

ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)
2/04/25

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 | K & K Insurance Group, Inc. P.O. Box 2338 Fort Wayne, In 46801 | CONTACT NAME: | MOTORSPORTS | |
| | | PHONE (A/C, No. Ext): | 800-348-1839 | FAX (A/C, No): |
| | | E-MAIL ADDRESS: | KK.MOTORSPORTS@KANDKINSURANCE.COM | |
| | | INSURER(S) AFFORDING COVERAGE | NAIC # | |
| | | INSURER A: | MARKEL INSURANCE COMPANY | 38970 |
| | | INSURER B: | MARKEL AMERICAN INSURANCE COMP | 28932 |
| | | INSURER C: | | |
| | | INSURER D: | | |
| | | INSURER E: | | |
| | | INSURER F: | | |

COVERAGES**CERTIFICATE NUMBER:**

2115189

REVISION NUMBER:

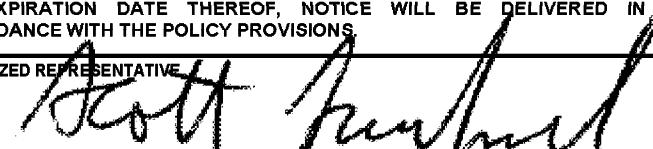
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 Owners & Contractors <input checked="" type="checkbox"/> \$100,000 E&O GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: PER EVENT | | | MKM0550574400 | 12:01AM 2/01/25 | 12:01AM 2/01/26 | EACH OCCURRENCE 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) 300000 MED EXP (Any one person) NC PERSONAL & ADV INJURY 1000000 GENERAL AGGREGATE 5000000 PRODUCTS-COMP/OP AGG 5000000 BODILY INJ TO PART 1000000 |
| | 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) |
| B | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION | | | MKX0550574800 | 12:01AM 2/01/25 | 12:01AM 2/01/26 | EACH OCCURRENCE 5000000 AGGREGATE 5000000 |
| | 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 <input type="checkbox"/> | N/A | | | | PER-STATUE OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT |

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

EVENT TYPE: SNODRIFT RALLY DATES:2/5/25 - 2/9/25 RACE DATES:2/7 & 2/8/25
 LOCATION: ATLANTA & LEWISTON, MI
 ADDITIONAL INSURED SEE ATTACHED ADDENDUM

CERTIFICATE HOLDER**CANCELLATION**

| | |
|---|---|
| SNODRIFT RALLY 27224 CRAWFORD RD BROWNSTOWN, MI 48174 | 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  |
|---|---|

AGENCY CUSTOMER ID: _____

LOC # _____

CERTIFICATE: 2115189 DATE ISSUED: 2/04/25

ACORDTM

ADDITIONAL REMARKS SCHEDULE

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|---|-----------|--|--|
| AGENCY K & K INSURANCE GROUP, INC. | | NAMED INSURED UNITED STATES AUTO CLUB INC. D/B/A USAC 4910 WEST 16TH STREET INDIANAPOLIS, IN 46224 | |
| POLICY NUMBER GL MKM0550574400 EX MKX0550574800 | | | |
| CARRIER SEE ACORD 25 | NAIC CODE | EFFECTIVE DATE: SEE ACORD 25 | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

ADDITIONAL INSURED PER POLICY

- A. ANY PERSON OR ORGANIZATION ENGAGED IN OPERATING, MANAGING, SANCTIONING, SPONSORING THE "COVERED PROGRAM", OR PROVIDING THE PREMISES FOR A "COVERED PROGRAM", INCLUDING OFFICIALS OF THE "COVERED PROGRAM".
- B. ANY "PARTICIPANT" (EXCLUDING DRIVERS), "COMPETITION VEHICLE" OWNER AND "COMPETITION VEHICLE" SPONSOR.
- C. ANY "PARTICIPANT" DRIVER BUT ONLY AS RESPECTS TO "BODILY INJURY" OR "PROPERTY DAMAGE" TO PERSONS OTHER THAN ANY OTHER DRIVER.
- D. MONTMORENCY COUNTY ROAD COMMISSION; MONTMORENCY COUNTY SHERIFF'S DEPARTMENT; BRILEY TOWNSHIP, MONTMORENCY COUNTY; ALBERT TOWNSHIP, MONTMORENCY COUNTY; ATLANTA COMMUNITY SCHOOLS; DEPT. OF NATURAL RESOURCES, STATE OF MICHIGAN; THE STATE OF MICHIGAN, ITS DEPARTMENTS, DIVISIONS, AGENCIES, OFFICES, COMMISSIONS, OFFICERS, EMPLOYEES, AND AGENTS; ATLANTA CHAMBER OF COMMERCE; RUST TOWNSHIP, MONTMERENCY COUNTY; AVERY TOWNSHIP, MONTMORENCY COUNTY, LOUD TOWNSHIP, MONTMORENCY COUNTY; ATLANTA SENIOR CENTER; VIENNA TOWNSHIP, MONTMORENCY COUNTY; BUT ONLY AS RESPECTS TO THE OPERATIONS OF THE NAMED INSURED.