KHAYES

ACORD*

PRODUCER

CERTIFICATE OF LIABILITY INSURANCE

3/20/2023

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 have ADDITIONAL INSURED provisions or 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).

CONTACT Fairly Group Certificates

Fairly Consulting Group, LLC 1800 S. Washington, Suite 400						PHONE FAX (A/C, No, Ext): (A/C, No):					
Ama	arillo	o, TX 79102				E-MAIL ADDRE	ss: certs@fa	airlygroup.d	com		
							INS	SURER(S) AFFOI	RDING COVERAGE		NAIC #
						INSURE	ER A : Texas I	nsurance C	Company		16543
INSU	IRED					INSURE	RB:				
		USA Cycling, Inc.				INSURE	ER C:				
210 USA Cycling Point, Suite 100 Colorado Springs, CO 80919						INSURER D:					
						INSURER E :					
						INSURER F:					
CO	VER	RAGES CEF	RTIFI	CAT	E NUMBER:				REVISION NUMBER:		
IN C	IDIC <i>I</i> ERTI	IS TO CERTIFY THAT THE POLICI ATED. NOTWITHSTANDING ANY I IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH	REQU PER	IREM TAIN,	ENT, TERM OR CONDITIOI , THE INSURANCE AFFORI	N OF A	ANY CONTRAC Y THE POLICI	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	CT TO	WHICH THIS
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
Α	Х	COMMERCIAL GENERAL LIABILITY	11102	11112			(IIIIII) DD TTTT	(MINIOD) 1111)	EACH OCCURRENCE S	\$	1,000,000
		CLAIMS-MADE X OCCUR	X		BESGLPTC0011201_1700	28_01	12/31/2022	12/31/2023	DAMAGE TO RENTED	\$	1,000,000
			^							\$	Excluded
										\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:								\$	3,000,000
		POLICY PRO- JECT LOC								\$	2,000,000
	Х	OTHER: Per Event							9	\$	
	AUT	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO							[`	\$	
		OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
		HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
										\$	
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE S	\$	
		EXCESS LIAB CLAIMS-MADE	≣						AGGREGATE	\$	
		DED RETENTION \$								\$	
	WOR	RKERS COMPENSATION DEMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
		ICER/MEMBER EXCLUDED?	N / A	1					E.L. DISEASE - EA EMPLOYEE	\$	
		s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
		TION OF OPERATIONS / LOCATIONS / VEHIC	CLES (ACORI	O 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requi	red)		
		3-6807 3A-NAC (10/22) - SCHEDULE OF N	AME	INS	UREDS: Event Organizers	and/or	Promoters a	re Named Ins	ureds. It shall be a conditi	ion of	coverage that
all o	rgan	nizers/promoters for whom coverag									
spec	cific	event and date(s) on the permit.									
		eral Liability policy includes a blar									
		ation if required by a written contra	ct or	agree	ement provided such contr	act or a	agreement wa	s executed p	rior to the occurrence or o	ffense	. Please see
SEE	AII	FACHED ACORD 101									
CE	RTIF	FICATE HOLDER				CAN	CELLATION				
		Weber County 2380 Washington Boulevard	d			THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE CAI IEREOF, NOTICE WILL BI CY PROVISIONS.		
		Ogden, UT 84401									

AUTHORIZED REPRESENTATIVE

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY		NAMED INSURED			
Fairly Consulting Group, LLC		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: attached endorsement CG 20 26 (4/2013).

Event Number: 2023-6807

Event Name: Utah Hill Climb Series Event Location: Cottonwood Heights, UT

Event Date(s): 05/27/2023, 06/24/2023, 09/23/2023, 07/22/2023, 10/07/2023

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):					
Any person or organization if required by an insured contract provided such contract was executed prior to the occurrence or offense.					
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
- 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
- **2.** 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.