

<b>CERTIFICATE OF INSURANCE</b>		PRINT DATE: 2/9/2017																																							
		CERTIFICATE NUMBER: 20170209498836																																							
<b>AGENCY:</b> 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 CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.																																									
<b>NAMED INSURED:</b> USA Track & Field, Inc. ShebBix Inc 132 East Washington Street, Suite 800 Indianapolis IN 46204		<b>INSURERS AFFORDING COVERAGE:</b> INSURER A: Philadelphia Indemnity Ins. Co. NAIC #: 18058 INSURER B: Philadelphia Indemnity Ins. Co. NAIC #: 18058																																							
<b>EVENT INFORMATION:</b> Advocate Health Care Fox Valley Marathon, Fall Final 20, Half Marathon (9/17/2017 - 9/18/2017)																																									
<b>POLICY/COVERAGE INFORMATION:</b> 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	<b>GENERAL LIABILITY</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;"> <input checked="" type="checkbox"/> Occurrence  <input checked="" type="checkbox"/> Participant Legal Liability         </td> <td style="width: 25%; padding: 5px;">           PHPK1569618         </td> <td style="width: 15%; text-align: center; padding: 5px;">           11/1/2016            12:01 AM         </td> <td style="width: 15%; text-align: center; padding: 5px;">           11/1/2017            12:01 AM         </td> <td style="width: 10%; text-align: center; padding: 5px;">           GENERAL AGGREGATE (Applies Per Event)         </td> <td style="width: 10%; text-align: right; padding: 5px;">           \$3,000,000         </td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td style="text-align: center; padding: 5px;">           EACH OCCURRENCE         </td> <td style="text-align: right; padding: 5px;">           \$1,000,000         </td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td style="text-align: center; padding: 5px;">           DAMAGE TO RENTED PREMISES (Each Occ.)         </td> <td style="text-align: right; padding: 5px;">           \$1,000,000         </td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td style="text-align: center; padding: 5px;">           MEDICAL EXPENSE (Any one person)         </td> <td style="text-align: right; padding: 5px;">           EXCLUDED         </td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td style="text-align: center; padding: 5px;">           PERSONAL &amp; ADV INJURY         </td> <td style="text-align: right; padding: 5px;">           \$1,000,000         </td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td style="text-align: center; padding: 5px;">           PRODUCTS-COMP/OP AGG         </td> <td style="text-align: right; padding: 5px;">           \$3,000,000         </td> </tr> </table>					<input checked="" type="checkbox"/> Occurrence <input checked="" type="checkbox"/> Participant Legal Liability	PHPK1569618	11/1/2016 12:01 AM	11/1/2017 12:01 AM	GENERAL AGGREGATE (Applies Per Event)	\$3,000,000					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
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B	<b>UMBRELLA/EXCESS LIABILITY</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;"> <input checked="" type="checkbox"/> Occurrence         </td> <td style="width: 25%; padding: 5px;">           PHUB561340         </td> <td style="width: 15%; text-align: center; padding: 5px;">           11/1/2016            12:01 AM         </td> <td style="width: 15%; text-align: center; padding: 5px;">           11/1/2017            12:01 AM         </td> <td style="width: 10%; text-align: center; padding: 5px;">           EACH OCCURRENCE         </td> <td style="width: 10%; text-align: right; padding: 5px;">           \$10,000,000         </td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td style="text-align: center; padding: 5px;">           AGGREGATE (Applies Per Event)         </td> <td style="text-align: right; padding: 5px;">           \$10,000,000         </td> </tr> </table>					<input checked="" type="checkbox"/> Occurrence	PHUB561340	11/1/2016 12:01 AM	11/1/2017 12:01 AM	EACH OCCURRENCE	\$10,000,000					AGGREGATE (Applies Per Event)	\$10,000,000																								
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<b>DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:</b>																																									
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.																																									
<b>CERTIFICATE HOLDER:</b> City Of Aurora 51 E Galena Aurora IL 60507			<b>NOTICE OF CANCELLATION:</b> Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions.																																						
			<b>AUTHORIZED REPRESENTATIVE:</b> 																																						