

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/31/2020

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.

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	OUCER	*			CONTACT Meg Stanley						
McK	ay Insurance Agency, Inc.				PHONE (A/C, No	Evt). (641) 84	2-2135	FA	AX VC, No): (641) 8	28-2013	
106	East Main Street				(A/C, No. Ext): (A/C, No): (A/C,						
РΟ	Box 151				Abbitess;						
Kno	kville			IA 50138	INSURE	Francis a	Insurance Co			NAIC # 35378	
INSU	RED				INSURE	O a what a little	ife Insurance C	Company		70939	
	Silent Sports Association - NBTS	SSE			INSURE				_		
	Gulf Coast Velo Inc.				INSURE						
	597 Aston Woods Ct.				INSURE						
	Venice			FL 34293	INSURE						
COV	/ERAGES CER	ATE	NUMBER: CL201315774				REVISION NUMBE	R:			
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			Subr WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	<u>~</u>	
	COMMERCIAL GENERAL LIABILITY					****		EACH OCCURRENCE	\$ 1,000	0,000	
	CLAIMS-MADE X OCCUR		1					DAMAGE TO RENTED PREMISES (Ea occurrer	nce) \$ 300,0	000	
1	➤ Includes Athletic	ļ						MED EXP (Any one pers	Evol	uded	
Α	Participants	Υ	N	N 3607AH010099-2		04/05/2020	04/06/2020	PERSONAL & ADV INJU	_{URY} _{\$} 1,00	0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	E \$ 2,00	0,000	
	POLICY PRO- LOC							PRODUCTS - COMP/OF	PAGG \$ 2,00	0,000	
	OTHER: Event								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIN (Ea accident)	MIT \$		
	ANYAUTO							BODILY INJURY (Per pe	erson) \$		
	OWNED SCHEDULED AUTOS	1						BODILY INJURY (Per ac	ccident) \$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR		1					EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE	1						AGGREGATE	\$		
	DED RETENTION \$	<u> </u>	<u> </u>					l lors	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	1]		PER STATUTE	OTH- ER		
1	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
(Mandatory in NH)								E.L. DISEASE - EA EMP	PLOYEE \$		
If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY			
_	Accident Medical			45 050044 40		0.4/05/2025	0.4400.4000-	Excess	\$25,	000	
В				15-070944-19		04/05/2020	04/06/2020	Deductible \$250			
_			<u></u>			<u></u>	1				
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	•			-			rollong of the above	d		
	r de Femme: April 5, 2020. Certificate holde ired. "This policy is issued, pursuant to lowe										
	rance Guaranty Association."			. ,		•					
				-							
<u></u>											
CEI	RTIFICATE HOLDER				CANCELLATION						
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE											
					THE	EXPIRATION I	DATE THEREO	F, NOTICE WILL BE D			
1	City of Venice				ACC	CORDANCE WI	TH THE POLIC	Y PROVISIONS.			
1	40 West Venice Avenue				AUTUA	RIZED REPRESE	MYATIVE				
					AUTHO	KIZED KEPKESE	MININE	- 0 - 0			
1	Venice		FL 34285	SHEW.							



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	SUBROGATION IS WAIVED, subject to is certificate does not confer rights to						may require	an endorsement. A state	ment c	on	
	UCER				CONTACT Meg Stanley						
	ay Insurance Agency, Inc.				NAME: Meg Statiley PHONE (641) 842-2135 (A/C, No): (641) 828-2013						
	East Main Street				PHONE (641) 842-2135 FAX (A/C, No): (641) 828-2013 E-MAIL ADDRESS: meg@mckayinsagency.com						
	Box 151				·-·						
Kno				IA 50138	INSUREI	P*	SURER(S) AFFOR Insurance Co		\longrightarrow	NAIC # 35378	
INSUE					INSUREI	Onderell	ife Insurance C			70939	
	Silent Sports Association - NBT	SSE			INSURE	(D)		. ,			
	Gulf Coast Velo Inc.										
	597 Aston Woods Ct.				INSURER D : INSURER E :						
	Venice			FL 34293	INSURE						
CO		:TIFIC	ATF	NUMBER: CL201315774			<u></u>	REVISION NUMBER:			
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IN	DICATED. NOTWITHSTANDING ANY REQU	REME	NT, TE	ERM OR CONDITION OF ANY	CONTRA	ACT OR OTHER	R DOCUMENT V	WITH RESPECT TO WHICH TI	HIS		
	ERTIFICATE MAY BE ISSUED OR MAY PERT (CLUSIONS AND CONDITIONS OF SUCH PO							usubu TO ALL THE TERMS,	ı		
INSR LTR	TYPE OF INSURANCE		SUBR		POLICY EFF POLICY EXP						
LIK	COMMERCIAL GENERAL LIABILITY		*VVD	FOLIOT NUMBER	(MM/DU1111) ((MM/DD/YYYY)	4 000 000			
	CLAIMS-MADE OCCUR							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,		
	Includes Athletic							MED EXP (Any one person)	φ	uded	
Α	Participants	1		3607AH010099-2		04/05/2020	04/06/2020	PERSONAL & ADV INJURY	\$ 1,000,000		
	GEN'LAGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		0,000	
	POLICY PRO- LOC				l			PRODUCTS - COMP/OP AGG	Ψ	0,000	
	OTHER: Event							DOM: JOY MOG	\$		
	AUTOMOBILE LIABILITY			,				COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANYAUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS				ļ			BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	AUTOS ONLI							, and a second s	\$		
	UMBRELLA LIAB OCCUR	1						EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE	:				,		AGGREGATE	\$		
	DED RETENTION \$		L			<u> </u>			\$		
	WORKERS COMPENSATION							PER OTH- STATUTE ER			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?					l i		E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)] N/A				l i		E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below	\perp						E.L. DISEASE - POLICY LIMIT	\$		
	Accident Medical							Excess	\$25	,000	
В				15-070944-19		04/05/2020	04/06/2020	Deductible \$250	ļ		
L		\bot	<u> </u>								
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC			·	-						
	r de Femme: April 5, 2020, 150 participants a and as such is not covered by the lowa Ir				ırsuant t	o lowa Code se	ection 515.147,	, by a nonadmitted company	in		
IUW	a and as such is not covered by the lowall	iouidf)	uo cou	aranty Association.							
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CEF	RTIFICATE HOLDER				CANC	CELLATION					
1				_				CADIDED BOX 10:22	- <u>-</u>		
1								ESCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER		v befüRE	
	Gulf Coast Velo Inc							Y PROVISIONS.	•••		
	597 Aston Woods Ct.										
	· · · · · · · ·				AUTHO	RIZED REPRESEI					
1	Venice			FL 34293				24D71Q			



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If SUBROGATION IS WAIVED, sui this certificate does not confer ri							may require	an endorsement. A state	ement c	วก		
PRODUCER	to til				CONTACT Meg Stanley							
McKay Insurance Agency, Inc.				Ì	PHONE (641) 942 2425 FAX (644) 929 2042							
106 East Main Street				Ì	E-MAIL mag@makeuinaagannu.com							
P O Box 151				Ì	ADDRES					pres ::		
Knoxville				IA 50138	pier-	Evenates	SURER(S) AFFORI Insurance Cor	mpany		35378		
INSURED				2. 55100	INSURE	Carland i	ife Insurance Co			70939		
Silent Sports Association	ŋ - NBT© º	3F		Ì	INSURE	(, ,	sarqiiG U (~···Pan.13	\longrightarrow	, 0008		
Silent Sports Association Gulf Coast Velo Inc.		J-1-4			INSURE							
Gulf Coast Velo Inc. 597 Aston Woods Ct.					INSURE			,				
				El 04000	INSURE							
Venice	E15	AT-	FL 34293	INSURE	RF:		DEMOION TOTAL					
COVERAGES CERTIFICATE NUMBER: CL2013157747 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												
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CERTIFICATE MAY BE ISSUED OR MA	Y PERTAIN	V, TH	IE INS	SURANCE AFFORDED BY THE	E POLICIE	ES DESCRIBED	D HEREIN IS SU					
EXCLUSIONS AND CONDITIONS OF S	SUCH POLIC	CIES	S. LIM	IITS SHOWN MAY HAVE BEEN		ED BY PAID CL	_AIMS.					
INSR TYPE OF INSURANCE		ISD.	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT				
COMMERCIAL GENERAL LIABILIT		1				1		EACH OCCURRENCE	_{\$} 1,00			
CLAIMS-MADE X OCCU	IR .		'	l		1	1	DAMAGE TO RENTED PREMISES (Ea occurrence)	_{\$} 300,	000		
➤ Includes Athletic				1	ļ	1	1	MED EXP (Any one person)	-	uded		
A Participants		Υ	N	3607AH010099-2	j	04/05/2020	04/06/2020	PERSONAL & ADV INJURY	· · · · · · · · · · · · · · · · · · ·	0,000		
GEN'L AGGREGATE LIMIT APPLIES PER	:	Ì	1	l	j	1		GENERAL AGGREGATE		00,000		
POLICY PRO LO		1	1	l	j	1		PRODUCTS - COMP/OP AGG	Ψ	0,000		
OTHER: Event			1	l	j	1		OOM TOT AGG	\$			
AUTOMOBILE LIABILITY	$\overline{}$,		-			 	COMBINED SINGLE LIMIT	\$			
ANYAUTO			1	l)	·	1	(Ea accident) BODILY INJURY (Per person)	\$			
OWNED SCHEDUL	.ED				1	!	۱ ۱	BODILY INJURY (Per accident)	\$			
AUTOS ONLY AUTOS NON-OWN	NED		1	•	1	!	۱ ۱	PROPERTY DAMAGE	\$			
AUTOS ONLY AUTOS O	NLY	j	Ì		Ì	1	١ ١	(Per accident)	\ s			
UMBRELLA LIAB OCCU	<u> </u>	\dashv	 	 	\longrightarrow	<u> </u>	!	F101/2-25::::-	 			
H Proposition H Occid			1		1	1	۱ ۱	EACH OCCURRENCE	\$			
- I CLAIR	IS-MADE					l j	١ ،	AGGREGATE	\$			
DED RETENTION \$ WORKERS COMPENSATION		\dashv	<u> </u>	<u> </u>			<u> </u>	PER OTH-	\$			
AND EMPLOYERS' LIABILITY	Y/N			Į		l j	١ ،	STATUTE ER	<u></u>			
ANY PROPRIETOR/PARTNER/EXECUTIVI OFFICER/MEMBER EXCLUDED?	F -	V/Α				!	١ ,	E.L. EACH ACCIDENT	\$			
(Mandatory In NH)]					١ ،	E.L. DISEASE - EA EMPLOYEE	\$			
If yes, describe under DESCRIPTION OF OPERATIONS below		\dashv	<u> </u>	ļ		<u> </u>	<u> </u>	E.L. DISEASE - POLICY LIMIT	\$	000		
Accident Medical				45.070244.45	Ì	0.475=	0.47==-	Excess	\$25,	,000		
В				15-070944-19		04/05/2020	04/06/2020	Deductible \$250				
<u> </u>						<u> </u>	<u></u> i					
DESCRIPTION OF OPERATIONS / LOCATIONS		•		•								
Tour de Femme; April 5, 2020. Certifica												
insured. "This policy is issued, pursuar Insurance Guaranty Association."	ιι το Iowa C	-ode	sect	non o 10.747, by a nonadmitte	au compa	any in iowa and	as such is no	covered by the lowa				
and additing recoording.												
CERTIFICATE HOLDER					CANO	ELLATION						
					T ONING							
								ESCRIBED POLICIES BE CAN		D BEFORE		
					THE	EXPIRATION D	DATE THEREO	F, NOTICE WILL BE DELIVER				
Sarasota County					ACC	JURDANÇE WI'.	in ing POLIC	Y PROVISIONS.				
1660 Ringling Blvd					ALITUO	SIZED BEDBECK	VTATIV≓					
					AUTHORIZED REPRESENTATIVE							
Sarasota FL 34236						SHIP, Q						