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## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYY) 12/14/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NO 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	CONTACT NAME:				
Willis of Texas, Inc.					
,	PHONE	FAX			
c/o 26 Century Blvd	(A/C, No. Ext): 877-945-7378	(A/C, No): 888-467-2378			
P.O. Box 305191	E-MAIL				
Nashville, TN 37230-5191	ADDRESS: certificates@willis.com				
	INSURER(S) AFFORDING COVERAGE	NAIC#			
INSURED	INSURER A: Lexington Insurance Company	19437-001			
	INSURER B:				
USA Cycling, Inc.	INSURER C:				
210 USA Cycling Point	INSURER D:				
Colorado Springs, CO 80919	INSURER E:				
	INSURER F:				

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYY)	POLICY EXP (MM/DD/YY)	LIMITS	
LIK	GENERAL LIABILITY	INSK	WVD		(IVIIVI/DD/ Y Y Y)	(MIM/DD/ f f)	EACH OCCURRENCE	\$ 1.000.000
	X COMMERCIAL GENERAL LIABILITY	Y					DAMAGES TO RENTED PREMISES(Ea occurrence)	\$ 1,000,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	
				015375404	12/31/2015	12/31/2016	PERSONAL & ADV INJURY	\$ 1,000,000
Α	OFAUL ACCORDANTS LIMIT APPLIES DED					GENERAL AGGREGATE	\$ 3,000,000	
	POLICY PROJECT X LOC						PRODUCTS-COMP/OP AGG	\$ 2,000,000
	Other							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO						BODILY INJURY(Per person)	\$
	ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY(Per accident)	\$
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND						Per Statute OTH- ER	
	EMPLOYERS ' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A					E.L. DISEASE – EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE – POLICY LIMIT	\$
							,	

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

Event Number: 2016-119

Event Name: 2016 Alpine Loop Gran Fondo

Event Location: Harrisonburg, VA

Event Dates: 9/25/2016

CERTIFICATE HOLDER

Endorsement LX4309 (06/14) AI- DESIGNATED PERSON-ORG: As required by written contract, Certificate holders are named as Additional Insured for USA Cycling sanctioned/permitted events.

Endorsement NAMEINSD (02/94) NAMED INSURED AMENDMENT: Event Organizers 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 date on the permit.

CENTIFICATE HOLDEN	CANCELLATION
City of Harrisonburg 409 S Main Street	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Harrisonburg, VA 22801	AUTHORIZED REPRESENTATIVE
Transonburg, VA 22001	Our

CANCELLATION

ACORD 25 (2014/01)

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AGENCY CUSTOMER ID:	
LOC#:	



# **ADDITIONAL REMARKS SCHEDULE**

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Willis of Texas, Inc.		NAMED INSURED USA Cycling, Inc.	
POLICY NUMBER 015375404		210 USA Cycling Point Colorado Springs, CO 80919	
CARRIER	NAIC CODE	ociorado opringo, oo ooo io	
Lexington Insurance Copmpany	19437-001	EFFECTIVE DATE: 12/31/2015	
ADDITIONAL DEMARKS			

015375404			Colorado Springs, CO 80919		
CARRIER Lexington Insurance	e Copmpany	NAIC CODE 19437-001	EFFECTIVE DATE: 12/31/2015		
ADDITIONAL REMARKS					
	RKS FORM IS A SCHEDULE TO ACC	ORD FORM,			
FORM NUMBER: 25					
			Events # 2016-119, 2016 Alpine Loop Gran Fondo, liability arising out of the Named Insured's operations.		

#### **ENDORSEMENT**

This endorsement, effective 12:01 AM 12/31/2015

Forms a part of policy no.: 015375404

Issued to: USA CYCLING, INC.

By: LEXINGTON INSURANCE COMPANY

## ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

(Based on CG 2026 04/13)

This endorsement modifies insurance provided by the following:

#### **COMMERCIAL GENERAL LIABILITY POLICY**

#### **SCHEDULE**

Name of Additional Insured Person(s) or Organization(s)

#### AS REQUIRED BY WRITTEN CONTRACT

Information required to complete this Schedule, if not shown above, will be shown in the Declarations

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
  - 1. In the performance of your ongoing operations; or
  - 2. In connection with your premises owned by or rented to you.

### However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- **B.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III Limits Of Insurance**:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

**2.** Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations

All other terms and conditions of the policy remain the same.

**Authorized Representative** 

Thomas Wangklin