



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/31/2016

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 Hedrick Insurance & Financial 6130 Mechanicsville Turnpike, Suite A Mechanicsville VA 23111 | | CONTACT NAME: Brandon Hedrick PHONE (A/C, No. Ext): 804-559-1200 E-MAIL ADDRESS: hedrickb@nationwide.com FAX (A/C, No): 804-569-7779 | |
| | | INSURER(S) AFFORDING COVERAGE | |
| | | INSURER A : Penn-America Insurance Company | |
| | | INSURER B : | |
| | | INSURER C : | |
| | | INSURER D : | |
| | | INSURER E : | |
| | | INSURER F : | |
| INSURED VA Momentum, LLC 1730 Park Lawn Drive Harrisonburg VA 22801 | | | |

COVERAGES**CERTIFICATE NUMBER:****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 | |
|----------|---|--|----------|---------------|-------------------------|-------------------------|---|--------------|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | PAC7058089 | 05/15/2016 | 05/15/2017 | EACH OCCURRENCE | \$ 2,000,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100,000 |
| | <input checked="" type="checkbox"/> \$500 Deductible | Y | | | | | MED EXP (Any one person) | \$ 5,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | AUTOMOBILE LIABILITY | | | | | | GENERAL AGGREGATE | \$ 2,000,000 |
| | <input type="checkbox"/> ANY AUTO | | | | | | PRODUCTS - COMP/OP AGG | \$ Excluded |
| | <input type="checkbox"/> ALL OWNED AUTOS | <input type="checkbox"/> SCHEDULED AUTOS | | | | | | \$ |
| | <input type="checkbox"/> HIRED AUTOS | <input type="checkbox"/> NON-OWNED AUTOS | | | | | | \$ |
| | <input type="checkbox"/> UMBRELLA LIAB | <input type="checkbox"/> OCCUR | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| | <input type="checkbox"/> EXCESS LIAB | <input type="checkbox"/> CLAIMS-MADE | | | | | BODILY INJURY (Per person) | \$ |
| | DED | RETENTION \$ | | | | | BODILY INJURY (Per accident) | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | Y/N | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | <input checked="" type="checkbox"/> N | N/A | | | | | \$ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | \$ |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Event Name: Turkey Trot
 Event Location: Downtown Harrisonburg
 Date: 11/24/2016

The City of Harrisonburg, 409 South Main St., Harrisburg, VA 22801, is hereby named as Additional Insured.

CERTIFICATE HOLDER**CANCELLATION**

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| The City of Harrisonburg 409 South Main Street Harrisonburg VA 22801 | <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE <i>Judith Majette, Royal Oak Underwriters</i></p> |
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