

**CERTIFICATE OF INSURANCE**

1423054

ISSUE DATE (MM/DD/YY)  
12/06/07

PRODUCER PHONE (A/C): 1-800-426-2889

K & K Insurance Group, Inc.  
1712 Magnavox Way  
P.O. Box 2338  
Fort Wayne, In 46801

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.

**COMPANIES AFFORDING COVERAGE**

INSURED

Ventura County Youth Track Conference  
Oxnard Stars  
1000 Town Center Dr.  
Oxnard, CA 93036COMPANY **A** NATIONWIDE MUTUAL INSURANCE CO  
LETTERCOMPANY **B**  
LETTERCOMPANY **C**  
LETTER**COVERAGES**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.  
NC=NOT COVERED

CO. LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	<b>General Liability</b> <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occur. <input type="checkbox"/> Owner's & contractors Prot. <input type="checkbox"/> _____	RPG0002541200	12:01AM 1/01/08	12:01AM 1/01/09	General Aggregate	2,000,000
					Products-Comp/Ops Aggregate	1,000,000
					Personal & Advertising Injury	1,000,000
					Each Occurrence	1,000,000
					Fire Damage (Any one fire)	300,000
					Medical Expense (Any one person)	5,000
					Participant Legal Liability	1,000,000
A	<b>Automobile Liability</b> <input type="checkbox"/> Any auto <input type="checkbox"/> All owned autos <input type="checkbox"/> Scheduled autos <input checked="" type="checkbox"/> Hired autos <input checked="" type="checkbox"/> Non-owned autos <input type="checkbox"/> Garage Liability <input type="checkbox"/> _____	RPG0002541200	12:01AM 1/01/08	12:01AM 1/01/09	Combined Single Limit	\$ 1,000,000
					Bodily Injury (per person)	\$
					Bodily Injury (per accident)	\$
					Property Damage	\$
	<b>Excess Liability</b> <input type="checkbox"/> <input type="checkbox"/> Other than Umbrella form				Each Occurrence	Aggregate
	<b>Workers' Compensation and Employers' Liability</b>				<b>Statutory</b> \$ Each Accident \$ Disease-Policy Limit \$ Disease-Each Employee	
A	<b>Participant Accident</b>	RPG0002541200	12:01AM 1/01/08	12:01AM 1/01/09	AD&D	\$ NC
					Primary Medical	\$ NC
					Excess Medical	\$ 25,000
					Weekly Indemnity	\$ X NC

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS OXNARD UNION HIGH SCHOOL DISTRICT IS NAMED AS ADDITIONAL INSURED WITH RESPECT TO LIABILITY ARISING FROM THE OPERATIONS OF THE NAMED INSURED.  
SPORT: TRACK & FIELD  
AGES: ALL**CERTIFICATE HOLDER**OXNARD UNION HIGH SCHOOL DISTRICT  
309 SOUTH K ST.  
OXNARD, CA 93030  
(OWNER/LESSOR OF PREMISES)**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE: