**KLADD** 



## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 1/11/2021

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.

	SUBROGATION IS WAIVED, subjet is certificate does not confer rights to							require an endorsemen	t. As	tatement on	
PRO	DUCER				CONTA	⊂ਾ Fairly Gr	oup Certifi	cates			
Fairly Consulting Group, LLC 1800 S. Washington, Suite 400						PHONE (A/C, No, Ext): (806) 376-4761 FAX (A/C, No): (806) 337-1859					
Ama	rillo, TX 79102				E-MAIL ADDRE	ss: certs@fa	irlygroup.c	om			
								RDING COVERAGE		NAIC #	
					INSURE	R A : HDI GIO	bal Specia	Ity SE			
INSU	RED				INSURER B:						
	USA Cycling, Inc.				INSURER C:						
	Arkansas Bicycle Coalition 3059 Summershade Dr.				INSURER D:						
	Fayetteville, AR 72703				INSURER E : INSURER F :						
CO	VERAGES CEF	RTIFI	CATE	NUMBER:	REVISION NUMBER:						
IN CI	HIS IS TO CERTIFY THAT THE POLICI DICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	REQU PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAC THE POLICI REDUCED BY	CT OR OTHER ES DESCRIB PAID CLAIMS.	DOCUMENT WITH RESPE	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			HDGL19000409		12/31/2020	12/31/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
								MED EXP (Any one person)	\$	Excluded	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000	
	POLICY PRO- X LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
Job mem The club Cove and	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC 8228 sher #8228 policy provides coverage during cyclir training rides. Obtaining a waiver & re erage will be effective after payment ha will run to December 31, 2021. ATTACHED ACORD 101	ng rela lease	ated o	club activities, such as awa bility with original signatu	ard ban	quets, meetir m all participa	igs, approved	d fund-raisers, and non-U			
					0411	)					
CEI	RTIFICATE HOLDER				CANO	CELLATION					

Evidence of Insurance-Arkansas Bicycle Coalition 3059 Summershade Dr

Fayetteville, AR 72703

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** 

GENCY CUSTOMER ID: 1	USACYCL-21
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ADDITIONA	L KEWA	IRNS SCHEDULE Page 1 of 1
AGENCY Fairly Consulting Group, LLC POLICY NUMBER		NAMED INSURED USA Cycling, Inc. Arkansas Bicycle Coalition 3059 Summershade Dr.
SEE PAGE 1		Fayetteville, AR 72703
CARRIER	NAIC CODE	
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1
ADDITIONAL REMARKS		
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO AC	ORD FORM,	
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liab	ility Insurance	
Description of Operations/Locations/Vehicles: The following coverage exclusions apply to the Club orides, whether USA permitted or not. Participants v. P	coverage pro articipant Cla	ovided: USAC permitted events and all competitions and tours/fun aims.
Note: All rides/training rides/races which require a feet the club/local association coverage.	e must be per	rmitted/sanctioned by USA Cycling and will not be covered under
This is a brief outline of policy coverage/exclusions a	nd is not all	encompassing. Policy wording will determine coverage.