



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/16/2018

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).

PRODUCER Universal Business Insurance, Inc. P.O. Box 709210 Sandy, UT 84070	CONTACT NAME: Becky Sullivan
	PHONE (A/C, No, Ext): (801) 984-6027
	FAX (A/C, No):
	E-MAIL ADDRESS: bsullivan@ubinsurance.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A : Starr Indemnity & Liability
	INSURER B : United States Fire Ins. Co.
	INSURER C : Lloyds of London
	INSURER D :
	INSURER E :
	INSURER F :

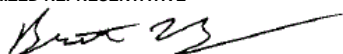
INSURED Utah High School Mountain Biking 1500 Kearns Blvd #C202 Park City, UT 84060	CERTIFICATE NUMBER:	REVISION NUMBER:
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THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD 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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Includes Athletic <input checked="" type="checkbox"/> Participants GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Abuse or Molestation	X		1000110156	04/01/2018	11/30/2018	EACH OCCURRENCE \$ 2,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000						
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 2,000,000
							GENERAL AGGREGATE \$ 4,000,000
							PRODUCTS - COMP/OP AGG \$ 4,000,000
							\$100,000 Occ \$ 100,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
B	Accident Medical			AH-GA26932-006	04/01/2018	11/30/2018	\$250 Deductible
C	Excess Abuse/Molest.			AC1704110	08/19/2017	08/19/2018	Occ 400,000 Agg 400,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: Powder Mountain Race 9/15/18

Certificate holder are additional insureds for the general liability of the Named Insured as required by written contract, subject to policy terms and conditions. Forms attached

CERTIFICATE HOLDER Weber County 2380 Washington Blvd. Ste 240 Ogden, UT 84401-1473	CANCELLATION 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 
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - AMATEUR SPORTS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

A. Section II – Who Is An Insured is amended to include the following as additional insureds but only with respect to the performance of their duties related to the conduct of your business and at the direction of an insured:

1. Members of the governing body and/or its appointed officers;
2. Association, League, Team, Camp or School Officers or Officials;
3. Coaches, Managers, Trainers and their Assistants;
4. Game Officials and Referees, except for independent contractors who are paid a fee for their services;
5. Statisticians and scorers, except for independent contractors who are paid a fee for their services;
6. Groundskeepers and ushers;
7. Concession and refreshment stand workers, except for independent contractors who are paid a fee for their services; and
8. Individual participants and players, except that:
 - a. No participant or player is an insured with respect to a claim or a “suit” brought by another participant or player covered under this policy.

b. No “volunteer worker” is an insured for “bodily injury” or “personal and advertising injury” arising out of his or her providing or failing to provide professional health care services,

Notwithstanding any other provision of this policy to the contrary, this coverage will be excess over any other valid and collectible insurance.

B. Paragraph 20. of Section V – Definitions is deleted in its entirety and replaced with the following:

20. “Volunteer worker” means a person who is not your “employee”, and who donates his or her work and acts at the direction of and within the scope of duties determined by you, and is not paid more than \$5,000 per year as a fee, salary or other compensation by you or anyone else for their work performed for you.

An independent contractor who is paid a fee, salary or other compensation is not considered as a “volunteer worker”.

All other terms and conditions of this policy remain unchanged.