



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/11/2017

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**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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).

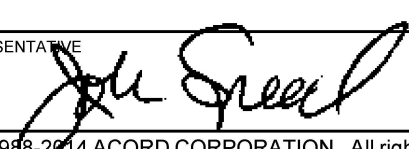
PRODUCER <b>Speed Insurance Agency</b> 1000 Town Center Dr #100 Oxnard, CA 93036	CONTACT NAME:	
	PHONE (A/C, No, Ext): <b>(805) 988-9850</b>	FAX (A/C, No): <b>(805) 604-9803</b>
E-MAIL ADDRESS: <b>john.speed@johnspeed.net</b>		
INSURER(S) AFFORDING COVERAGE		NAIC#
INSURER A:	<b>Nationwide Mutual Insurance Company</b>	<b>23787</b>
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED <b>Ventura County Youth Track Conference</b> <b>See attached all clubs</b>	CERTIFICATE NUMBER:	REVISION NUMBER:
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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
<b>B</b>	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<b>Y</b>		<b>6B RPG 60618</b>	01/01/2018	01/01/2019	EACH OCCURRENCE \$ <b>1,000,000</b>
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b>
							MED EXP (Any one person) \$ <b>5,000</b>
							PERSONAL & ADV INJURY \$ <b>1,000,000</b>
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ <b>5,000,000</b>
	OTHER:						PRODUCTS - COMP/OP AGG \$ <b>5,000,000</b>
							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE \$
		<input type="checkbox"/> CLAIMS-MADE					\$
	DED	RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	<input type="checkbox"/> N/A				OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
<b>B</b>	<b>Participant Accident Directors &amp; Officers</b>			<b>6B RPG 60618</b> <b>6B RPG 60618</b>	01/01/2018 01/01/2018	01/01/2019 01/01/2019	<b>\$25,000 Excess Medical</b> <b>\$1,000,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**Youth Track & Field**  
 Certificate holder listed below is named as additional insured per attached CG 20 26 07  
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CERTIFICATE HOLDER	CANCELLATION
<b>Buena High School</b> <b>5670 Telegraph Rd</b> <b>Ventura, Ca 93003</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.
	AUTHORIZED REPRESENTATIVE 



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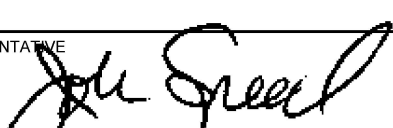
PRODUCER <b>Speed Insurance Agency</b> 1000 Town Center Dr #100 Oxnard, CA 93036		CONTACT NAME:	PHONE (A/C, No. Ext): <b>(805) 988-9850</b>	FAX (A/C, No): <b>(805) 604-9803</b>
		E-MAIL ADDRESS: <b>john.speed@johnspeed.net</b>		
		INSURER(S) AFFORDING COVERAGE		NAIC#
INSURED <b>Ventura County Youth Track Conference</b> <b>See attached all clubs</b>		INSURER A: <b>Nationwide Mutual Insurance Company</b>		<b>23787</b>
		INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E:		
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COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y		6B RPG 60618	01/01/2018	01/01/2019	EACH OCCURRENCE	\$ 1,000,000		
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000		
							MED EXP (Any one person)	\$ 5,000		
							PERSONAL & ADV INJURY	\$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 5,000,000	
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							PRODUCTS - COMP/OP AGG	\$ 5,000,000	
	OTHER:								\$	
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
<input type="checkbox"/> ANY AUTO	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person)	\$		
<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per accident)	\$		
<input type="checkbox"/> HIRED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
UMBRELLA LIAB							EACH OCCURRENCE	\$		
EXCESS LIAB							AGGREGATE	\$		
<input type="checkbox"/> OCCUR	<input type="checkbox"/> CLAIMS-MADE							\$		
<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$							\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH-ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		<input type="checkbox"/>	N/A				E.L. EACH ACCIDENT	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$		
							E.L. DISEASE - POLICY LIMIT	\$		
B	Participant Accident Directors & Officers			6B RPG 60618 6B RPG 60618	01/01/2018 01/01/2018	01/01/2019 01/01/2019	\$25,000 Excess Medical \$1,000,000			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**SPORT TRACK & FIELD: AGES 15 and under (excluding javelin & hammer)**  
**Certificate holder also listed as additional insured**

CERTIFICATE HOLDER <b>City of Thousand Oaks</b> 2100 E Thousand Oaks Blvd Thousand Oaks, CA 91362	CANCELLATION 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 
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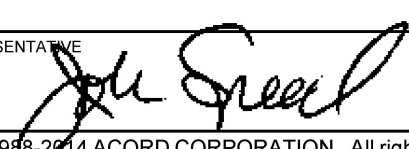
PRODUCER <b>Speed Insurance Agency</b> 1000 Town Center Dr #100 Oxnard, CA 93036	CONTACT NAME:	
	PHONE (A/C, No, Ext): <b>(805) 988-9850</b>	FAX (A/C, No): <b>(805) 604-9803</b>
E-MAIL ADDRESS: <b>john.speed@johnspeed.net</b>		
INSURER(S) AFFORDING COVERAGE		NAIC#
INSURER A:	<b>Nationwide Mutual Insurance Company</b>	<b>23787</b>
INSURER B:		
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INSURED **Ventura County Youth Track Conference**  
**See attached all clubs**

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	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b>
							MED EXP (Any one person) \$ <b>5,000</b>
							PERSONAL & ADV INJURY \$ <b>1,000,000</b>
							GENERAL AGGREGATE \$ <b>5,000,000</b>
							PRODUCTS - COMP/OP AGG \$ <b>5,000,000</b>
							OTHER: \$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
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<b>B</b>	<b>Participant Accident Directors &amp; Officers</b>			<b>6B RPG 60618</b> <b>6B RPG 60618</b>	01/01/2018 01/01/2018	01/01/2019 01/01/2019	<b>\$25,000 Excess Medical</b> <b>\$1,000,000</b>

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**SPORT TRACK & FIELD: AGES 15 and under (excluding javelin & hammer)**  
**Certificate holder also listed as additional insured**

CERTIFICATE HOLDER <b>Conejo Recreation &amp; Park District</b> 403 West Hillcrest Drive Thousand Oaks, CA 91360-4223	CANCELLATION 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 
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INSURED **Ventura County Youth Track Conference**  
**See attached all clubs**

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<b>B</b>	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	<b>Y</b>		<b>6B RPG 60618</b>	01/01/2018	01/01/2019	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>5,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>5,000,000</b> \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$						OCCUR CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<b>Y/N</b>	<b>N/A</b>				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
<b>B</b>	<b>Participant Accident Directors &amp; Officers</b>			<b>6B RPG 60618</b> <b>6B RPG 60618</b>	01/01/2018 01/01/2018	01/01/2019 01/01/2019	<b>\$25,000 Excess Medical</b> <b>\$1,000,000</b>

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**Certificate holder also listed as additional insured**

CERTIFICATE HOLDER <b>Conejo Valley Unified School District</b> <b>1400 E Janss Road</b> <b>Thousand Oaks, Ca 91362</b>	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
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AUTHORIZED REPRESENTATIVE



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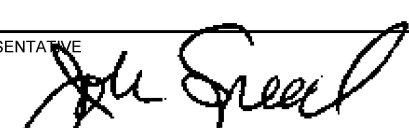
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Conejo Valley Unified School District Westlake High School 1400 E Janss Road Thousand Oaks, Ca 91362	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
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PRODUCER <b>Speed Insurance Agency</b> 1000 Town Center Dr #100 Oxnard, CA 93036	CONTACT NAME:	
	PHONE (A/C, No, Ext): <b>(805) 988-9850</b>	FAX (A/C, No): <b>(805) 604-9803</b>
E-MAIL ADDRESS: <b>john.speed@johnspeed.net</b>		
INSURER(S) AFFORDING COVERAGE		NAIC#
INSURER A:	<b>Nationwide Mutual Insurance Company</b>	<b>23787</b>
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

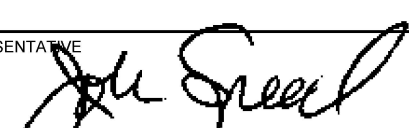
INSURED **Ventura County Youth Track Conference**  
**See attached all clubs**

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>B</b>	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<b>Y</b>		<b>6B RPG 60618</b>	01/01/2018	01/01/2019	EACH OCCURRENCE \$ <b>1,000,000</b>
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b>
							MED EXP (Any one person) \$ <b>5,000</b>
							PERSONAL & ADV INJURY \$ <b>1,000,000</b>
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ <b>5,000,000</b>
	OTHER:						PRODUCTS - COMP/OP AGG \$ <b>5,000,000</b>
							\$
							\$
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$
<input type="checkbox"/> ANY AUTO	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per accident) \$
<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/>						PROPERTY DAMAGE (Per accident) \$
							\$
UMBRELLA LIAB							EACH OCCURRENCE \$
<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR						AGGREGATE \$
<input type="checkbox"/>	<input type="checkbox"/> CLAIMS-MADE						\$
<input type="checkbox"/>	DED	<input type="checkbox"/>	RETENTION \$				\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		<input type="checkbox"/> Y/N	N/A				OTH-ER
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
<b>B</b>	<b>Participant Accident Directors &amp; Officers</b>			<b>6B RPG 60618</b> <b>6B RPG 60618</b>	01/01/2018 01/01/2018	01/01/2019 01/01/2019	<b>\$25,000 Excess Medical</b> <b>\$1,000,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**SPORT TRACK & FIELD: AGES 15 and under (excluding javelin & hammer)**  
**Certificate holder also listed as additional insured**

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
<b>Fillmore Unified School District</b> 627 Sespe Ave Fillmore, CA 93015	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 



# CERTIFICATE OF LIABILITY INSURANCE

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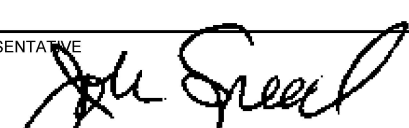
PRODUCER <b>Speed Insurance Agency</b> <b>1000 Town Center Dr #100</b> <b>Oxnard, CA 93036</b>	CONTACT NAME:	
	PHONE (A/C, No, Ext): <b>(805) 988-9850</b>	FAX (A/C, No): <b>(805) 604-9803</b>
	E-MAIL ADDRESS: <b>john.speed@johnspeed.net</b>	
	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: <b>Nationwide Mutual Insurance Company</b>	<b>23787</b>
INSURED <b>Ventura County Youth Track Conference</b> <b>See attached all clubs</b>	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
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COVERAGES                      CERTIFICATE NUMBER:                      REVISION NUMBER:

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<b>B</b>	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<b>Y</b>		<b>6B RPG 60618</b>	01/01/2018	01/01/2019	EACH OCCURRENCE \$ <b>1,000,000</b>
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b>
							MED EXP (Any one person) \$ <b>5,000</b>
							PERSONAL & ADV INJURY \$ <b>1,000,000</b>
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ <b>5,000,000</b>
	OTHER:						PRODUCTS - COMP/OP AGG \$ <b>5,000,000</b>
							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO						BODILY INJURY (Per person) \$
	ALL OWNED AUTOS	<input type="checkbox"/>	SCHEDULED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident) \$
	HIRED AUTOS	<input type="checkbox"/>					PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
							\$
	DED		RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE      OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	Y/N	N/A			E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
<b>B</b>	<b>Participant Accident Directors &amp; Officers</b>			<b>6B RPG 60618</b> <b>6B RPG 60618</b>	01/01/2018 01/01/2018	01/01/2019 01/01/2019	<b>\$25,000 Excess Medical</b> <b>\$1,000,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**SPORT TRACK & FIELD: AGES 15 and under (excluding javelin & hammer)**  
**Certificate holder also listed as additional insured**

CERTIFICATE HOLDER	CANCELLATION
<b>Limoneria Ranch Co</b> <b>1141 Cummings Rd</b> <b>Santa Paula, Ca 93060</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.
	AUTHORIZED REPRESENTATIVE 

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PRODUCER <b>Speed Insurance Agency</b> <b>1000 Town Center Dr #100</b> <b>Oxnard, CA 93036</b>	CONTACT NAME:	
	PHONE (A/C, No, Ext): <b>(805) 988-9850</b>	FAX (A/C, No): <b>(805) 604-9803</b>
	E-MAIL ADDRESS: <b>john.speed@johnspeed.net</b>	
	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: <b>Nationwide Mutual Insurance Company</b>	<b>23787</b>
INSURED <b>Ventura County Youth Track Conference</b> <b>See attached all clubs</b>	INSURER B :	
	INSURER C :	
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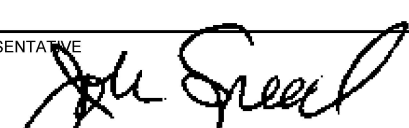
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<b>B</b>	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<b>Y</b>		<b>6B RPG 60618</b>	01/01/2018	01/01/2019	EACH OCCURRENCE \$ <b>1,000,000</b>
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b>						
	MED EXP (Any one person) \$ <b>5,000</b>						
	PERSONAL & ADV INJURY \$ <b>1,000,000</b>						
	GENERAL AGGREGATE \$ <b>5,000,000</b>						
	PRODUCTS - COMP/OP AGG \$ <b>5,000,000</b>						
	\$						
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$
<input type="checkbox"/> ANY AUTO	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
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<input type="checkbox"/>	DED						RETENTION \$
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ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		<input type="checkbox"/> Y/N					OTH-ER
If yes, describe under DESCRIPTION OF OPERATIONS below		<input type="checkbox"/> N/A					E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
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<b>B</b>	<b>Participant Accident Directors &amp; Officers</b>			<b>6B RPG 60618</b> <b>6B RPG 60618</b>	01/01/2018 01/01/2018	01/01/2019 01/01/2019	<b>\$25,000 Excess Medical</b> <b>\$1,000,000</b>

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

**SPORT TRACK & FIELD: AGES 15 and under (excluding javelin & hammer)**  
**Certificate holder also listed as additional insured**

CERTIFICATE HOLDER  <b>Moorpark Unified School District</b> <b>5297 Maureen Ln</b> <b>Moorpark, Ca 93021</b>	CANCELLATION  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 
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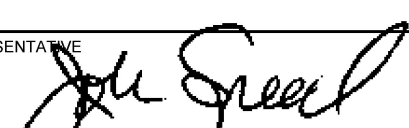
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INSURER A:	<b>Nationwide Mutual Insurance Company</b>	<b>23787</b>
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<b>B</b>	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<b>Y</b>		<b>6B RPG 60618</b>	01/01/2018	01/01/2019	EACH OCCURRENCE \$ <b>1,000,000</b>
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b>
							MED EXP (Any one person) \$ <b>5,000</b>
							PERSONAL & ADV INJURY \$ <b>1,000,000</b>
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							PRODUCTS - COMP/OP AGG \$ <b>5,000,000</b>
							OTHER: \$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
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	EXCESS LIAB						AGGREGATE \$
	DED	RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N					OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> N/A					E.L. EACH ACCIDENT \$
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<b>B</b>	<b>Participant Accident Directors &amp; Officers</b>			<b>6B RPG 60618</b> <b>6B RPG 60618</b>	01/01/2018 01/01/2018	01/01/2019 01/01/2019	<b>\$25,000 Excess Medical</b> <b>\$1,000,000</b>

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**SPORT TRACK & FIELD: AGES 15 and under (excluding javelin & hammer)**  
Certificate holder also listed as additional insured

CERTIFICATE HOLDER	CANCELLATION
<b>Office of Special Park Uses</b> <b>Santa Monica Mountains National Recreation Area</b> 401 W. Hillcrest Dr., Thousand Oaks, CA, 91360	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
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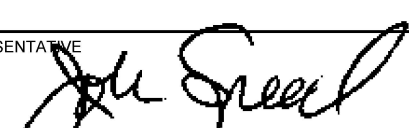
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**See attached all clubs**

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:  
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	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b>
							MED EXP (Any one person) \$ <b>5,000</b>
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<b>B</b>	<b>Participant Accident Directors &amp; Officers</b>			<b>6B RPG 60618</b> <b>6B RPG 60618</b>	01/01/2018 01/01/2018	01/01/2019 01/01/2019	<b>\$25,000 Excess Medical</b> <b>\$1,000,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**SPORT TRACK & FIELD: AGES 15 and under (excluding javelin & hammer)**

CERTIFICATE HOLDER	CANCELLATION
<b>Ojai Unified School District</b> 414 E Ojai Ave Ojai, Ca 93023	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 



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/11/2017

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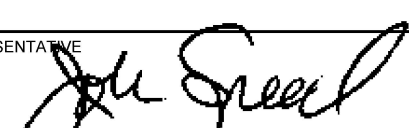
PRODUCER <b>Speed Insurance Agency</b> 1000 Town Center Dr #100 Oxnard, CA 93036	CONTACT NAME:		
	PHONE (A/C, No, Ext):	(805) 988-9850	FAX (A/C, No): (805) 604-9803
E-MAIL ADDRESS: <b>john.speed@johnspeed.net</b>			
INSURER(S) AFFORDING COVERAGE			NAIC#
INSURER A:	<b>Nationwide Mutual Insurance Company</b>		<b>23787</b>
INSURED Ventura County Youth Track Conference See attached all clubs	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/>	Y		6B RPG 60618	01/01/2018	01/01/2019	EACH OCCURRENCE	\$ 1,000,000	
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000	
							MED EXP (Any one person)	\$ 5,000	
							PERSONAL & ADV INJURY	\$ 1,000,000	
							GENERAL AGGREGATE	\$ 5,000,000	
							PRODUCTS - COMP/OP AGG	\$ 5,000,000	
								\$	
								\$	
								\$	
								\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	<input type="checkbox"/> ANY AUTO						<input type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						<input type="checkbox"/> NON-OWNED AUTOS	BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS							PROPERTY DAMAGE (Per accident)	\$
									\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$	
	EXCESS LIAB						OCCUR CLAIMS-MADE	AGGREGATE	\$
	DED						RETENTION \$		\$
	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	N/A				PER STATUTE	OTH-ER	
	E.L. EACH ACCIDENT						\$		
	E.L. DISEASE - EA EMPLOYEE						\$		
	E.L. DISEASE - POLICY LIMIT						\$		
B	Participant Accident Directors & Officers			6B RPG 60618 6B RPG 60618	01/01/2018 01/01/2018	01/01/2019 01/01/2019	\$25,000 Excess Medical \$1,000,000		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**SPORT TRACK & FIELD: AGES 15 and under (excluding javelin & hammer)**  
Certificate holder also listed as additional insured

CERTIFICATE HOLDER	CANCELLATION
Ojai Unified School District, its officers, employees, agents and volunteers PO Box 878 Ojai, CA 93024	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 



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/11/2017

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PRODUCER <b>Speed Insurance Agency</b> 1000 Town Center Dr #100 Oxnard, CA 93036	CONTACT NAME:	
	PHONE (A/C, No, Ext): <b>(805) 988-9850</b>	FAX (A/C, No): <b>(805) 604-9803</b>
	E-MAIL ADDRESS: <b>john.speed@johnspeed.net</b>	
	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: <b>Nationwide Mutual Insurance Company</b>	<b>23787</b>
INSURED <b>Ventura County Youth Track Conference</b> <b>See attached all clubs</b>	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

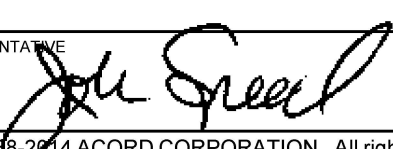
COVERAGES                                      CERTIFICATE NUMBER:                                      REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>B</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			<b>6B RPG 60618</b>	01/01/2018	01/01/2019	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>5,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>5,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE      OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
<b>B</b>	<b>Participant Accident Directors &amp; Officers</b>			<b>6B RPG 60618</b> <b>6B RPG 60618</b>	01/01/2018	01/01/2019	<b>\$25,000 Excess Medical</b> <b>\$1,000,000</b>

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

**Youth Track & Field**  
Certificate holder listed below is named as additional insured per attached CG 20 26 07  
04

CERTIFICATE HOLDER	CANCELLATION
<b>Oxnard Union High School District</b> 309 K Street Oxnard, CA 93030	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 

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# CERTIFICATE OF LIABILITY INSURANCE

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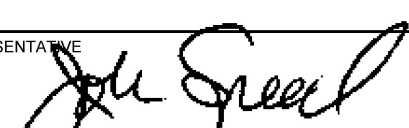
PRODUCER <b>Speed Insurance Agency</b> 1000 Town Center Dr #100 Oxnard, CA 93036	CONTACT NAME:		
	PHONE (A/C, No, Ext):	(805) 988-9850	FAX (A/C, No): (805) 604-9803
		E-MAIL ADDRESS: <b>john.speed@johnspeed.net</b>	
		INSURER(S) AFFORDING COVERAGE	NAIC#
		INSURER A: <b>Nationwide Mutual Insurance Company</b>	<b>23787</b>
INSURED <b>Ventura County Youth Track Conference</b> <b>See attached all clubs</b>	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>B</b>	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<b>Y</b>		<b>6B RPG 60618</b>	01/01/2018	01/01/2019	EACH OCCURRENCE \$ <b>1,000,000</b>
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b>
							MED EXP (Any one person) \$ <b>5,000</b>
							PERSONAL & ADV INJURY \$ <b>1,000,000</b>
							GENERAL AGGREGATE \$ <b>5,000,000</b>
							PRODUCTS - COMP/OP AGG \$ <b>5,000,000</b>
							OTHER: \$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
	<input type="checkbox"/> UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE \$
	<input type="checkbox"/> DED	<input type="checkbox"/> CLAIMS-MADE					\$
	<input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	<input type="checkbox"/> N/A				OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
<b>B</b>	<b>Participant Accident Directors &amp; Officers</b>			<b>6B RPG 60618</b> <b>6B RPG 60618</b>	01/01/2018 01/01/2018	01/01/2019 01/01/2019	<b>\$25,000 Excess Medical</b> <b>\$1,000,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**SPORT TRACK & FIELD: AGES 15 and under (excluding javelin & hammer)**  
**Certificate holder also listed as additional insured**

CERTIFICATE HOLDER	CANCELLATION
<b>PLEASANT VALLEY RECREATION &amp; PARK DISTRICT 30</b> 1605 EAST BURNLEY STREET CAMARILLO, CA 93010	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 



# CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER <b>Speed Insurance Agency</b> 1000 Town Center Dr #100 Oxnard, CA 93036	CONTACT NAME:	
	PHONE (A/C, No, Ext): <b>(805) 988-9850</b>	FAX (A/C, No): <b>(805) 604-9803</b>
E-MAIL ADDRESS: <b>john.speed@johnspeed.net</b>		
INSURER(S) AFFORDING COVERAGE		NAIC#
INSURER A:	<b>Nationwide Mutual Insurance Company</b>	<b>23787</b>
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED: **Ventura County Youth Track Conference**  
**See attached all clubs**

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:  
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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y		6B RPG 60618	01/01/2018	01/01/2019	EACH OCCURRENCE \$ <b>1,000,000</b>
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b>
							MED EXP (Any one person) \$ <b>5,000</b>
							PERSONAL & ADV INJURY \$ <b>1,000,000</b>
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ <b>5,000,000</b>
	OTHER:						PRODUCTS - COMP/OP AGG \$ <b>5,000,000</b>
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO						BODILY INJURY (Per person) \$
	ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE \$
		<input type="checkbox"/> CLAIMS-MADE					\$
	DED						RETENTION \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
B	Participant Accident Directors & Officers			6B RPG 60618 6B RPG 60618	01/01/2018 01/01/2018	01/01/2019 01/01/2019	\$25,000 Excess Medical \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**SPORT TRACK & FIELD: AGES 15 and under (excluding javelin & hammer)**

CERTIFICATE HOLDER	CANCELLATION
<b>The Ojai Valley Land Conservancy</b> P. O. Box 1092 Ojai, CA 93024	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 



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<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> <b>Ventura County Youth Track Conference</b> <b>See attached all clubs</b>	<b>INSURER A:</b> <b>Nationwide Mutual Insurance Company</b> <b>NAIC#</b> <b>23787</b> <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

**COVERAGES**                                  **CERTIFICATE NUMBER:**                                  **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>B</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>	<b>Y</b>		<b>6B RPG 60618</b>	01/01/2018	01/01/2019	EACH OCCURRENCE \$ <b>1,000,000</b>
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b>
							MED EXP (Any one person) \$ <b>5,000</b>
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							GENERAL AGGREGATE \$ <b>5,000,000</b>
							PRODUCTS - COMP/OP AGG \$ <b>5,000,000</b>
<b>AUTOMOBILE LIABILITY</b>							COMBINED SINGLE LIMIT (Ea accident) \$
<input type="checkbox"/> ANY AUTO	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per accident) \$
<input type="checkbox"/> HIRED AUTOS							PROPERTY DAMAGE (Per accident) \$
							\$
<b>UMBRELLA LIAB</b>							EACH OCCURRENCE \$
<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR						AGGREGATE \$
<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$						\$
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>							PER STATUTE
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N      N/A							OTH-ER
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
<b>B</b>	<b>Participant Accident Directors &amp; Officers</b>			<b>6B RPG 60618</b> <b>6B RPG 60618</b>	01/01/2018 01/01/2018	01/01/2019 01/01/2019	<b>\$25,000 Excess Medical</b> <b>\$1,000,000</b>

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**SPORT TRACK & FIELD: AGES 15 and under (excluding javelin & hammer)**  
**Certificate holder also listed as additional insured**

<b>CERTIFICATE HOLDER</b>  <b>Thousand Oaks High School</b> <b>2323 N Moorpark Road</b> <b>Thousand Oaks, Ca 91360</b>	<b>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.  AUTHORIZED REPRESENTATIVE
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/11/2017

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 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 <b>Speed Insurance Agency</b> 1000 Town Center Dr #100 Oxnard, CA 93036	CONTACT NAME:	
	PHONE (A/C, No, Ext): <b>(805) 988-9850</b>	FAX (A/C, No): <b>(805) 604-9803</b>
	E-MAIL ADDRESS: <b>john.speed@johnspeed.net</b>	
	INSURER(S) AFFORDING COVERAGE	
INSURED <b>Ventura County Youth Track Conference</b> <b>See attached all clubs</b>	INSURER A: <b>Nationwide Mutual Insurance Company</b>	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES                                      CERTIFICATE NUMBER:                                      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
<b>B</b>	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<b>Y</b>		<b>6B RPG 60618</b>	01/01/2018	01/01/2019	EACH OCCURRENCE \$ <b>1,000,000</b>
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b>
							MED EXP (Any one person) \$ <b>5,000</b>
							PERSONAL & ADV INJURY \$ <b>1,000,000</b>
							GENERAL AGGREGATE \$ <b>5,000,000</b>
							PRODUCTS - COMP/OP AGG \$ <b>5,000,000</b>
							OTHER: \$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y/N					PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> N/A					OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
<b>B</b>	<b>Participant Accident Directors &amp; Officers</b>			<b>6B RPG 60618</b> <b>6B RPG 60618</b>	01/01/2018 01/01/2018	01/01/2019 01/01/2019	<b>\$25,000 Excess Medical</b> <b>\$1,000,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**SPORT TRACK & FIELD: AGES 15 and under (excluding javelin & hammer)**  
**Certificate holder also listed as additional insured**

<b>CERTIFICATE HOLDER</b>  <b>United States of America</b> <b>Department of the Interior</b> <b>National Park Service</b> <b>401 West Hillcrest Drive</b> <b>Thousand Oaks, CA 91360</b>	<b>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.
	AUTHORIZED REPRESENTATIVE





# CERTIFICATE OF LIABILITY INSURANCE

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INSURER(S) AFFORDING COVERAGE		NAIC#	
INSURER A:	<b>Nationwide Mutual Insurance Company</b>	<b>23787</b>	
INSURER B:			
INSURER C:			
INSURER D:			
INSURER E:			
INSURER F:			

INSURED **Ventura County Youth Track Conference**  
**See attached all clubs**

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:  
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							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N	<input type="checkbox"/> N/A				E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**Youth Track & Field**  
Certificate holder listed below is named as additional insured per attached CG 20 26 07 04

CERTIFICATE HOLDER	CANCELLATION
<b>Ventura Unified School District</b> 255 W Stanley Ave, Ste 100 Ventura, CA 93001	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