

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/20/2023

KHORN

**USACYCL-24** 

								12/	20/2023		
C B	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF IN EPRESENTATIVE OR PRODUCER, A	'IVEL' SURA	Y OF	R NEGATIVELY AMEND, DOES NOT CONSTITUT	EXTEND OR ALT	ER THE CO	VERAGE AFFORDED	вү тне	E POLICIES		
lf	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 holder in lieu of such endorsement(s).										
PRODUCER Fairly Consulting Group, LLC					CONTACT Fairly Group Certificates						
1800 S. Washington, Suite 400					(A/C, No, Ext):						
Amarillo, TX 79Ĭ02					E-MAIL ADDRESS: certs@fairlygroup.com						
					INSURER(S) AFFORDING COVERAGE NAIC #				NAIC #		
					INSURER A : Accredited Surety and Casualty Company, Inc.			26379			
					INSURER B :						
					INSURER C :						
USA Cycling, Inc. 210 USA Cycling Point, Suite 100											
Colorado Springs, CO 80919					INSURER D :						
					INSURER E :						
					NSURER F :						
			-	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.								WHICH THIS			
INSR LTR	TYPE OF INSURANCE										
A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD				EACH OCCURRENCE	\$	2,000,000		
	CLAIMS-MADE X OCCUR			1-TRE-CO-17-01338745-00	12/31/2023	12/31/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)		2,000,000		
				1-III(E-00-II-01350/45-00	12/31/2023	12/31/2024		\$			
							MED EXP (Any one person)	\$	2,000,000		
							PERSONAL & ADV INJURY	\$			
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	4,000,000		
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000		
	X OTHER: Per Event						PART. LEGAL LIA	\$	Included		
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	2,000,000		
	ANY AUTO			1-TRE-CO-17-01338745-00	12/31/2023	12/31/2024	BODILY INJURY (Per person)	\$			
	OWNED AUTOS ONLY X SCHEDULED						BODILY INJURY (Per accident)	\$			
	X HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$			
								•			
Α	UMBRELLA LIAB X OCCUR							\$	3,000,000		
	X EXCESS LIAB CLAIMS-MADE			1-TRE-CO-17-01338746-00	12/31/2023	12/31/2024	EACH OCCURRENCE	\$	3,000,000		
				1-IIIE-00-II-01350/40-00	12/31/2023	12/31/2024	AGGREGATE	\$	3,000,000		
	DED RETENTION \$						PER OTH-	\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						STATUTE ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	\$			
							E.L. DISEASE - EA EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$			
DES	<b>CRIPTION OF OPERATIONS / LOCATIONS / VEHIC</b>	LES (A	ÓORD	101, Additional Remarks Schedule	, may be attached if mor	e space is requir	ed)				

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IL 1201 - Endt #1 - Named Insured Extension:

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(s) on the permit.

The General Liability policy includes a blanket automatic additional insured endorsement that provides additional insured status to any person or organization if required by a written contract or agreement provided such contract or agreement was executed prior to the occurrence or offense. Please see attached endorsement CG 20 26 (4/2013).

CERTIFICATE HOLDER	CANCELLATION				
SAMPLE SAMPLE	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				

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

#### COMMERCIAL GENERAL LIABILITY COVERAGE PART

### SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):
Any person or organization if required by a written contract or agreement provided such contract or agreement was executed prior to the occurrence or offense.
Information convined to complete the Cabadula, if a tabaya above will be above in the Daslandiana

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;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.