

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/19/2018

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).

certificate holder in lieu of such endorsement(s).											
	DUCER		CONTA NAME:	CONTACT TULIP Administrator							
Specialty Advantage Insurance Services					PHONE (A/C, No, Ext): (800) 507-8414 FAX (A/C, No):						
1100 Glendon Ave. Suite 900					E-MAIL ADDRESS: tulip@onebeacon.com						
Los Angeles, CA 90024										NAIC#	
3,					INCLIDE	INSURER A : Atlantic Specialty Insurance Company 27154					
INSURED						INSURER A .					
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: 114682						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 TYPE OF INSURANCE ADDL SUBR INSR WVD POLICY NUMBER					POLICY EFF   POLICY EXP   (MM/DD/YYYY)   LIMITS						
A	GENERAL LIABILITY	X	WVD	GL04750-00		09/28/2018 10/02/2018		EACH OCCURRENCE \$ 1,000,		0,000	
^	X COMMERCIAL GENERAL LIABILITY			020110000		00,20,20.0	. 0, 02, 20 . 0	DAMAGE TO RENTED	\$ 50,00	-	
	V							PREMISES (Ea occurrence)	s Exclu		
	CLAIMS-MADE A OCCUR							MED EXP (Any one person)	\$ 1,000		
								PERSONAL & ADV INJURY	s None	,	
								GENERAL AGGREGATE	\$ 1,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG		7,000	
	POLICY X PRO- JECT LOC							COMBINED SINGLE LIMIT	\$		
	AUTOMOBILE LIABILITY							(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							WC STATU- OTH- TORY LIMITS ER			
AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE								E.L. EACH ACCIDENT	\$		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								E.L. DISEASE - EA EMPLOYEE			
If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT \$			
Α	Third Party Property Damage	Х		PF01481-00		09/28/2018	10/02/2018	Limit	1,000	0.000	
, ,	Third raity r toperty Damage	*							,	•	
								Deductible	1,000	)	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Alpine Loop Gran Fondo 09/28/2018, 09/29/2018, 09/30/2018, 10/01/2018											
CERTIFICATE HOLDER					CANCELLATION						
Virginia Local Government Risk Agency, LLC P.O. Box 3239											
Glen Allen, VA 23058-3239					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
City of Harrisonburg 409 S. Main Street						AUTHORIZED REPRESENTATIVE					
Harrisonburg, VA 228013610					AUTHORIZED REPRESENTATIVE						
						Buren angues					