ACORD_{TM}

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/14/15

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).

the certificate holder in lieu of such endorsement(s).											
PRO	ODUCER K & K Insurance Group, Inc.					CONTACT NAME:	SI	PORTS			
	P.O. Box 2338					PHONE (A/C, No. Ext)	:	800-441-39	94 FAX (A/C, No):	260-459-5120	
	Fort Wayne, In 46801					E-MAIL ADDRESS:					
							NAIC#				
						INSURER A:	NA	ATIONWIDE :	LIFE INSURANCE COMP	66869	
INSU	JRED FLEET FEET INC., AND ITS					INSURER B:	NA	ATIONAL CA	SUALTY COMPANY	11991	
	REGISTERED MEMBERS CLUBS PO BOX 789 CARRBORO, NC 27510					INSURER C:					
						INSURER D:					
						INSURER E:					
						INSURER F:					
COVERAGES CERTIFICATE NUMBER:									REVISION NUMBER:		
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 HERRIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. NC=NOT COVERED											
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY E (MM/DD/YY		POLICY EXP (MM/DD/YYYY)	LIMITS	;	
	X COV	MERCIAL GENERAL LIABILITY		1 1					EACH OCCURRENCE	1000000	

INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	1000000
В	CLAIMS-MADE X OCCUR	Y		KRO0005034600	12:01AM 12/31/14	12:01AM 12/31/15	DAMAGE TO RENTED PREMISES (Ea occurrence	300000
	Owners & Contractors						MED EXP (Any one person)	5000
		-					PERSONAL & ADV INJURY	1000000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	NONE
	POLICY PROJECT LOC						PRODUCTS-COMP/OP AGG	1000000
	OTHER:						Part Lgl Liab	1000000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea Accident)	
	ANY AUTO						BODILY INJURY (Per person)	
	ALL OWNED AUTOS SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	
							,	
	UMBRELLA LIAB X OCCUR				10.0171	10.0131	EACH OCCURRENCE	10000000
В	X EXCESS LIAB CLAIMS-MADE			XKO0005034800	12:01AM 12/31/14		AGGREGATE	10000000
	DED RETENTION							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER-STATUE OTHER	
	ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER						E.L. EACH ACCIDENT	
	EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE – EA EMPLOYEE	
	Îf yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	
А	Participant Accident			SPX0026685400	12:01AM 12/31/14		AD&D Primary Medical Excess Medical Weekly Indemnity	NC NC 25000 NC

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

CERTIFICATE HOLDER IS AN ADDITIONAL INSURED BUT ONLY AS RESPECTS TO THE OPERATIONS OF THE NAMED INSURED.(LESSOR OF PREMISES) DATE: 10/24/2015 EVENT: FIT AT 5K

CERTIFICATE HOLDER	CANCELLATION

CITY OF PORTLAND 389 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.

AUTHORIZED REPRESENTATIVE