



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/7/2020

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 License # 0E67768 Insurance Office of America 300 South Jackson Street Suite 500 Denver, CO 80209	CONTACT NAME: Melinda Romero PHONE (A/C, No, Ext): (303) 565-1123 FAX (A/C, No): E-MAIL ADDRESS: Melinda.Romero@ioausa.com
INSURER(S) AFFORDING COVERAGE	
INSURER A : Everest National Insurance Company	
NAIC #	
10120	
INSURER B : United States Fire Insurance Company	
21113	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
National Interscholastic Cycling Association DBA
Utah High School Cycling League
 2414 Sixth St.
 Berkeley, CA 94710

COVERAGES**CERTIFICATE NUMBER:****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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Sanctioned Event	X		SI8ML01483-201	4/11/2020	4/11/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 ABUSE OR MOLEST \$ 1,000,000
	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) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			SI8EX01119-201	4/11/2020	4/11/2021	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ Aggregate \$ 1,000,000 PER STATUTE OTH-ER
	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 <input type="checkbox"/> N / A						E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Participant Accident			US1377098	4/11/2020	4/11/2021	Per Occurrence \$ 1,000,000
A	General Liability			SI8ML01483-201	4/11/2020	4/11/2021	Per Occurrence \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Certificate Holder is named as Additional Insured with respect to General Liability when required by written contract per form ECG20541 but only with respect to the operations of the Named Insured. Waiver of Subrogation with respect to General Liability per form ECG04704 when required by written contract. This Certificate is issued on behalf of all valid National Interscholastic Cycling Association registered and approved participants and staff participating with:

Utah High School Cycling League. Event Name: Snowbasin Race 2 South & Snowbasin Race 2 Central. Event Dates: September 5, 2020 and September 12, 2020.

CERTIFICATE HOLDER**CANCELLATION**

Weber County 444 24th Street Ogden, UT 84401-1473	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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**ADDITIONAL REMARKS SCHEDULE**

AGENCY Insurance Office of America		License # 0E67768	NAMED INSURED National Interscholastic Cycling Association DBA Utah High School Cycling League 2414 Sixth St. Berkeley, CA 94710
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE 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

Additional Information
Under Commerical Package Policy:

Hired/Non-Owned Coverage for Utah High School Cycling League
Per Endorsement Form # AU-MISC 10 13 and Form # CA 01 59 05 17

**THIS ENDORSEMENT CLARIFIES THE POLICY. PLEASE READ IT CAREFULLY
CALIFORNIA – CHANGE ENDORSEMENT**

ENDT. NO. 001

NAMED INSURED NATIONAL INTERSCHOLASTIC CYCLING ASSOCIATION (NICA)	POLICY NUMBER SI8ML01483201
EFFECTIVE DATE 04-11-20 AT 12:01 A. M. STANDARD TIME AT YOUR PRINCIPAL PLACE OF BUSINESS WITHIN THIS STATE.	COUNTERSIGNED BY: _____ AUTHORIZED REPRESENTATIVE
PRO-RATA 1.000	POLICY TERM: 04-11-2020 TO 04-11-2021

COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by below.

- Commercial Property**
- Commercial General Liability**
- Commercial Crime**
- Commercial Inland Marine**
- COMMERCIAL AUTOMOBILE** \$ 149.00
-

CHANGE DESCRIPTION

THE STATE OF UTAH HAS BEEN ADDED TO THE POLICY FOR AUTOMOBILE
COVERAGE.

EXCESS HIRED AUTO LIABILITY COVERAGE HAS BEEN ADDED FOR THE STATE OF
UTAH.

NONOWNED AUTO COVERAGE HAS BEEN ADDED FOR THE STATE OF UTAH.

THE FOLLOWING FORM(S) HAS BEEN ADDED:
CA 01 59 05-17 UTAH CHANGES

**PREMIUM CHANGE
(Includes Any Applicable Taxes, Surcharges Or Fees)**

Additional \$	149.00	Return \$
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**THIS ENDORSEMENT CLARIFIES THE POLICY. PLEASE READ IT CAREFULLY.
CALIFORNIA - SCHEDULE OF ENDORSEMENT CHANGES**

ADJ. NO. 001

NAMED INSURED NATIONAL INTERSCHOLASTIC CYCLING ASSOCIATION (NICA)	ADJUSTMENT DATE 04-11-20	POLICY NUMBER SI8ML01483201
IF THIS ENDORSEMENT IS LISTED IN THE POLICY DECLARATIONS, IT IS IN EFFECT FROM THE TIME COVERAGE UNDER THIS POLICY COMMENCES. OTHERWISE, THE EFFECTIVE DATE OF THIS ENDORSEMENT IS AS SHOWN ABOVE AT THE SAME TIME OR HOUR OF THE DAY AS THE POLICY BECAME EFFECTIVE.	COUNTERSIGNED BY: <hr style="width: 80%; margin-left: auto; margin-right: auto;"/> AUTHORIZED REPRESENTATIVE	

COMMON POLICY FORMS AND ENDORSEMENTS

ILU 003CA	01-08	CALIFORNIA - CHANGE ENDORSEMENT (CA)
ILU003-CA	01-08	CA - SCHEDULE OF ENDORSEMENT CHANGES (CA)

AUTOMOBILE FORMS AND ENDORSEMENTS

AU-MISC CHANGES	10-13	SCHEDULE OF MISCELLANEOUS AUTO CHANGES
CA 01 59	05-17	UTAH CHANGES (UT)

Policy Number SI8ML01483201

Endorsement No. 001

Everest National Insurance Company

BUSINESS AUTO - SCHEDULE OF MISCELLANEOUS CHANGES

Named Insured NATIONAL INTERSCHOLASTIC	Effective Date: 04-11-20 12:01 A.M., Standard Time
Agent Name SPECIALTY INSURANCE GROUP	Agent No. SI000

Coverage affected by this change is Added, Deleted or Changed as indicated below

SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS

COVERAGE IS:	LIABILITY COVERAGE	STATE	ESTIMATED ANNUAL COST OF HIRE FOR EACH STATE	PREMIUM
	Primary Coverage			
ADDED	Excess Coverage	UT	IF ANY	INCL
Total Premium				

Physical Damage Coverage

Coverage Is	Coverage	State	Limit of Insurance The Most We Will Pay Deductible	Estimated Annual Cost of Hire for Each State	Premium
	COMPREHENSIVE		Actual cash value, cost of repair, whichever is less, minus deductible for each covered "auto."		
	SPECIFIED CAUSES OF LOSS		Actual cash value, cost of repair, whichever is less, minus deductible for each covered "auto."		
	COLLISION		Actual cash value, cost of repair, whichever is less, minus deductible for each covered "auto."		
Total Premium					

Policy Number SI8ML01483201

Endorsement No. 001

Everest National Insurance Company

BUSINESS AUTO - SCHEDULE OF MISCELLANEOUS CHANGES

Named Insured	NATIONAL INTERSCHOLASTIC	Effective Date:	04-11-20 12:01 A.M., Standard Time
Agent Name	SPECIALTY INSURANCE GROUP	Agent No.	SI000

Coverage affected by this change is Added, Deleted or Changed as indicated below

SCHEDULE FOR NON-OWNERSHIP LIABILITY

COVERAGE IS:	NAMED INSURED'S BUSINESS	RATING BASIS	NUMBER	PREMIUM
CHANGED	Other Than Garage Service Operations And Other Than Social Service Agencies	Number Of Employees	51	\$ 149.00 A/P
		Number Of Partners (Active and Inactive)		
	Garage Service Operations	Number Of Employees Whose Principal Duty Involves The Operation Of Autos		
		Number Of Partners (Active and Inactive)		
	Social Service Agencies	Number Of Employees		
		Number Of Volunteers Who Regularly Use Autos To Transport Clients		
		Number Of Partners (Active and Inactive)		
Total Premium				\$ 149.00 A/P

MISCELLANEOUS CHANGES

Coverage is:	Description	Premium
Total Premium		

WKIV#HQGRUVHPHQW#FKDQJHV#WKH#ROIF\1##SOHDVH#JHDG#W#F'DUHIXOO\1#

XWDK #FKDQJHV#

Iru#fryhng#dxw#f#hqvgh#ru#sulf#sdw#jdudjhg#q#k#wk#l#h#qgrwhp#hqw#p#rgl#h#q#v#x#d#q#f#h#s#u#r#y#l#h#g#k#q#g#h#u#
w#k#h#r#o#r#z#l#j#-##

EXVIQHVV#DXWR#F'RYHUDJH#RUP#
P'RWRU#F'DUUIHU#F'RYHUDJH#RUP#

Z l#k#h#v#s#h#f#w#r#f#r#y#h#u#d#j#h#s#u#r#y#l#h#g#e|#k#l#h#q#g#r#w#h#p#h#q#w#k#h#s#u#r#y#l#r#q#v#r#i#k#h#f#r#y#h#u#d#j#h#I#r#u#p#d#s#s#q#x#q#d#v#v#
p#r#g#l#h#g#e|#k#h#q#g#r#w#h#p#h#q#w##

D 1#F kdqj hv#l#q#F'ryhng#Dxw#r#D#l#e#l#w|#F'ryhudjh# E 1#F kdqj hv#l#q#F'rqg#w#r#q#v#
4#S dudj u#s#k#e#l#9#l#v#d#g#g#h#g#r#w#k#h#Z#k#r#l#v#D#q# # 4#Wkh#Ohj#d#D#f#w#r#q#D#j#d#l#q#v#X#v#F'rqg#w#r#q#g#r#h#v#
l#q#v#x#u#h#g#s#u#r#y#l#r#q#l#j#w#k#h#E#x#v#l#h#v#v#D#x#w# #q#w#d#s#s#q#1##
F'ryhudjh#I#r#u#p#d#q#g#v#x#s#h#v#h#g#h#v#d#q|#s#u#r#y#l#r#q# # 5#Wudq#v#i#h#R#i#U#l#j#k#w#R#i#U#h#f#r#y#h#u|#D#j#d#l#q#v#
w#r#w#k#h#f#r#q#w#d#u#|# #R#w#k#h#W#r#X#v#l#v#f#k#d#q#j#h#g#e|#d#g#g#l#j#w#k#h#
9#,\#r#x#u#f#x#w#r#p#h#w#l#l#|r#x#u#e#x#v#l#h#v#v#l#v# #r#o#r#z#l#j#-##
v#k#r#z#q#l#w#k#h#G#h#f#o#d#w#r#q#v#d#v#d#h#q#w#d# #d#l#Z#h#k#d#e#h#h#g#w#d#h#g#r#d#h#f#r#y#h#u|#r#q#d#d#l#h#u#
f#r#p#s#d#q|#K#r#z#h#y#h#u#l#l#d#f#x#w#r#p#h#w#r#i# #w#k#h#%l#q#v#x#u#h#g#%k#d#v#e#h#h#g#e#i#x#o#|#f#r#p#s#h#q#v#d#w#h#g#
|r#x#w#k#d#v#q#r#r#w#k#h#y#d#d#g#d#g#g#f#r#o#f#w#e#o# #i#r#u#g#d#p#d#j#h#v#1##
l#q#v#x#d#q#f#h#/#w#k#|#d#h#d#q#g#%l#q#v#x#u#h#g#%#e#x#w# #d#l#Z#h#k#d#e#h#h#g#w#d#h#g#r#d#h#f#r#y#h#u|#r#q#d#d#l#h#u#
r#q#d#x#s#w#r#'#;3/33#i#r#u#h#d#f#k#%d#f#f#l#h#g#%# #w#k#h#%l#q#v#x#u#h#g#%
z#k#f#k#l#w#k#h#p#l#p#x#p#f#r#p#e#l#h#g#v#l#j#o# #e#l#I#z#h#p#d#n#h#d#q|#s#d#p#h#q#w#d#g#g#k#h#%l#q#v#x#u#h#g#%
d#p#l#w#r#i#d#e#l#w#v#s#h#f#l#h#g#e|#K#W#D#K#F#R#G#H# #v#k#d#e#h#h#g#w#d#h#g#r#d#h#f#r#y#h#u|#r#q#d#d#l#h#u#
D#Q#Q#l#v#h#f#w#r#q#6#4#D#0#5#0#6#3#7# #s#d|#k#v#e#d#f#n#w#k#h#l#p#r#x#q#w#z#h#k#d#y#h#e#d#l#j#1##

U#h#q#w#d#f#r#p#s#d#q|#p#h#d#q#v#d#q|#s#h#w#r#q#r#u#
r#u#j#d#q#l#d#w#r#q#l#q#k#h#e#x#v#l#h#v#v#e#i#s#u#r#y#l#j#l#j#
s#u#l#y#d#w#s#d#v#v#h#q#j#h#u#p#r#w#u#y#h#k#l#f#o#v#w#r#w#k#h#
s#x#e#d#f#x#q#g#h#u#w#k#h#v#h#u#p#v#r#i#d#h#q#w#d#
d#j#u#h#p#h#q#w##

5#Wkh#I {shfwng#R#u#l#q#w#h#g#g#h#g#q#r#u#|#I {f#o#v#l#r#q#l#v#
u#h#s#o#f#h#g#e|#k#h#r#o#r#z#l#j#-##
H {shfwng#R#u#l#q#w#h#g#g#h#g#q#r#u#|#
%E#r#g#l#d#l#q#r#u#|#r#u#s#u#r#s#h#w#l#g#d#p#d#j#h#%h {shfwng#
r#u#l#q#w#h#g#g#h#g#i#r#p#w#k#h#v#d#q#g#s#r#l#q#w#r#i#w#k#h#
%l#q#v#x#u#h#g#%
K#r#z#h#y#h#u#/#w#k#h#h {f#o#v#l#r#q#g#r#h#v#q#r#w#d#s#s#q#i#r#u#
f#r#y#h#u#d#j#h#x#s#w#r#w#k#h#p#l#p#x#p#f#r#p#e#l#h#g#v#l#j#o#
d#p#l#w#r#i#d#e#l#w#v#s#h#f#l#h#g#e|#K#W#D#K#F#R#G#H#D#Q#Q#l#
V#h#f#w#r#q#6#4#D#0#5#0#6#3#7# #d#l#I#z#h#p#d#n#h#d#q|#s#d#p#h#q#w#d#g#g#k#h#%l#q#v#x#u#h#g#%
u#h#f#r#y#h#u#w#i#r#p#d#q#r#w#k#h#u#s#d#w#l#/#w#k#h#%l#q#v#x#u#h#g#%
v#k#d#e#h#h#g#w#d#h#g#r#d#h#f#r#y#h#u#w#i#r#u#x#v#d#g#g#
s#d|#k#v#e#d#f#n#w#k#h#l#p#r#x#q#w#z#h#k#d#y#h#e#d#l#j#1##
6#Wkh#F#r#q#f#h#d#p#h#q#w#P#l#v#h#s#u#h#v#h#q#w#d#w#r#q#R#u#
I#u#d#x#g#F'rqg#w#r#q#l#v#h#s#o#f#h#g#e|#k#h#r#o#r#z#l#j#-##
I#u#d#x#g#R#u#P#l#v#h#s#u#h#v#h#q#w#d#w#r#q##
V#x#e#h#f#w#r#K#W#D#K#F#R#G#H#D#Q#Q#l#V#h#f#w#r#q#6#4#D#0#5#0#6#4#0#
4#3#8#/#k#l#v#F'ryhudjh#I#r#u#p#d#l#e#h#h#v#f#l#g#g#h#g#l#q#
w#k#h#y#h#q#w#r#i#i#u#d#x#g#r#u#p#l#v#h#s#u#h#v#h#q#w#d#w#r#q#e|#|#r#x#
r#u#l#q#|#r#w#k#h#%l#q#v#x#u#h#g#%h#o#l#w#l#j#r#-##
d#l#W#k#l#F'ryhudjh#I#r#u#p# #
e#l#W#k#h#f#r#y#h#u#g#d#x#w#%#
f#l#r#x#u#l#q#w#h#v#v#q#k#h#f#r#y#h#u#g#d#x#w#%#r#u# #
g#l#D#f#o#l#p#k#q#g#h#k#l#v#F'ryhudjh#I#r#u#p# #
K#r#z#h#y#h#u#/#w#k#h#h {f#o#v#l#r#q#g#r#h#v#q#r#w#d#s#s#q#/#e#x#w#
r#q#d#x#s#w#r#w#k#h#f#r#p#s#o#r#u#l#r#u#i#l#q#d#f#l#d#
u#h#v#s#r#q#v#e#l#w#d#p#l#w#h#h#t#x#l#h#g#e|#K#w#k#o#z#/#l#l#d#q#
%d#f#f#l#h#g#w#h#v#x#o#w#l#q#d#h#w#k#l#g#o#s#d#w#l#d#e#l#w#l#f#o#l#p#
d#j#d#l#q#v#w#k#h#%l#q#v#x#u#h#g#%k#q#g#h#k#l#v#F'ryhudjh#I#r#u#p# #