

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/7/2013

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 | CONTACT Judy Weaver | | | | |
| STAR Insurance - Fort Wayne Office | PHONE (A/C, No, Ext): (260) 467-5697 FAX (A/C, No): (260) 46 | 57-5651 | | | |
| 2130 East Dupont Road | E-MAIL ADDRESS: judy.weaver@starfinancial.com | | | | |
| | INSURER(S) AFFORDING COVERAGE | NAIC # | | | |
| Fort Wayne IN 46825 | INSURER A: National Casualty Company | 11991 | | | |
| INSURED | INSURER B: Nationwide Life Insurance Co. | 66869 | | | |
| Road Runners Club of America 2013 & Its | INSURER C: | | | | |
| Member clubs | INSURER D: | | | | |
| 1501 Lee Highway, Suite 140 | INSURER E: | | | | |
| Arlington VA 22209 | INSURER F: | | | | |

COVERAGES CERTIFICATE NUMBER: 2013 - \$1M A.I.

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.

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | s | |
|-------------|--|--------------|------|-----------------------|----------------------------|----------------------------|---|----|-----------|
| | GENERAL LIABILITY | | | | , | , | EACH OCCURRENCE | \$ | 1,000,000 |
| | X COMMERCIAL GENERAL LIABILITY | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 500,000 |
| A | CLAIMS-MADE X OCCUR | х | | KRO 000000 3086500 | 12/31/2012 | 12/31/2013 | MED EXP (Any one person) | \$ | 5,000 |
| | X Legal Liability to | | | | 12:01 A.M. | 12:01 A.M. | PERSONAL & ADV INJURY | \$ | 1,000,000 |
| | Participant \$1,000,000 | | | | | | GENERAL AGGREGATE | \$ | NONE |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | Abuse & Molestation | | | PRODUCTS - COMP/OP AGG | \$ | 1,000,000 |
| | X POLICY PRO- JECT LOC | | | Aggregate \$5,000,000 | | | ABUSE & MOLESTATION | \$ | 500,000 |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | 1,000,000 |
| А | ANY AUTO | | | | | | BODILY INJURY (Per person) | \$ | |
| | ALL OWNED SCHEDULED AUTOS | х | | KRO 000000 3086500 | 12/31/2012 | 12/31/2013 | BODILY INJURY (Per accident) | \$ | |
| | X HIRED AUTOS X NON-OWNED AUTOS | | | | 12:01 A.M. | 12:01 A.M. | PROPERTY DAMAGE (Per accident) | \$ | |
| | | | | | | | | \$ | |
| | UMBRELLA LIAB OCCUR | | | | | | EACH OCCURRENCE | \$ | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | \$ | |
| | DED RETENTION\$ | | | | | | | \$ | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | WC STATU- OTH- TORY LIMITS ER | | |
| | AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | | | | | | E.L. EACH ACCIDENT | \$ | |
| | (Mandatory in NH) | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | |
| В | EXCESS MEDICAL & ACCIDENT | х | | SPX 00000 25699000 | 12/31/2012 | 12/31/2013 | EXCESS MEDICAL | | \$10,000 |
| | (\$250 DEDUCTIBLE/CLAIM) | | | | 12:01 A.M. | 12:01 A.M. | AD & SPECIFIC LOSS | | \$2,500 |

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

CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED AS RESPECTS THEIR INTEREST IN THE OPERATIONS OF THE NAMED INSURED. (Effective 01/11/13 This voids and replaces previously issued certificate.) DATE OF EVENT: 07/13 & 07/14/13 Shipyard Old Port Half Marathon and 5k INSURED CLUB/EVENT MEMBER: GiddyUp Productions, attn: Erik Boucher; 141 School Street, South Portland, ME 04106

| CERTIFICATE HOLDER | CANCELLATION |
|--|--|
| 07/13/13 City of Portland, Maine Attachment: KRGL56 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| 55 Portland Street Portland, ME 04101 | AUTHORIZED REPRESENTATIVE |
| | John Lefever/LORENZ John Lefever |

REVISION NUMBER: