

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/16/23

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 have ADDITIONAL INSURED provisions or 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 he		• • •			
PRODUCER Specialty Advantage Insurance Services	CONTACT NAME:	GatherGuard Administrato			
505 North Brand Blvd Suite 1250	PHONE (A/C, No, Ext):	(844) 747-6240	FAX (A/C, No):		
Glendale, CA 92103	E-MAIL ADDRESS:	gatherguard@intactinsura	therguard@intactinsurance.com		
		INSURER(S) AFFORDING	COVERAGE	NAIC #	
	INSURER A: Atla	antic Specialty Insurance Con	pany	27154	
INSURED Bishop Racing LLC / Shenandoah Valley Bicycle Coalition	INSURER B:				
331 New York Avenue	INSURER C:				
Harrisonburg, VA 22801	INSURER D:				
	INSURER E:				
	INSURER F:				
COVERAGES CERTIFICATE NUMBER:		RE	VISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAINDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION					

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	XCLUSIONS AND CONDITIONS OF SUCH PO		SUBR		POLICY EFF	POLICY EXP		
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	LIMITS	
	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 250,000
							MED EXP (Any one person)	\$ Excluded
		Х		GGL013112	09/23/2023	09/25/2023	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
Α	X POLICY PROJECT LOC						PRODUCTS - COMP/OP AGG	\$ 1,000,000
	OTHER:							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS MADE						AGGREGATE	\$
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER OTH- STATUTE ER	\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE/ OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Mandatory in NH) If yes, describe under	,.					E.L. DISEASE - EA EMPLOYEE	\$
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
Α	Liquor Liability	Х		GGL013112	09/23/2023	09/25/2023	Limit Each Common Aggregate	\$ 1,000,000 \$ 1,000,000

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

Event Name: Alpine Loop Gran Fondo

Event Type: Festival and cultural event (outdoors)

Event date(s): 09/23/23, 09/24/23 Daily Attendance: 250

Number of Days: 2

CERTIF	FICATE	HOLE	DER
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CANCELATION

228 South Lib	erty Street
Harrisonburg,	VA 22801 US

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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