CERTIFICATE OF INSURANCE

PRINT DATE: 7/10/2018

CERTIFICATE NUMBER: 20180710614568

AGENCY:

Integro USA Inc. d/b/a Integro Insurance Brokers 2727 Paces Ferry Road, Building Two, Suite 1500 Atlanta, GA 30339 678-324-3300 (Phone), 678-324-3303 (Fax)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

NAMED INSURED:

INSURERS AFFORDING COVERAGE:

USA Triathlon of Colorado 5825 Delmonico Drive Colorado Springs CO 80919-2401 Trey Garman

INSURER A: Philadelphia Indemnity Ins. Co. NAIC #: 18058 INSURER B: Philadelphia Indemnity Ins. Co. NAIC #: 18058

EVENT INFORMATION:

XTERRA Pan American Championship (9/15/2018 - 9/15/2018)

POLICY/COVERAGE INFORMATION:

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INS	TYPE OF INSURANCE:	POLICY NUMBER(S):	EFFECTIVE:	EXPIRES:	LIMITS:		
Α	GENERAL LIABILITY						
	X Occurrence	PHPK1738697	12/1/2017 12:01 AM	12/1/2018 12:01 AM	GENERAL AGGREGATE (Applies Per Event)	\$2,000,000	
	X Participant Legal Liability				EACH OCCURRENCE	\$1,000,000	
					DAMAGE TO RENTED PREMISES (Each Occ.)	\$1,000,000	
					MEDICAL EXPENSE (Any one person)	EXCLUDED	
					PERSONAL & ADV INJURY	\$1,000,000	
					PRODUCTS-COMP/OP AGG	\$2,000,000	
В	IMBRELLA/EXCESS LIABILITY						
	X Occurrence PHUB60	PHUB607478	12/1/2017 12:01 AM	12/1/2018 12:01 AM	EACH OCCURRENCE	\$10,000,000	
					AGGREGATE (Applies Per Event)	\$10,000,000	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:

Coverage applies to the USA Triathlon sanctioned or approved event specified on this certificate.

The certificate holder is an additional insured as per form PI-AM-002: Additional Insured - Certificate Holders.

The General Liability policy is primary as per Form CG0001 (04/13).

The General Liability policy contains Form CG2404 (05/09): Waiver of Transfer of Rights of Recovery Against Others to Us, but only as required by written contract or agreement executed by the named insured prior to an occurrence resulting in a loss or a claim.

CERTIFICATE HOLDER:	NOTICE OF CANCELLATION:	
Neber County 2380 Washington Street	Should any of the above described policies be cancelled before the expiration date therecan notice will be delivered in accordance with the policy provisions.	
Ogden UT 84401	AUTHORIZED REPRESENTATIVE:	
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