

LISACVCI -01 MRODRIGHEZ

								USACTCL-U	IVI	RODRIGUEZ
ACORD [®] CERTIFICATE OF LIAB				DII I			· C	DATE	(MM/DD/YYYY)	
				DILITTINSURANCE 9/9/				/9/2016		
	THIS CERTIFICATE IS ISSUED AS									
	CERTIFICATE DOES NOT AFFIRMA									
	BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.									
I	MPORTANT: If the certificate hold	er is	an A	DDITIONAL INSURED, the	e policy	/(ies) must b	e endorsed.	If SUBROGATION IS W	AIVED	, subject to
	he terms and conditions of the polic certificate holder in lieu of such endor				endorse	ment. A sta	tement on th	nis certificate does not c	onfer ı	rights to the
PR	DDUCER		. ,		CONTAC NAME:	CT Fairly G	roup Certifi	icates		
Fai	rly Consulting Group, LLC				PHONE (A/C, No, Ext): (806) 376-4761 FAX (A/C, No): (806) 337-1859					
180 Am	00 S. Washington, Suite 400 arillo, TX 79102				E-MAIL ADDRESS: certs@fairlygroup.com					
1					ADDRES					NAIC #
							. ,	ce Company		19437
INS	URED									10407
					INSURE					
	USA Cycling, Inc.		~		INSURE					
	210 USA Cycling Point, Sui Colorado Springs, CO 8091		J		INSURE					
		5			INSURE					
			<u></u>		INSURE	RF:				
			-	E NUMBER:				REVISION NUMBER:		
	THIS IS TO CERTIFY THAT THE POLIC NDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR MA' EXCLUSIONS AND CONDITIONS OF SUCH	requ ⁄ Per I Poli	IREM TAIN CIES	ENT, TERM OR CONDITION , THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A DED BY	NY CONTRA 7 THE POLIC REDUCED BY	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RESPE	ст то	WHICH THIS
INSE						POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
Α	X COMMERCIAL GENERAL LIABILITY					· ·		EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			015375404		12/31/2015	12/31/2016	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
								MED EXP (Any one person)	\$	Excluded
		-						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:	-						GENERAL AGGREGATE	\$	3,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	X OTHER: EVENT								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
	AUTOS AUTOS HIRED AUTOS AUTOS							PROPERTY DAMAGE	\$	
	HIRED AUTOS AUTOS							(Per accident)	\$	
									\$	
		_						EACH OCCURRENCE		
		=						AGGREGATE	\$	
-	DED RETENTION \$ WORKERS COMPENSATION							PER OTH-	\$	
	AND EMPLOYERS' LIABILITY Y / M							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
	SCRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (ACORI	D 101, Additional Remarks Schedu	ule, may b	e attached if mor	re space is requi	red)		

Endorsement NAMEDINSD (02/94) NAMED INSURED AMENDMENT: 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 on the permit.

The General Liability policy includes a blanket automatic additional insured endorsement that provides additional insured status to the certificate holder only when there is a written contract between a named insured and the certificate holder that requires such status. Please see attached endorsement LX4309 SEE ATTACHED ACORD 101

CERTIFICATE HOLDER	CANCELLATION
City of Portland 398 Congress Street Portland, ME 04101	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	Oling
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AGENCY	CUSTOMER	ID:	USACYCL-01

LOC #: 1

ADDITIONAL REMARKS SCHEDULE

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AGENCY Fairly Consulting Group, LLC	NAMED INSURED USA Cycling, Inc. 210 USA Cycling Point, Suite 100 Colorado Springs, CO 80919	
POLICY NUMBER		
SEE PAGE 1		
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: (06/14) - Additional Insured - Designated Person or Organization.

Event Number: 2016-3049 Event Name: Casco Bay Cyclocross Event Location: Portland, ME Event Date(s): 10/23/2016 Set-up Dates: 10/22/2016 - 10/22/2016 Includes Kids Fun Ride This endorsement, effective 12:01 AM 12/31/2015

Forms a part of policy no.: 015375404

Issued to: USA CYCLING, INC.

By: LEXINGTON INSURANCE COMPANY

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

(Based on CG 2026 04/13)

This endorsement modifies insurance provided by the following:

COMMERCIAL GENERAL LIABILITY POLICY

SCHEDULE

Name of Additional Insured Person(s) or Organization(s)

AS REQUIRED BY WRITTEN CONTRACT

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

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2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations

All other terms and conditions of the policy remain the same.

Thomas Mifanghlin

Authorized Representative

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