**KLADD** 



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/16/2024

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.

| PRODUCER Fairly Consulting Group, LLC 1800 S. Washington, Suite 400 Amarillo, TX 79102 |  |                              |                                 |   |                  | CONTACT Fairly Group Certificates NAME: PHONE (A/C, No, Ext):  E-MAIL ADDRESS: Certs@fairlygroup.com  INSURER(S) AFFORDING COVERAGE  NAIC # |   |  |       |            |  |
|--|--|------------------------------|---------------------------------|---|------------------|---|---|--|-------|------------|--|
|  |  |                              |                                 |   |                  |   |   |  |       | 26379      |  |
| INSL   | IRED   |                              |                                 |   | INSURER B:       |   |   |  |       |            |  |
|  | USA Cycling, Inc.  |                              |                                 |   | INSURER C:       |   |   |  |       |            |  |
| Illinois Cycling Association<br>17960 Highland Ave.<br>Homewood, IL 60430              |  |                              |                                 |   |                  | INSURER D :   |   |  |       |            |  |
|  |  |                              |                                 |   |                  | INSURER E :   |   |  |       |            |  |
|  |  |                              |                                 |   |                  | INSURER F:  |   |  |       |            |  |
| СО   | VERAGES CER  | TIFIC                        | CATE                            | NUMBER:   | REVISION NUMBER: |   |   |  |       |            |  |
| T<br>IN<br>C   | HIS IS TO CERTIFY THAT THE POLICI<br>IDICATED. NOTWITHSTANDING ANY F<br>ERTIFICATE MAY BE ISSUED OR MAY<br>XCLUSIONS AND CONDITIONS OF SUCH  | ES OI<br>EQUI<br>PER<br>POLI | F INS<br>REME<br>TAIN,<br>CIES. | SURANCE LISTED BELOW I<br>ENT, TERM OR CONDITION<br>THE INSURANCE AFFORI<br>LIMITS SHOWN MAY HAVE | N OF A           | ANY CONTRAC<br>7 THE POLICI<br>REDUCED BY I   | TO THE INSUF<br>CT OR OTHER<br>ES DESCRIB<br>PAID CLAIMS. | RED NAMED ABOVE FOR T<br>DOCUMENT WITH RESPE                   | CT TO | WHICH THIS |  |
| INSR<br>LTR  | TYPE OF INSURANCE  | INSD                         | SUBR<br>WVD                     | POLICY NUMBER   |                  | POLICY EFF<br>(MM/DD/YYYY)  | (MM/DD/YYYY)  | LIMIT  | s     | 0.000.000  |  |
| Α  | X COMMERCIAL GENERAL LIABILITY   |                              |                                 |   |                  |   |   | EACH OCCURRENCE  | \$    | 2,000,000  |  |
|  | CLAIMS-MADE X OCCUR  |                              |                                 | 1-TRE-CO-17-01338745-0  | 00               | 12/31/2023  | 12/31/2024  | DAMAGE TO RENTED<br>PREMISES (Ea occurrence)                   | \$    | 2,000,000  |  |
|  |  |                              |                                 |   |                  |   |   | MED EXP (Any one person)                                       | \$    | 0.000.000  |  |
|  |  |                              |                                 |   |                  |   |   | PERSONAL & ADV INJURY  | \$    | 2,000,000  |  |
|  | GEN'L AGGREGATE LIMIT APPLIES PER:   |                              |                                 |   |                  |   |   | GENERAL AGGREGATE  | \$    | 4,000,000  |  |
|  | X POLICY PRO-  |                              |                                 |   |                  |   |   | PRODUCTS - COMP/OP AGG   | \$    | 2,000,000  |  |
|  | OTHER:   |                              |                                 |   |                  |   |   | PART LEGAL LIAB  COMBINED SINGLE LIMIT                         | \$    | Included   |  |
|  | AUTOMOBILE LIABILITY   |                              |                                 |   |                  |   |   | (Ea accident)  | \$    |            |  |
|  | ANY AUTO OWNED SCHEDULED   |                              |                                 |   |                  |   |   | BODILY INJURY (Per person)                                     | \$    |            |  |
|  | AUTOS ONLY AUTOS   |                              |                                 |   |                  |   |   | BODILY INJURY (Per accident)                                   | \$    |            |  |
|  | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY  |                              |                                 |   |                  |   |   | PROPERTY DAMAGE<br>(Per accident)                              | \$    |            |  |
|  |  |                              |                                 |   |                  |   |   |  | \$    |            |  |
|  | UMBRELLA LIAB OCCUR  |                              |                                 |   |                  |   |   | EACH OCCURRENCE  | \$    |            |  |
|  | EXCESS LIAB CLAIMS-MADE  | -                            |                                 |   |                  |   |   | AGGREGATE  | \$    |            |  |
|  | DED RETENTION \$   |                              |                                 |   |                  |   |   | DED OTH  | \$    |            |  |
|  | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N  |                              |                                 |   |                  |   |   | PER OTH-<br>STATUTE ER   |       |            |  |
|  | ANY PROPRIETOR/PARTNER/EXECUTIVE   | N/A                          |                                 |   |                  |   |   | E.L. EACH ACCIDENT   | \$    |            |  |
|  | OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If yes, describe under   |                              |                                 |   |                  |   |   | E.L. DISEASE - EA EMPLOYEE                                     | \$    |            |  |
|  | DESCRIPTION OF OPERATIONS below  |                              |                                 |   |                  |   |   | E.L. DISEASE - POLICY LIMIT                                    | \$    |            |  |
|  |  |                              |                                 |   |                  |   |   |  |       |            |  |
|  |  |                              |                                 |   |                  |   |   |  |       |            |  |
|  |  |                              |                                 |   |                  |   |   |  |       |            |  |
| Cov<br>will<br>Obta<br>KEY<br>payı   | CRIPTION OF OPERATIONS / LOCATIONS / VEHICE PROBLEM OF OPERATIONS / LOCATIONS / VEHICE PROBLEM OF OPERATIONS / LOCATIONS / LOCATIONS OPERATIONS / LOCATIONS OPERATIONS / LOCATIONS / LOCATIONS OPERATIONS / LOCATIONS / LOCAT | s been norig                 | inal s                          | eived and in full and the ir<br>signatures from all particip<br>injuries to your employee         | ants is          | ce carrier has<br>required by lage to proper  | approved the  | e application (NOT THE D                                       |       | ·          |  |
| CE   | RTIFICATE HOLDER   |                              |                                 |   | CANO             | CELLATION   |   |  |       |            |  |
|  | Evidence of Insurance- Illino<br>17960 Highland Ave.<br>Homewood, IL 60430   | ois Cy                       | ycling                          | g Association   | SHC              | OULD ANY OF T   | N DATE TH   | ESCRIBED POLICIES BE C.<br>EREOF, NOTICE WILL<br>Y PROVISIONS. |       |            |  |

ACORD 25 (2016/03)

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**AUTHORIZED REPRESENTATIVE** 

| GENCY CUSTOMER ID: | USACYCL-24 |  |  |
|--------------------|------------|--|--|
| LOC #:             |            |  |  |
|                    |            |  |  |

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| ACORD° ADDITIONA   | L REM     | ARKS SCHEDULE Page 1 of 1   |  |  |  |  |  |
|--|-----------|---|--|--|--|--|--|
| AGENCY Fairly Consulting Group, LLC                                  |           | NAMED INSURED USA Cycling, Inc. Illinois Cycling Association              |  |  |  |  |  |
| POLICY NUMBER SEE PAGE 1   |           | Illinois Cycling Association<br>17960 Highland Ave.<br>Homewood, IL 60430 |  |  |  |  |  |
| CARRIER  | NAIC CODE |   |  |  |  |  |  |
| SEE PAGE 1   | SEE P 1   | EFFECTIVE DATE: SEE PAGE 1  |  |  |  |  |  |
| ADDITIONAL REMARKS   | •         |   |  |  |  |  |  |
| THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC                    | ORD FORM, |   |  |  |  |  |  |
| FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance |           |   |  |  |  |  |  |
|  |           | encompassing. Policy wording will determine coverage.                     |  |  |  |  |  |
|  |           |   |  |  |  |  |  |
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