



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/8/2016

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).

<b>PRODUCER</b> STAR Insurance - Fort Wayne Office 2130 East Dupont Road  Fort Wayne IN 46825	<b>CONTACT NAME:</b> Margaret Mayers <b>PHONE (A/C. No. Ext):</b> (260)467-5689 <b>E-MAIL ADDRESS:</b> margaret.mayers@starfinancial.com	<b>FAX (A/C. No):</b> (260)467-5691
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Road Runners Club of America/2017 and Its Member Clubs 1501 Lee Highway, Suite 140 Arlington VA 22209	<b>INSURER A</b> National Casualty Company <b>NAIC #</b> 11991	
	<b>INSURER B</b> Nationwide Life Insurance Co. <b>66869</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	

**COVERAGES**

CERTIFICATE NUMBER: 2017 \$2M A.I.

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 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			KRO0000006655400	12/31/2016 12:01 AM	12/31/2017 12:01 AM	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
	<input checked="" type="checkbox"/> Legal Liability to Participant \$2,000,000						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			Abuse & Molestation			GENERAL AGGREGATE \$ Unlimited
	OTHER:			Aggregate \$5,000,000			PRODUCTS - COMP/OP AGG \$ 2,000,000
							Abuse and Molestation \$ 500,000
A	<b>AUTOMOBILE LIABILITY</b>			KRO0000006655400	12/31/2016 12:01 AM	12/31/2017 12:01 AM	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000
	<input type="checkbox"/> ANY AUTO ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE \$
	<b>EXCESS LIAB</b>						AGGREGATE \$
	DED						\$
	RETENTION \$						
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
B	<b>Excess Medical &amp; Accident</b> (\$250 Deductible/Claim)			SPX000002788960	12/31/2016 12:01 AM	12/31/2017 12:01 AM	Excess Medical \$10,000 AD & Specific Loss \$2,500

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

City of Portland, ME IS NAMED AS AN ADDITIONAL INSURED AS RESPECTS THEIR INTEREST IN THE OPERATIONS OF THE NAMED INSURED. DATE OF EVENT(S): 07/05-07/17 setup, 07/07/17 expo, 07/08/17 running event and 07/09-10/17 cleanup of the Shipyard Old Port Half Marathon & 5k INSURED RRCA CLUB/EVENT MEMBER: GiddyUp Productions LLC, Att'n: Erik Boucher, 141 School Street, South Portland, ME 04106

**CERTIFICATE HOLDER****CANCELLATION**

07/05/17 City of Portland, ME Attached: PCN0011-KRGL56 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.  AUTHORIZED REPRESENTATIVE  Terry Diller/MMA <i>Terry R. Diller, CPCU</i>
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Policy Change  
Number 0011

GU 269  
(11-85)

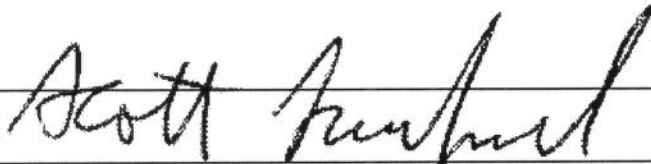
THE ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

IL 12 01 11 85

### POLICY CHANGES

<b>POLICY NO.</b> KRO0000006655400	<b>POLICY CHANGES EFFECTIVE</b> 07/05/17	<b>COMPANY</b> NATIONAL CASUALTY COMPANY
<b>NAMED INSURED</b> ROAD RUNNERS CLUB OF AMERICA		<b>AUTHORIZED REPRESENTATIVE</b> K&K INSURANCE AGENCY, INC.
<b>COVERAGE PARTS AFFECTED</b> Commercial General Liability		PAGE 01 OF 01
<b>CHANGES</b>		
Form Number: KR-GL-56 "Additional Insureds Owners and/or Lessors of Premises, Sponsors or Co-Promotors"		
(X) Add Form To Include Additional Insured Below:		
CITY OF PORTLAND, ME		
Club: GiddyUp Productions LLC		
Events/Dates:		
Setup-07/05-07/17		
Expo-07/07/17		
Running Event-07/08/17		
Cleanup of the Shipyard Old Port Half Marathon & 5K-07/09-10/17		
No Premium Change		

NLS 12/15/16



Authorized Representative Signature

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.
KRO0000006655400	07/05/17	ROAD RUNNERS CLUB OF AMERICA	

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## ADDITIONAL INSURED OWNERS AND/OR LESSORS OF PREMISES, SPONSORS OR CO-PROMOTERS

This endorsement modifies insurance provided under the following:

### COMMERCIAL GENERAL LIABILITY COVERAGE PART

The policy is amended to include as an additional Insured any person or organization of the types indicated by an "X" in any boxes shown below, but only with respect to liability arising out of your operations:

Owners and/or lessors of the premises leased, rented, or loaned to you, subject to the following additional exclusions:

- a. This insurance applies only to an "occurrence" which takes place while you are a tenant in the premises;
- b. This insurance does not apply to "bodily injury" or "property damage" resulting from structural alterations, new construction or demolition operations performed by or on behalf of the owner and/or lessor of the premises;
- c. This insurance does not apply to liability of the owners and/or lessors for "bodily injury" or "property damage" arising out of any design defect or structural maintenance of the premises or loss caused by a premises defect.

With respect to any additional insured included under this policy, this insurance does not apply to any negligence of such additional insured.

Sponsors

Co-Promoters

Any individual person(s) or organization(s) listed below:

CITY OF PORTLAND, ME

Club: GiddyUp Productions LLC

Events/Dates:

Setup-07/05-07/17

Expo-07/07/17

Running Event-07/08/17

Cleanup of the Shipyard Old Port

Half Marathon & 5K-07/09-10/17



\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
DATE