

Certificate of General Liability & Accident Medical Insurance

DATE (MM/DD/YYYY)
04/13/2015

PRODUCER Phone: (800) 747-9573 Fax: (303) 422-1276
The Camp Team
 9035 Wadsworth Pkwy., Suite 3840
 Westminster, CO 80021

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.

INSURERS AFFORDING COVERAGE

NAIC #

INSURED Sports and Recreation Providers Assoc. (purchasing group) and its members.
North American Bicycle Racing Association
 P.O. Box 5622
 Salem, OR 97304

INSURER A: United States Fire Ins. Co.
 INSURER B: United States Fire Ins. Co.
 INSURER C:
 INSURER D:
 INSURER E:

COVERAGES

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.

INSR LTR	ADDL INSPD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY	SRPGPM-101-0414	03/10/2015	03/10/2016	EACH OCCURRENCE \$ 1,000,000
		X COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 300,000
		CLAIMS MADE X OCCUR				MED. EXP (Any one person) \$ 0
		X INC ATHLETIC PARTICIPANTS				PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 4,000,000
						PRODUCTS-COMP/OP AGG. \$ 4,000,000
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
		ANY AUTO				BODILY INJURY (Per person) \$
		ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
		SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
		HIRED AUTOS				
		NON-OWNED AUTOS				
B		ACCIDENT MEDICAL	US445608	03/10/2015	03/10/2016	MAXIMUM MEDICAL BENEFIT PER CLAIM \$ 10,000
		X Excess To Primary Health Ins.				ACCIDENTAL DEATH & DISMEMBERMENT \$ 2,500
		X Policy will not cover primary health insurance deductibles, co-pays, program limits, or out of network care. If injured party does not have primary care, excess coverage becomes primary.				DEDUCTIBLE PER CLAIM \$ 1,000
A		EXCESS / UMBRELLA LIABILITY	USX101356	03/10/2015	03/10/2016	EACH OCCURRENCE \$1,000,000
		X OCCUR CLAIMS MADE				AGGREGATE \$1,000,000
						\$
		DEDUCTIBLE				\$
		RETENTION \$				\$
A		OTHER: ABUSE AND MOLESTATION	SRPGPM-101-0414	03/10/2015	03/10/2016	EACH OCCURRENCE \$ 100,000 GENERAL AGGREGATE \$ 100,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENTS/SPECIAL PROVISIONS

Cycling / Louisville Mountain Bike Short Track Series 5/27/15-6/20/15
 Additional Insured(s): Effective 04/13/2015, Certificate Holder(s) are/is added as additional insured in regards to the operations of the insured.

CERTIFICATE HOLDER

Louisville Metro Parks
 1297 Trevilian Way
 Louisville, KY 40213

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

Harold Leid Harold Leid