Date DECEMBER 31, 2013
Policy Number 7996-03-14
Insured USA CYCLING, INC.
Name of Company FEDERAL INSURANCE COMPANY
Date Issued OCTOBER 11, 2013

This Endorsement applies to the following forms:

GENERAL LIABILITY

Under Who Is An Insured, the following provision is added:

Who Is An Insured

*State Or Political
Subdivision – Permits*

Any state or political subdivision designated below is an **insured**; but they are **insureds** only with respect to liability arising out of operations performed by you or on your behalf for which the state or political subdivision has issued a permit.

Under Bodily Injury/Property Damage Exclusions, the following exclusion is added:

Bodily Injury/Property Damage Exclusions

*Operations For State Or
Political Subdivision*

This insurance does not apply to **bodily injury** or **property damage** included within the **products-completed operations hazard** arising out of operations performed for any state or political subdivision designated as an **insured**.

Under Policy Exclusions the following exclusion is added:

Policy Exclusions

*Operations For State Or
Political Subdivision*

This insurance does not apply to **bodily injury, property damage, advertising injury or personal injury** arising out of operations performed for any state or political subdivision designated as an **insured**.

Designation Of State Or Political Subdivision

AS REQUIRED BY WRITTEN CONTRACT/PERMIT

All other terms and conditions remain unchanged.

Authorized Representative





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/17/2014

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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).

PRODUCER Willis of Texas, Inc. c/o 26 Century Blvd. P.O. Box 305191 Nashville, TN 37230-5191	CONTACT NAME:		
	PHONE (A/C, NO, EXT):	877-945-7378	FAX (A/C, NO): 888-467-2378
	E-MAIL ADDRESS:	certificates@willis.com	
	INSURER(S) AFFORDING COVERAGE		NAIC#
INSURED USA Cycling, Inc. 210 USA Cycling Point Colorado Springs, CO 80919	INSURER A:	Federal Insurance Company	20281-001
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 21509315

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	ADD'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y		79960314	12/31/2013	12/31/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A			WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach Acord 101, Additional Remarks Schedule, if more space is required)

Endorsement 80-02-2306: Additional Insured : As required by written contract, Certificate Holders are named as Additional Insureds for USA Cycling sanctioned/permitted events.

Endorsement 80-02-9301: Event Organizer and/or Promoters are Named Insureds. It shall be a condition of coverage that all organizers/promoters for whom coverage is afforded under this policy execute a USAC event permit application and coverage will be afforded only for the specific event and dates on the permit.

CERTIFICATE HOLDER**CANCELLATION**

Jeremiah Bishop Racing LLC
331 New York Avenue
Harrisonburg, VA 22801

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



ADDITIONAL REMARKS SCHEDULE

AGENCY Willis of Texas, Inc.		NAMED INSURED USA Cycling, Inc. 210 USA Cycling Point Colorado Springs, CO 80919	
POLICY NUMBER 79960314		EFFECTIVE DATE: 12/31/2013	
CARRIER Federal Insurance Company	NAIC CODE 20281-001		
ADDITIONAL REMARKS			

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Event # 2014-343
 Event Name: Alpine Loop Gran Fondo
 Event Location: Harrisonburg, VA
 Event Date: 09/28/2014

Certificate Holder is an Additional Insured with respects to Event #2014-343, Alpine Loop Gran Fondo, in Harrisonburg, VA on 09/28/2014, but only with respect to the liability arising out of the Named Insured's Operations.



Liability Insurance

Endorsement

Policy Period DECEMBER 31, 2013 TO DECEMBER 31, 2014
Effective Date DECEMBER 31, 2013
Policy Number 7996-03-14
Insured USA CYCLING, INC.
Name of Company FEDERAL INSURANCE COMPANY
Date Issued OCTOBER 11, 2013

This Endorsement applies to the following forms:

GENERAL LIABILITY

Under Who Is An Insured, the following provision is added:

Who Is An Insured

*State Or Political
Subdivision – Permits*

Any state or political subdivision designated below is an **insured**; but they are **insureds** only with respect to liability arising out of operations performed by you or on your behalf for which the state or political subdivision has issued a permit.

Under Bodily Injury/Property Damage Exclusions, the following exclusion is added:

Bodily Injury/Property Damage Exclusions

*Operations For State Or
Political Subdivision*

This insurance does not apply to **bodily injury** or **property damage** included within the **products-completed operations hazard** arising out of operations performed for any state or political subdivision designated as an **insured**.

Under Policy Exclusions the following exclusion is added:

Policy Exclusions

*Operations For State Or
Political Subdivision*

This insurance does not apply to **bodily injury, property damage, advertising injury or personal injury** arising out of operations performed for any state or political subdivision designated as an **insured**.

Designation Of State Or Political Subdivision

AS REQUIRED BY WRITTEN CONTRACT/PERMIT

All other terms and conditions remain unchanged.

Authorized Representative





ADDITIONAL REMARKS SCHEDULE

AGENCY Willis of Texas, Inc.		NAMED INSURED USA Cycling, Inc. 210 USA Cycling Point Colorado Springs, CO 80919	
POLICY NUMBER 79960314		EFFECTIVE DATE: 12/31/2013	
CARRIER Federal Insurance Company	NAIC CODE 20281-001		
ADDITIONAL REMARKS			

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Event # 2014-343
 Event Name: Alpine Loop Gran Fondo
 Event Location: Harrisonburg, VA
 Event Date: 09/28/2014

Certificate Holder is an Additional Insured with respects to Event #2014-343, Alpine Loop Gran Fondo, in Harrisonburg, VA on 09/28/2014, but only with respect to the liability arising out of the Named Insured's Operations.



Liability Insurance

Endorsement

Policy Period DECEMBER 31, 2013 TO DECEMBER 31, 2014
Effective Date DECEMBER 31, 2013
Policy Number 7996-03-14
Insured USA CYCLING, INC.
Name of Company FEDERAL INSURANCE COMPANY
Date Issued OCTOBER 11, 2013

This Endorsement applies to the following forms:

GENERAL LIABILITY

Under Who Is An Insured, the following provision is added:

Who Is An Insured

*State Or Political
Subdivision – Permits*

Any state or political subdivision designated below is an **insured**; but they are **insureds** only with respect to liability arising out of operations performed by you or on your behalf for which the state or political subdivision has issued a permit.

Under Bodily Injury/Property Damage Exclusions, the following exclusion is added:

Bodily Injury/Property Damage Exclusions

*Operations For State Or
Political Subdivision*

This insurance does not apply to **bodily injury** or **property damage** included within the **products-completed operations hazard** arising out of operations performed for any state or political subdivision designated as an **insured**.

Under Policy Exclusions the following exclusion is added:

Policy Exclusions

*Operations For State Or
Political Subdivision*

This insurance does not apply to **bodily injury, property damage, advertising injury or personal injury** arising out of operations performed for any state or political subdivision designated as an **insured**.

Designation Of State Or Political Subdivision

AS REQUIRED BY WRITTEN CONTRACT/PERMIT

All other terms and conditions remain unchanged.

Authorized Representative





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/17/2014

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).

PRODUCER Willis of Texas, Inc. c/o 26 Century Blvd. P.O. Box 305191 Nashville, TN 37230-5191	CONTACT NAME: PHONE (A/C, NO, EXT): 877-945-7378 E-MAIL ADDRESS: certificates@willis.com	FAX (A/C, NO): 888-467-2378
	INSURER(S) AFFORDING COVERAGE	
INSURED USA Cycling, Inc. 210 USA Cycling Point Colorado Springs, CO 80919	INSURER A: Federal Insurance Company	NAIC # 20281-001
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 21509321

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	ADD'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC	Y		79960314	12/31/2013	12/31/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						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? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach Acord 101, Additional Remarks Schedule, if more space is required)

Endorsement 80-02-2306: Additional Insured : As required by written contract, Certificate Holders are named as Additional Insureds for USA Cycling sanctioned/permitted events.

Endorsement 80-02-9301: Event Organizer and/or Promoters are Named Insureds. It shall be a condition of coverage that all organizers/promoters for whom coverage is afforded under this policy execute a USAC event permit application and coverage will be afforded only for the specific event and dates on the permit.

CERTIFICATE HOLDER

CANCELLATION

Shenandoah Valley Bicycle Coalition
P.O. Box 1014
Harrisonburg, VA 22803

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



ADDITIONAL REMARKS SCHEDULE

AGENCY Willis of Texas, Inc.		NAMED INSURED USA Cycling, Inc. 210 USA Cycling Point Colorado Springs, CO 80919	
POLICY NUMBER 79960314		EFFECTIVE DATE: 12/31/2013	
CARRIER Federal Insurance Company	NAIC CODE 20281-001		
ADDITIONAL REMARKS			

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Event # 2014-343
 Event Name: Alpine Loop Gran Fondo
 Event Location: Harrisonburg, VA
 Event Date: 09/28/2014

Certificate Holder is an Additional Insured with respects to Event #2014-343, Alpine Loop Gran Fondo, in Harrisonburg, VA on 09/28/2014, but only with respect to the liability arising out of the Named Insured's Operations.



Liability Insurance

Endorsement

Policy Period DECEMBER 31, 2013 TO DECEMBER 31, 2014
Effective Date DECEMBER 31, 2013
Policy Number 7996-03-14
Insured USA CYCLING, INC.
Name of Company FEDERAL INSURANCE COMPANY
Date Issued OCTOBER 11, 2013

This Endorsement applies to the following forms:

GENERAL LIABILITY

Under Who Is An Insured, the following provision is added:

Who Is An Insured

*State Or Political
Subdivision – Permits*

Any state or political subdivision designated below is an **insured**; but they are **insureds** only with respect to liability arising out of operations performed by you or on your behalf for which the state or political subdivision has issued a permit.

Under Bodily Injury/Property Damage Exclusions, the following exclusion is added:

Bodily Injury/Property Damage Exclusions

*Operations For State Or
Political Subdivision*

This insurance does not apply to **bodily injury** or **property damage** included within the **products-completed operations hazard** arising out of operations performed for any state or political subdivision designated as an **insured**.

Under Policy Exclusions the following exclusion is added:

Policy Exclusions

*Operations For State Or
Political Subdivision*

This insurance does not apply to **bodily injury, property damage, advertising injury or personal injury** arising out of operations performed for any state or political subdivision designated as an **insured**.

Designation Of State Or Political Subdivision

AS REQUIRED BY WRITTEN CONTRACT/PERMIT

All other terms and conditions remain unchanged.

Authorized Representative





ADDITIONAL REMARKS SCHEDULE

AGENCY Willis of Texas, Inc.		NAMED INSURED USA Cycling, Inc. 210 USA Cycling Point Colorado Springs, CO 80919	
POLICY NUMBER 79960314		EFFECTIVE DATE: 12/31/2013	
CARRIER Federal Insurance Company	NAIC CODE 20281-001		
ADDITIONAL REMARKS			

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 FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Event # 2014-343
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 Event Location: Harrisonburg, VA
 Event Date: 09/28/2014

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Liability Insurance

Endorsement

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Effective Date DECEMBER 31, 2013
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Designation Of State Or Political Subdivision

AS REQUIRED BY WRITTEN CONTRACT/PERMIT

All other terms and conditions remain unchanged.

Authorized Representative

