Ą	ćc	DRD®	CE	ERTIFIC	CA	TE	E OF LIABILI	TY INSU	RANCE	Page 1 of 2	1	(MM/DD/YYYY) 08/2015
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 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 Willis of Texas, Inc. c/o 26 Century Blvd. P.O. Box 305191 Nashville, TN 37230-5191								CONTACT NAME: PHONE FAX (A/C, NO, EXT): 877-945-7378 E-MAIL (A/C, NO): ADDRESS: Certificates@willis.com INSURER(S)AFFORDING COVERAGE NAIC #				
								INSURER A: Lexington Insurance Company				19437-001
INS	JRED							INSURER B:	2	• •		
		USA Cy 210 US		, Inc. ling Point				INSURER C:				
				rings, CO	8091	9		INSURER D:				
								INSURER E:				
		I						INSURER F:				
CC	VER	AGES		CERI	FIFIC	ΑΤΕ	NUMBER: 23515708			REVISION NUMBER:		1
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.												
INSF LTR	1	TYPE OF INS	SURANC	E	ADDL INSD	SUB	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LI	MITS	
A	x	COMMERCIAL			Y		015375404	· · ·		EACH OCCURRENCE		,000,000
	GEN	'L AGGREGATE L		COCCUR PLIES PER:						PARMAGE TO RENTED PREMISES (Ea occurence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGO	\$ \$1 \$3	,000,000 ,000,000 ,000,000
		OTHER:									\$	
	AUT	OMOBILE LIABILI	ITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO								BODILY INJURY (Per person)	\$		
		ALL OWNED AUTOS HIRED AUTOS		SCHEDULED AUTOS NON-OWNED AUTOS						BODILY INJURY(Per accident PROPERTY DAMAGE (Per accident)	() \$ \$	
		UMBRELLA LIA	В	OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE						AGGREGATE	\$	
		DED RE	TENTIO	N \$	-						\$	
	AND ANY OFF (Mar	RKERS COMPENS EMPLOYERS' LI PROPRIETOR/PA ICER/MEMBER E Idatory in NH) s, describe under CRIPTION OF OP	ABILITY ARTNER XCLUDE	EXECUTIVE	N/A					E.L. DISEASE - EA EMPLOYI E.L. DISEASE - EA EMPLOYI	R \$ \$ EE \$	
DES	CRIPT	ION OF OPERATIO	ONS/LO	CATIONS / VEHICI	LES (A	CORD	101, Additonal Remarks Schedule,	may be attached if mor	e space is required)			
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additonal Remarks Schedule, may be attached if more space is required) Endorsement LX4309 (06/14) AI- DESIGNATED PERSON-ORG: As required by written contract, Certificate holders are named as Additional Insured for USA Cycling sanctioned/permitted events. Endorsement NAMEINSD (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.												
CF	RTIF	ICATE HOLD	DER					CANCELLATIO	N			
								SHOULD ANY OF	THE ABOVE DE	ESCRIBED POLICIES BE REOF, NOTICE WILL CY PROVISIONS.		
								AUTHORIZED REPRESENTATIVE				

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City of Portland 398 Congress Street Portland, ME 04101

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AGENCY	CUSTOMER ID:	HRH18003

LOC#: _____

ACORD

ADDITIONAL REMARKS SCHEDULE

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AGENCY		NAMED INSURED						
Willis of Texas, Inc.		USA Cycling, Inc. 210 USA Cycling Point						
POLICY NUMBER		Colorado Ŝprings, CO 80919						
015375404		_						
CARRIER	NAIC CODE							
Lexington Insurance Company	19437-001	EFFECTIVE DATE: 12/31/2014						
ADDITIONAL REMARKS								
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE								
Event #2015-3208 Event Name: Casco Bay Cyclocross Event Location: Portland, ME Event Dates: 10/17/2015 - 10/18/2015								
The above event will include Kid's Ride.								
Certificate Holder is an Additional Insured with respects to Event #2015-3208, Casco Bay Cyclocross, in Portland, ME on 10/17/2015 - 10/18/2015, but only with respect to the liability arising out of the Named Insured's Operations.								