



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/08/2022

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).

<b>PRODUCER</b> THE CONRAD GROUP, LLC P.O. BOX 361311  INDIANAPOLIS IN 46236		<b>CONTACT NAME:</b> Service <b>PHONE (A/C No. Ext):</b> (419) 3026882 <b>FAX (A/C, No):</b> (800) 381-3115 <b>E-MAIL ADDRESS:</b> conradconsulting@conradrms.com	
<b>INSURED</b> UNITED STATES AUTO CLUB INC. dba ARA 4910 WEST 16TH STREET  INDIANAPOLIS IN 46224		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Everest Re <b>INSURER B:</b> Berkley <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	x	x	SI8GL01960-221	02/01/2022	02/01/2023	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> <b>E&amp;O</b>						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						MED EXP (Any one person) \$
	<input checked="" type="checkbox"/> OTHER: PLL						PERSONAL & ADV INJURY \$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <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 checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR			Si8EX01913-221	02/01/22	02/01/23	EACH OCCURRENCE \$ 4,000,000
	<input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 4,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Participant Accident			PBL02012022	02/01/22	02/01/23	Acc Death 25,000 Excess Medical 50,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

Event Date: July 15 through July 17, 2022  
 Event Name: Sno Drift summer Rally Additional Insureds to the Event are:  
 Montmorency County Road Commission, 11445 M32, Atlanta, MI 49709  
 Montmorency County Sheriff's Dept, 11045 M32 West, Atlanta, MI 49709  
 Briley Township, montmorency County, 11331 West, Atlanta, MI 49709  
 Atlanta Community Schools, P.O. Box 619, Atlanta, MI 49709

**CERTIFICATE HOLDER****CANCELLATION**

Maine Department of Public Safety State Fire Marshal's Office  Sno Drift Summer Rally  7901 Pinckney Road Pinckney MI 48169	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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AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



# ADDITIONAL REMARKS SCHEDULE

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AGENCY THE CONRAD GROUP, LLC		NAMED INSURED UNITED STATES AUTO CLUB INC. dba ARA	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

## ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** 25      **FORM TITLE:** Certificate of Liability Insurance

Dept of Natural Resources, State of MI, the State of Michigan, its departments divisions, agencies, offices, commissions, officers, employees & agents,  
 13501 M33 N, Atlanta, MI  
 Atlanta Chamber of Commerce, P.O. Box 410, Atlanta, MI  
 Vienna Township, Montmorency County, 2734 M32, Johannesburg, MI 49751  
 Atlanta Senior Center, 11780 M33, Atlanta, MI 49709