

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

KLADD

**USACYCL-18** 

								-	01	/17/2018	
CERT BELO	CERTIFICATE IS ISSUED AS A IFICATE DOES NOT AFFIRMAT W. THIS CERTIFICATE OF IN ESENTATIVE OR PRODUCER, A	IVEL SUR/	Y OF	R NEGATIVELY AMEND, DOES NOT CONSTITU	, EXTE	ND OR ALT	ER THE CO	OVERAGE AFFORD	ED BY TH	E POLICIES	
If SU	RTANT: If the certificate holde BROGATION IS WAIVED, subje ertificate does not confer rights t	ct to	the	terms and conditions of	the po	licy, certain	policies may				
PRODUCE	<b>, , , ,</b>	0 1110	0011					cates			
Fairly Consulting Group, LLC						CONTACT NAME: Fairly Group Certificates   PHONE (A/C, No, Ext): (806) 376-4761 FAX (A/C, No): (806) 337-1859					
1800 S. Washington, Suite 400 Amarillo, TX 79102						PHONE (A/C, No, Ext): FAX (A/C, No): FAX (A/C, No):   E-MAIL ADDRESS: certs@fairlygroup.com					
Amarino	), 1X 79102										
										NAIC #	
							on insuran	ce Company		19437	
INSURED	USA Cycling, Inc.				INSURER B :						
	Utah Cycling Association				INSURE	RC:					
	2406 W Tierra Rose Dr				INSURE	RD:					
	Taylorsville, UT 84129				INSURE	RE:					
					INSURE	RF:					
COVER	AGES CER	TIFI	CATE	E NUMBER:				REVISION NUMBER	R:		
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	ADDL SUBR			POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)				
A X					(אוואו/שט/דדד)		EACH OCCURRENCE	\$	1,000,000		
	CLAIMS-MADE X OCCUR			015375404		12/31/2017	12/31/2018	DAMAGE TO RENTED PREMISES (Ea occurrence		1,000,000	
										Excluded	
								MED EXP (Any one person	/ ·	1,000,000	
0.51								PERSONAL & ADV INJUR		3,000,000	
GEI	VIL AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT X LOC							GENERAL AGGREGATE	\$	2,000,000	
								PRODUCTS - COMP/OP A		_,,	
	OTHER:							COMBINED SINGLE LIMIT	Г Г		
AUT								(Ea accident)	\$		
								BODILY INJURY (Per pers	on) \$		
	AUTOS ONLY							BODILY INJURY (Per accid	dent) \$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	RKERS COMPENSATION							PER OT STATUTE ER	[H- }		
						E.L. EACH ACCIDENT	\$				
OFFICER/MEMBER EXCLUDED?								E.L. DISEASE - EA EMPLO	OYEE \$		
If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LI	IMIT \$		
									`		
DESCRIPT	TION OF OPERATIONS / LOCATIONS / VEHIC	IFS (		) 101 Additional Remarks Schedu	ile may b	e attached if mor	e snace is requir	ed)	I		
Job 9405							e opuee io requi				

Membership Number: 9405

The policy provides coverage during cycling related Local Association activities, such as award banquets, meetings, approved fund-raisers, and non-USAC sanctioned training rides. Obtaining a waiver & release of liability with original signatures from all participants is required.

Coverage will be effective after payment has been received and in full and the insurance carrier has approved the application (NOT THE DAY RECEIVED) and will run to December 31, 2018. SEE ATTACHED ACORD 101

CERTIFICATE HOLDER	CANCELLATION				
Evidence of Insurance-Utah Cycling Association 2406 W Tierra Rose Dr Taylorsville, UT 84129	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				

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LOC #: 1

## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Fairly Consulting Group, LLC		NAMED INSURED USA Cycling, Inc. Utah Cycling Association 2406 W Tierra Rose Dr			
POLICY NUMBER		2406 W Tierřa Rose Dr Taylorsville, UT 84129			
SEE PAGE 1		Taylorsville, 01 04129			
CARRIER	NAIC CODE				
SEE PAGE 1 SEE P 1		EFFECTIVE DATE: SEE PAGE 1			

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:

The following coverage exclusions apply to the Local Association coverage provided: USAC permitted events and all competitions and tours/fun rides, whether USA permitted or not. Participants v. Participant Claims.

Note: All rides/training rides/races which require a fee must be permitted/sanctioned by USA Cycling and will not be covered under the club/local association coverage.

This is a brief outline of policy coverage/exclusions and is not all encompassing. Policy wording will determine coverage.