

AMILLER



DATE (MM/DD/YYYY) 3/12/2021

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.

li t	SU nis c	BROGATION IS ertificate does no	WAIVED, subject confer rights t	ct to	the	terms and conditions of ificate holder in lieu of su	the po	licy, certain	policies may	require an end	dorsemen	t. As	statement on	
PRO	DUCE	ER License # 9247	'2	<u> </u>		mouto notati in noa et et								
Beehive Insurance Agency								CONTACT Agnes Miller CIC PHONE (801) 685-6860 FAX (801) 68						
302 West 5400 South #101							PHONE (A/C, No, Ext): (801) 685-6860 FAX (A/C, No): (801) 685-289 E-MAIL ADDRESS: amiller@beehiveinsurance.com					003-2099		
Salt Lake City, UT 84107-8225								INSURER(S) AFFORDING COVERAGE						
								INSURER A : Cincinnati Specialty Underwriters (CSU)					13037	
INSURED							INSURER B:							
Weber Cultural Legacy Foundation DBA: The Goal							INSURER C:							
Foundation 2440 Washington Blvd Ogden, UT 84401							INSURER D :							
								INSURER E :						
		3 , .					INSURER F:							
CC	VER	RAGES	CER	TIFIC	CATE	NUMBER:				REVISION NU	MBER:		'	
II C	NDIC/ ERTI	ATED. NOTWITHS	STANDING ANY F ISSUED OR MAY	REQUI PER	IREMI TAIN,	SURANCE LISTED BELOW ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT W SED HEREIN IS S	TH RESPE	CT TO	O WHICH THIS	
INSF				ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
A	X COMMERCIAL GENERAL LIABILITY							Ì	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	EACH OCCURRENCE		\$	1,000,000	
		CLAIMS-MADE X OCCU		X		CSU0164759		4/24/2021	4/25/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)		\$	100,000	
										MED EXP (Any one person)		\$	1,000	
										PERSONAL & ADV INJURY		\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:									GENERAL AGGRE	GATE	\$	2,000,000	
	X	POLICY PRO- JECT	LOC							PRODUCTS - CON	IP/OP AGG	\$	2,000,000	
		OTHER:								COMPINED OINO	E LINAT	\$		
	AUT	TOMOBILE LIABILITY								COMBINED SINGL (Ea accident)	E LIMIT	\$		
		ANY AUTO	SCHEDULED							BODILY INJURY (F	Per person)	\$		
		OWNED AUTOS ONLY	AUTOS							BODILY INJURY (F	Per accident)	\$		
		HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	IGL	\$		
												\$		
		UMBRELLA LIAB	OCCUR							EACH OCCURREN	ICE	\$		
		EXCESS LIAB	CLAIMS-MADE	-						AGGREGATE		\$		
	WOF	DED RETENT	· · · · · · · · · · · · · · · · · · ·							PER STATUTE	OTH-	\$		
		RKERS COMPENSATIO	1 / N								ER			
	OFF (Mar	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. EACH ACCIDE		\$		
	If yes									E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT				
	DES	CRIPTION OF OPERAT	IONS below							E.L. DISEASE - PC	DLICY LIMIT	\$		
RE:	Win	ter Race Circuit 3	0K - April 24, 202	1 `		D 101, Additional Remarks Schedu the Additional Insured pro	, ,			•				
CF	RTIF	ICATE HOLDER					CANO	CELLATION						
		Weber Cour 444 24th Str Ogden, UT 8	nty eet				SHC THE ACC	OULD ANY OF	N DATE TH	ESCRIBED POLI HEREOF, NOTIC CY PROVISIONS.				
					!			Auran R. Childs						

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – STATE OR GOVERNMENTAL AGENCY OR SUBDIVISION OR POLITICAL SUBDIVISION – PERMITS OR AUTHORIZATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

State Or Governmental Agency Or Subdivision Or Political Subdivision:									
Weber County 444 24th Street, Ogden, UT 84401									
Information required to complete this Schodule, 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 any state or governmental agency or subdivision or political subdivision shown in the Schedule, subject to the following provisions:
 - This insurance applies only with respect to operations performed by you or on your behalf for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization.

However:

- **a.** The insurance afforded to such additional insured only applies to the extent permitted by law; and
- b. 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.

- 2. This insurance does not apply to:
 - a. "Bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for the federal government, state or municipality; or
 - Bodily injury" or "property damage" included within the "products-completed operations hazard".
- **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
- Available under the applicable limits of insurance:

whichever is less.

This endorsement shall not increase the applicable limits of insurance.