

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/21/2011

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.

REPRESENTATIVE OR PRODUCER, A				0011	IIIOOI DE		_ ,000,000 (1100,1=),1	~ /,		
IMPORTANT: If the certificate holder terms and conditions of the policy, certificate holder in lieu of such endor	ertain	polic	TIONAL INSURED, the polices may require an end	olicy(ie orsem	es) must be e ent. A state	ndorsed. If ment on this	SUBROGATION IS WAIT certificate does not c	/ED, su onfer r	abject to the ights to the	
PRODUCER					CONTACT CATHY SECHRIST					
WILLIS OF TEXAS, INC.					PHONE (A/C, No, Ext): 806-345-3659 (A/C, No):					
P.O. BOX 1149					E-MAIL ADDRESS:					
AMARILLO, TX 79105				INSURER(S) AFFORDING COVERAGE					NAIC#	
7.117.11.11.11.11.11.11.11.11.11.11.11.1				INSURE			IRANCE COMPANIES		18058	
INSURED				INSURE						
USA CYCLING, INC # 3569				INSURER C:						
ADVENTURES FOR THE CURE				INSURER D:						
933 OAKMOOR DR				INSURER E:						
HALETHORPE, MD 2122	7			INSURE						
COVERAGES CEI	RTIFE	CATE	NUMBER: 107973		av i .		REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY I EXCLUSIONS AND CONDITIONS OF SUCH	OF II QUIR PERTA POLIC	NSURA EMENT NN, T IES, LI	NICE LISTED BELOW HAVE T, TERM OR CONDITION O THE INSURANCE AFFORDE	BEEN F ANY D BY T	CONTRACT O HE POLICIES BEEN REDUCE	HE INSURED R OTHER DO DESCRIBED I D BY PAID CL	NAMED ABOVE FOR THE CUMENT WITH RESPECT HEREIN IS SUBJECT TO A	TO WH	ICH THIS	
INSR LTR TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	'S		
A GENERAL LIABILITY			PHPK664049		l i	12/31/2011	EACH OCCURRENCE	\$	1,000,000	
X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$		
							PERSONAL & ADV INJURY	\$	1,000,000	
							GENERAL AGGREGATE	\$	3,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$	1,000,000	
POLICY PRO. LOC								\$		
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
ANY AUTO							BODILY INJURY (Per person)	\$		
ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
HIRED AUTOS NON-OWNED AUTOS			4		:		PROPERTY DAMAGE (Per accident)	\$		
	1							\$		
UMBRELLA LIAB OCCUR		1					EACH OCCURRENCE	s		
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
DED RETENTION \$	1							\$		
WORKERS COMPENSATION							WC STATU- OTH- TORY LIMITS ER			
AND EMPLOYERS' LIABILITY ANY PROPRIETORINARTHERIESECUTIVE							E.L. EACH ACCIDENT	\$		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE			
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DESCRIPTION OF OPERATIONS DEXW								, ,		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	itach A	CORD 101, Additional Remarks S	chedule,	if more space is	required)			***************************************	
CERTIFICATE HOLDER IS AN ADDIT PRESENTS ROCKBURN CYCLOCRO OF THE NAMED INSURED'S OPERA	SS II	N ELI	SURED WITH RESPEC KRIDGE, MD ON 11-20	CTS TC -2011,) EVENT ID BUT ONLY	# 2011-356 WITH RES	9 ADVENTURES FOR PECTS TO THE LIABI	THE (LITY A	CURE RISING OUT	
CERTIFICATE HOLDER					CANCELLATION					
MATTHEW BRANCHEAU 3618 EDNOR ROAD BALTIMORE, MD 21218					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
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DATE (MM/DD/YYYY) 10/21/2011

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REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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). CONTACT CATHY SECHRIST PRODUCER PHONE (A/C, No, Ext); 806-345-3659 E-MAIL ADDRESS: FAX (A/C, No): WILLIS OF TEXAS, INC. P.O. BOX 1149 AMARILLO, TX 79105 NAIC# INSURER(S) AFFORDING COVERAGE INSURER A: PHILADELPHIA INSURANCE COMPANIES 18058 INSURED INSURER B: USA CYCLING, INC # 3569 INSURER C: ADVENTURES FOR THE CURE INSURER D: 933 OAKMOOR DR INSURER E: HALETHORPE, MD 21227 INSURER F: REVISION NUMBER: COVERAGES CERTIFICATE NUMBER: 107974 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 SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) POLICY NUMBER LIMITS TYPE OF INSURANCE **GENERAL LIABILITY** 1,000,000 12/31/2010 12/31/2011 EACH OCCURRENCE PHPK664049 DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 COMMERCIAL GENERAL LIABILITY \$ CLAIMS-MADE X OCCUR MED EXP (Any one person) \$ 1,000,000 PERSONAL & ADV INJURY \$ 3,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ GEN'L AGGREGATE LIMIT APPLIES PER: PRO-JECT POLICY COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY \$ BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED SCHEDULED AUTOS BODILY INJURY (Per accident) \$ NON-OWNED AUTOS PROPERTY DAMAGE (Per accident) ŝ HIRED AUTOS \$ UMBRELLA LIAB EACH OCCURRENCE OCCUR \$ **EXCESS LIAB** CLAIMS-MADE AGGREGATE DED RETENTION \$ WC STATU-TORY LIMITS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT N/A OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Romarks Schedule, if more space is required) CERTIFICATE HOLDER IS AN ADDITIONAL INSURED WITH RESPECTS TO EVENT ID # 2011-3569 ADVENTURES FOR THE CURE PRESENTS ROCKBURN CYCLOCROSS IN ELKRIDGE, MD ON 11-20-2011, BUT ONLY WITH RESPECTS TO THE LIABILITY ARISING OUT OF THE NAMED INSURED'S OPERATIONS. CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE HOWARD COUNTY, MD THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. C/O RECREATION & PARKS 7120 OAKLAND MILLS ROAD COLUMBIA, MD 21046 AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/08/2011

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.

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(MM/DD/YYYY) (MM/DD/YYYY) LIMITS TYPE OF INSURANCE POLICY NUMBER **GENERAL LIABILITY** 1,000,000 12/31/2010 12/31/2011 EACH OCCURRENCE PHPK664049 Α DAMAGE TO RENTED PREMISES (Ea occurrence) X COMMERCIAL GENERAL LIABILITY 100,000 CLAIMS-MADE X OCCUR MED EXP (Any one person) \$ 1.000,000 PERSONAL & ADV INJURY \$ 3,000,000 GENERAL AGGREGATE 1,000,000 PRODUCTS - COMP/OP AGG GEN'L AGGREGATE LIMIT APPLIES PER: \$ POLICY PRO-\$ LOC COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY **BODILY INJURY (Per person)** ANY AUTO SCHEDULED AUTOS ALL OWNED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) NON-OWNED AUTOS HIRED AUTOS \$ \$ UMBRELLA LIAB EACH OCCURRENCE OCCUR ŝ EXCESS LIAB CLAIMS-MADE AGGREGATE \$ DEO RETENTION \$ WC STATU-TORY LIMITS OTH WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) CERTIFICATE HOLDER IS AN ADDITIONAL INSURED WITH RESPECTS TO EVENT ID # 2011-3569 ADVENTURES FOR THE CURE PRESENTS ROCKBURN CYCLOCROSS IN ELKRIDGE, MD ON 11-20-2011, BUT ONLY WITH RESPECTS TO THE LIABILITY ARISING OUT OF THE NAMED INSURED'S OPERATIONS. CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE SONOMA RESTAURANT AND WINE BAR THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. 223 PENNSYLVANIA AVENUE, SE WASHINGTON, DC 20003 AUTHORIZED REPRESENTATIVE