**KLADD** 



## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 1/14/2019

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 holder in lieu of such endorsement(s).

this certificate does not confer rights to the certificate holder in lieu of	such endorsement(s).				
PRODUCER	CONTACT Fairly Group Certificates				
Fairly Consulting Group, LLC 1800 S. Washington, Suite 400			No):(806) 337-1859		
Amarillo, TX 79102	E-MAIL ADDRESS: certs@fairlygroup.com				
	INSURER(S) AFFORDING COVERAGE		NAIC #		
	INSURER A: Lexington Insurance Company		19437		
INSURED	INSURER B:				
USA Cycling, Inc.	INSURER C:				
Utah Cycling Association 2406 W Tierra Rose Dr.	INSURER D:				
Salt Lake City, UT 84129	INSURER E :				
	INSURER F:				
COVERAGES CERTIFICATE NUMBER:	REVISION NUI	MBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELO	W HAVE BEEN ISSUED TO THE INSURED NAMED ABO	VE FOR THE POI	LICY PERIOD		

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.

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INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	
Α	X	COMMERCIAL GENERAL LIABILITY				,	,	EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR			015375404	12/31/2018	12/31/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
								MED EXP (Any one person)	s Excluded
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
		POLICY PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						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 \$							\$
	WOR AND	KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
	(Man	ory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
		, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Job 9405

member #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, 2019.
SEE ATTACHED ACORD 101

CERTIFICATE HOLDER	CANCELLATION
Evidence of Insurance- Utah Cycling Association 2406 W Tierra Rose Dr. Salt Lake City, 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.
Jan Lake Oity, 01 04123	AUTHORIZED REPRESENTATIVE

LOC #: 1



## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Fairly Consulting Group, LLC POLICY NUMBER SEE PAGE 1		NAMED INSURED USA Cycling, Inc. Utah Cycling Association 2406 W Tierra Rose Dr. Salt Lake City, UT 84129
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	1

## **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.