



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/07/2021

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. 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).

PRODUCER American Specialty Insurance & Risk Services, Inc. dba A.S.I.R.S.I. Insurance Agency 7609 W. Jefferson Blvd., Suite 100 Fort Wayne IN 46804	CONTACT NAME: _____ PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Arch Insurance Company</td> <td>11150</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Arch Insurance Company	11150	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:
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INSURED Vintage Motorsports Council c/o John Bechtol 402 Landon Gate Pittsburgh PA 15238														

COVERAGES

CERTIFICATE NUMBER: 1001825034

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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: EVENT	Y	Y	SMCGL0024903	12/15/2020	12/15/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <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"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ _____ RETENTION \$ _____			SMFXS0010903	12/15/2020	12/15/2021	EACH OCCURRENCE \$ 9,000,000 AGGREGATE \$ 9,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

- Coverage applies to the following insured club: HISTORIC SPORTSCAR RACING, P O BOX 8110, CLEARWATER, FL 33758.

- Blanket accident coverage is provided through Aegis Security Insurance Company policy #7312018509. Policy effective date: 12/15/20; policy expiration date: 12/15/21. Accident Medical Expense Benefit: \$50,000 excess of any other valid and collectible insurance, and subject to \$500 deductible. Accidental Death & Dismemberment: \$25,000 Principle Sum. Weekly Disability Indemnity Benefit: \$100. Benefit Period: 104 weeks. Waiting Period: 30 days.

CERTIFICATE HOLDER**CANCELLATION**

County of Monterey

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

Attn: County Representative
 168 W. Alisal Street, 3rd Floor
 Salinas

CA 93901

AUTHORIZED REPRESENTATIVE

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AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

AGENCY American Specialty Insurance & Risk Services, Inc.		NAMED INSURED Vintage Motorsports Council c/o John Bechtol 402 Landon Gate Pittsburgh, PA 15238	
POLICY NUMBER SMCGL0024903		EFFECTIVE DATE: 12/15/2020	
CARRIER Arch Insurance Company	NAIC CODE 11150		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE - Certificate #1001825034

- Host Liquor Liability is included. Official Vehicle Property Damage (including Pace Cars) is included. Coverage provided hereunder is primary.
- The General Liability policy includes Participant Legal Liability as per Form 00 SGL0055 00 Participant Legal Liability - Motorsports.
- The General Liability policy includes Form 00 SGL0105 00 Amusement Devices Exclusion. This insurance does not apply to "bodily injury," "property damage," or "personal and advertising injury" arising out of any amusement device.
- The General Liability policy includes Form 00 SGL0108 00 Fireworks Exclusion. This insurance does not apply to "bodily injury", "property damage", "personal and advertising injury" or medical expenses arising out of, the ownership, maintenance, handling, storage, distribution, sale or use of fireworks, flash-powder or explosive compositions.
- The General Liability policy includes coverage for emergency medical operations by the Named Insured or its employees, including Emergency Medical Technicians, per Form 00 SGL0122 00 Limitation of Coverage - Emergency Medical Personnel Service Liability.
- The General Liability policy includes Form 00 SGL0128 00 Race Official Professional Liability Coverage Endorsement with the following sublimit: \$100,000.
- As per Form 00 SGL0135 00 Who Is An Insured-Motorsports, the following are included as Insureds: any person or organization engaged in operating, managing, sanctioning, sponsoring, or providing the premises, including promoters and officials; any participant, competition vehicle owner, and competition vehicle sponsor, but only as respects liability arising out of their operations conducted on your premises in conjunction with any covered program or tuning and testing.
- Historic SportsCar Racing, County of Monterey, AND WEATHERTECH RACEWAY LAGUNA SECA its parents, subsidiaries, members, and affiliate and their respective members, shareholder, officers, directors, agents, employees, related or affiliated companies, sponsors, rescue personnel, participants, corner workers, event officials, successors, subcontractors and assigns are Insured as per Form 00 SGL0135 00 Who Is An Insured - Motorsports, but only with respect to liability resulting from the HSR AT LAGUNA SECA from August 06, 2021 through August 08, 2021.
- The General Liability policy is primary and non-contributory as per Form CG 2001 Primary and Noncontributory - Other Insurance Condition.
- The General Liability policy includes Waiver of Subrogation as per Form CG 2404 Waiver of Transfer of Rights of Recovery Against Others to Us.



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- Historic Sportscar Racing, County of Monterey, AND WEATHERTECH RACEWAY LAGUNA SECA its parents, subsidiaries, members, and affiliate and their respective members, shareholder, officers, directors, agents, employees, related or affiliated companies, sponsors, rescue personnel, participants, corner workers, event officials, successors, subcontractors and assigns are Insured as per Form 00 SGL0135 00 Who Is An Insured - Motorsports, but only with respect to liability resulting from the HSR AT LAGUNA SECA from August 12, 2021 through August 15, 2021.
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