

# CERTIFICATE OF INSURANCE

PRINT DATE: 2/9/2017

CERTIFICATE NUMBER: 20170209498836

**AGENCY:**

ESIX 3 LLC  
d/b/a Entertainment & Sports Insurance eXperts (ESIX)  
d/b/a Entertainment and Sports Insurance Agency (California)  
2727 Paces Ferry Road, Building Two, Suite 1500  
Atlanta, GA 30339  
678-324-3300 (Phone), 678-324-3303 (Fax)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**NAMED INSURED:**

USA Track & Field, Inc. ShebBix Inc  
132 East Washington Street, Suite 800  
Indianapolis IN 46204

**INSURERS AFFORDING COVERAGE:**

INSURER A: Philadelphia Indemnity Ins. Co. NAIC #: 18058  
INSURER B: Philadelphia Indemnity Ins. Co. NAIC #: 18058

**EVENT INFORMATION:**

Advocate Health Care Fox Valley Marathon, Fall Final 20, Half Marathon (9/17/2017 - 9/18/2017)

**POLICY/COVERAGE INFORMATION:**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INS | TYPE OF INSURANCE:            | POLICY NUMBER(S): | EFFECTIVE:            | EXPIRES:              | LIMITS:   |
|-----|-------------------------------|-------------------|-----------------------|-----------------------|---|
| A   | GENERAL LIABILITY             |                   |                       |                       |   |
|     | X Occurrence                  | PHPK1569618       | 11/1/2016<br>12:01 AM | 11/1/2017<br>12:01 AM | GENERAL AGGREGATE (Applies Per Event) \$3,000,000 |
|     | X Participant Legal Liability |                   |                       |                       | EACH OCCURRENCE \$1,000,000                       |
|     |                               |                   |                       |                       | DAMAGE TO RENTED PREMISES (Each Occ.) \$1,000,000 |
|     |                               |                   |                       |                       | MEDICAL EXPENSE (Any one person) EXCLUDED         |
|     |                               |                   |                       |                       | PERSONAL & ADV INJURY \$1,000,000                 |
|     |                               |                   |                       |                       | PRODUCTS-COMP/OP AGG \$3,000,000                  |
| B   | UMBRELLA/EXCESS LIABILITY     |                   |                       |                       |   |
|     | X Occurrence                  | PHUB561340        | 11/1/2016<br>12:01 AM | 11/1/2017<br>12:01 AM | EACH OCCURRENCE \$10,000,000                      |
|     |                               |                   |                       |                       | AGGREGATE (Applies Per Event) \$10,000,000        |

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:**

Coverage applies to USA Track & Field sanctioned events and registered practices, including any directly related activities, such as event set-up and tear-down, participant check-in and award ceremonies.

The certificate holder is an additional insured as required by written contract or written agreement, but only for liability arising out of the negligence of the Named Insureds per the following endorsement: Additional Insured - Certificate Holders (Form PI-AM-002)

The General Liability policy is primary and non-contributory with respect to the negligence of the Named Insureds (Form CG 00 01).

The General Liability policy contains a blanket Waiver of Subrogation as required by contract per Waiver of Transfer of Rights of Recovery Against Others (Form CG 24 04).

Excess policy follows form of underlying General Liability.

**CERTIFICATE HOLDER:**

City Of Aurora  
51 E Galena  
Aurora IL 60507

**NOTICE OF CANCELLATION:**

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:**