

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/21/2023

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 line of current (a)

If SUBROGATION IS WAIVED, subject to the terms and conditions of the pothis certificate does not confer rights to the certificate holder in lieu of suc												
PRODUCER						CONTACT Liz Painter						
Insurance Management Group						PHONE (260) 338-2434 FAX (765) 664-0761					664-0761	
12730 Coldwater Rd Ste 103							(A/C, No, Ext): (A/C, No): (703) 604-07 E-MAÎL Ipainter@insmgt.com					
							INSURER(S) AFFORDING COVERAGE				NAIC#	
Fort Wayne IN 46845						INSURER A: Granite State Insurance Company				23809		
INSURED						INSURER B: National Union Fire Insurance Company of Pittsburgh, PA				19445		
Road Runners Club of America/2024 and Its Member Clubs						INSURER C:						
						INSURER D:						
1501 Langston Boulevard, Suite						INSURER E :						
Arlington			VA 22209			INSURER F:						
COVERAGES CERT				TIFICATE NUMBER: 2024 \$2M Clu			b Liability REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED B EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE							ACT OR OTHER ES DESCRIBEI ED BY PAID CL	R DOCUMENT \ D HEREIN IS S .AIMS.	WITH RESPECT TO WHICH T	HIS		
INSR LTR		TYPE OF INSURANCE	ADDL SUBR INSD WVD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	YYYY) LIMITS			
	×	COMMERCIAL GENERAL LIABILITY	ENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	Ψ	0,000	
		CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	_{\$} 500,		
Α	×	Legal Liability to							MED EXP (Any one person)	\$ 5,00		
		Participant \$2,000,000			AIL0003450335200		12/31/2023	12/31/2024	PERSONAL & ADV INJURY	\$ 2,000,000		
	GEN	I'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 5,000,000 £ 2,000,000		
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	Ψ		
	OTHER: Per Event Basis AUTOMOBILE LIABILITY								Abuse and Molestation COMBINED SINGLE LIMIT	\$ 500,000		
	AUI								(Ea accident)	\$ 2,000,000		
Α		ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS AUTOS ONLY AUTOS ONLY AUTOS ONLY			A II 0002450225200		12/31/2023	10/01/0004	BODILY INJURY (Per person)	\$		
					AIL0003450335200		12/31/2023	12/31/2024	BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
	_								(Per accident)	\$		
		UMBRELLA LIAB OCCUB										
		EXCESSIVAD							EACH OCCURRENCE	\$		
		CLAIMS-IMADE							AGGREGATE	\$		
	WOR	DED RETENTION \$							PER OTH-	\$		
		EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE Y/N							STATUTE ER			
	OFFICER/MEMBER EXCLUDED?								E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT					
									Excess Medical	\$10,	,000	
В		cess Medical & Accident 50 Deductible/Claim)			AID0003450335800		12/31/2023	12/31/2024	AD & Specific Loss	\$2,5	000	
DES	CRIPT	ION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be a	tached if more sp	ace is required)				
202	4 RR	CA Club Member										
Pro	cesse	ed by RMV										
		ICATE LIOL DED				04110	FLI ATION					
CEI	KIIFI	ICATE HOLDER				CANC	ELLATION					
Helena Vigilante Runners, Inc. PO Box 663						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						
Helena					MT 59624-0663	Jerry R. Willer						