

CERTIFICATE OF LIABILITY INSURANCE

MRODRIGUEZ

DATE (MM/DD/YYYY) 08/28/2017

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.

If	PORTANT: If the certificate holder SUBROGATION IS WAIVED, subject is certificate does not confer rights to	t to	the	terms and conditions of	the po	licy, certain	policies may			
PROI	DUCER				CONTA	^{⊂⊤} Fairly Gr	oup Certific	cates		
Fairly Consulting Group, LLC						PHONE (A/C, No, Ext): (806) 376-4761 FAX (A/C, No): (806)				337-1859
1800 S. Washington, Suite 400 Amarillo, TX 79102					E-MAIL ADDRESS: certs@fairlygroup.com					
					INSURER(S) AFFORDING COVERAGE				NAIC #	
			INSURER A: Lexington Insurance Company					19437		
INSURED					INSURE			•		
	USA Cycling, Inc.				INSURER C:					
	210 USA Cycling Point, Suite				INSURER D :					
	Colorado Springs, CO 80919			INSURER E :						
					INSURE	RF:				
CO	/ERAGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:		
IN CE	IIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY ICLUSIONS AND CONDITIONS OF SUCH F	EQUIF PERT	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORI	N OF A	NY CONTRAC	CT OR OTHER IES DESCRIB	DOCUMENT WITH RESP	ECT TO	WHICH THIS
INSR TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER						POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY					\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	,,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	x		015375404		12/31/2016	12/31/2017	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	s	3,000,000
	POLICY PRO-							PPODLICTS - COMP/OP AGG	e e	2,000,000

X OTHER: Per Event COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** ANY ALITO BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY NON-OWNED AUTOS ONLY **UMBRELLA LIAB OCCUR EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE** AGGREGATE DED RETENTION \$ OTH-FR WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION 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 2017-1864

Endorsement LEXDOC021 (LX0404) SCHEDULE OF NAMED INSUREDS: 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 212 Canco Road Portland. ME 04103	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
1 Ordana, ME 04103	AUTHORIZED REPRESENTATIVE			

LOC #: 1

ACORD'

ADDITIONAL REMARKS SCHEDULE

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AGENCY Fairly Consulting Group, LLC	NAMED INSURED USA Cycling, Inc. 210 USA Cycling Point, Suite 100		
POLICY NUMBER	Colorado Springs, CO 80919		
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: 2017-1864

Event Landian Bortland ME

Event Location: Portland, ME Event Date(s): 10/22/2017 Includes Kids Fun Ride

ENDORSEMENT # 006

This endorsement, effective 12:01 AM 12/31/2016

Forms a part of policy no.: 015375404

Issued to: USA CYCLING, INC.

Bv: 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:

- 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

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.				

Authorized Representative