

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 AE the terms and conditions of the policy, certain certificate holder in lieu of such endorsement	polic														
RODUCER Speed Insurance Agency 1000 Town Center Dr #1	peed Insurance Agency							CONTACT NAME: PHONE (A/C, No, Ext): (805) 988-9850 E-MAIL ADDRESS: john.speed@johnspeed.net							
Oxnard, CA 93036	xnard, CA 93036						JRER(S) AFFORDIN	IG COVERAGE		NAIC#					
					INSURER	A: Nation	vide Mutual	Insurance Company		23787					
NSURED Ventura County Yout	h I	rac	k Confe	rence	INSURER	B :									
See attached all o	clu	ıbs			INSURER	C :									
					INSURER D:										
				INSURER	E:										
					INSURER	F:									
COVERAGES CERT	IFIC,	ATE	NUMBER:					REVISION NUMBER:							
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUI CERTIFICATE MAY BE ISSUED OR MAY PEREXCLUSIONS AND CONDITIONS OF SUCH POLI	IREM RTAIN	ENT, I, TH	TERM OR CO	NDITION OF A	ANY CONT BY THE P	RACT OR OT POLICIES DES D BY PAID CL	THER DOCUME SCRIBED HER AIMS.	ENT WITH RESPECT TO WE	IICH	THIS					
	ADDL INSD		POL	ICY NUMBER	(N	POLICY EFF /IM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3						
X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			_			1 (01 (0010	01/01/0010	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person)	\$ 1 \$ \$,000,000 300,000 5,000					
в —	Y		6B RPG	60618	0.	1/01/2018	01/01/2019	PERSONAL & ADV INJURY		,000,000					
GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREGATE	_{\$} 5	,000,000					

	CLAIMS-MADE A OCCUR								PREMISES (Ea occurrence)	\$ 300,000
				6D 1	DDC	60618	01/01/2018	01/01/2019	MED EXP (Any one person)	\$ 5,000
В		Y		י פט	RPG	90919			PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREGATE	\$ 5,000,000
	X POLICY PRO- JECT LOC								PRODUCTS - COMP/OP AGG	\$ 5,000,000
	OTHER:									\$
	AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$
	ANYAUTO								BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS								BODILY INJURY (Per accident)	\$
	HIRED AUTOS NON-OWNED AUTOS								PROPERTY DAMAGE (Per accident)	\$
										\$
	UMBRELLA LIAB OCCUR								EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE								AGGREGATE	\$
	DED RETENTION \$									\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY								PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A							E.L. EACH ACCIDENT	\$
	(Mandatory in NH)								E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT	\$
В	Participant Accident		1	6B 1	RPG	60618	01/01/2018	01/01/2019	\$25,000 Excess	Medical
	Directors & Officers			6B 1	PDC	60618	01/01/2018	01/01/2019	\$1 000 000	

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

CERTIFICATE HOLDER CANCELLATION

> Buena High School 5670 Telegraph Rd Ventura, Ca 93003

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 REPRESENTAT



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certificate holder in lieu of such endorsement(s).		
RODUCER	CONTACT NAME:	
Speed Insurance Agency	PHONE (A/C, No, Ext): (805) 988-9850 FAX (A/C, No): (805) 604-980	03
1000 Town Center Dr #100	E-MAIL ADDRESS: john.speed@johnspeed.net	
Oxnard, CA 93036	INSURER(S) AFFORDING COVERAGE NAIC#	
	INSURER A: Nationwide Mutual Insurance Company 23787	
SURED Ventura County Youth Track Conference	INSURER B:	
See attached all clubs	INSURER C:	
	INSURER D :	
	INSURER E :	
	INSURER F:	
OVERAGES 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	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	x	CLAIMS-MADE X OCCUR						EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000	
В			Y		6B RPG 60618	01/01/2018	01/01/2019	MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000	
ם	GEN	L'L AGGREGATE LIMIT APPLIES PER:	_					GENERAL AGGREGATE \$ 5,000,00	0
	x	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG \$ 5,000,00	0
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
		ANYAUTO						BODILY INJURY (Per person) \$	
		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident) \$	
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$	
								\$	
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE \$	
		DED RETENTION \$						\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY Y/N						PER OTH- STATUTE ER	
		PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT \$	_
	(Manc	datory in NH)						E.L. DISEASE - EA EMPLOYEE \$	
	DES	CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$	
В	Pa	articipant Accident			6B RPG 60618	01/01/2018	01/01/2019	\$25,000 Excess Medical	
		rectors & Officers			6B RPG 60618	01/01/2018	01/01/2019	\$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

> City of Thousand Oaks 2100 E Thousand Oaks Blvd 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.

AUTHORIZED REPRESENTA



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certificate	noider in lieu of such endorsement(s).									
RODUCER		CONTACT NAME:								
_	Insurance Agency	PHONE (A/C, No, Ext)	(805) 988	9850	0	FAX (A/C, No)	(805)	604-9803	,
	own Center Dr #100	E-MAIL ADDRESS:	ohn.s	spee	d@joh	nspeed.	net			
Oxnaro	I, CA 93036	INSURER(S) AFFORDING COVERAGE							NAIC#	
		INSURER A	Nation	wide	Mutual	Insurance	Company	7	23787	
ISURED	Ventura County Youth Track Conference	INSURER B	:							
	See attached all clubs	INSURER C								
		INSURER D								
		INSURER E	:							
		INSURER F								
OVERAGE	CERTIFICATE NUMBER:				F	REVISION N	UMBER:			
										_

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INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	x	CLAIMS-MADE X OCCUR						EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000	
В			Y		6B RPG 60618	01/01/2018	01/01/2019	MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000	
ם	GEN	L'L AGGREGATE LIMIT APPLIES PER:	_					GENERAL AGGREGATE \$ 5,000,00	0
	x	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG \$ 5,000,00	0
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
		ANYAUTO						BODILY INJURY (Per person) \$	
		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident) \$	
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$	
								\$	
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE \$	
		DED RETENTION \$						\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY Y/N						PER OTH- STATUTE ER	
		PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT \$	
	(Manc	datory in NH)						E.L. DISEASE - EA EMPLOYEE \$	
	DES	CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$	
В	Pa	articipant Accident			6B RPG 60618	01/01/2018	01/01/2019	\$25,000 Excess Medical	
		rectors & Officers			6B RPG 60618	01/01/2018	01/01/2019	\$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

> Conejo Recreation & Park District 403 West Hillcrest Drive Thousand Oaks, CA 91360-4223

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 REPRESENTA



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certificate holder in lieu of such endorsement(s).								
RODUCER	CONTACT NAME:							
Speed Insurance Agency	PHONE (A/C, No, Ext): (805) 988-9850 FAX (A/C, No): (805) 6	04-9803						
1000 Town Center Dr #100	E-MAIL ADDRESS: john.speed@johnspeed.net							
Oxnard, CA 93036	INSURER(S) AFFORDING COVERAGE							
	INSURER A: Nationwide Mutual Insurance Company	23787						
SURED Ventura County Youth Track Conference	INSURER B:							
See attached all clubs	INSURER C:							
	INSURER D :							
	INSURER E :							
	INSURER F:							
OVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:							
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INSR LTR		TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
	х	CLAIMS-MADE X OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 300,000
					6B RPG 60618	01/01/2018	01/01/2019	MED EXP (Any one person)	\$ 5,000
В			Y		OB REG GOOLS			PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 5,000,000
	x	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 5,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		ANYAUTO						BODILY INJURY (Per person)	\$
		ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
		PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Manc	datory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Pa	articipant Accident			OD REG GOOTS	01/01/2018		\$25,000 Excess	Medical
	Di	rectors & Officers			6B RPG 60618	01/01/2018	01/01/2019	\$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

Conejo Valley Unified School District 1400 E Janss Road Thousand Oaks, Ca 91362

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certificate holder in lieu of such endorsement(s).		
PRODUCER	CONTACT NAME:	
Speed Insurance Agency	PHONE (A/C, No, Ext): (805) 988-9850 FAX (A/C, No): (805)	604-9803
1000 Town Center Dr #100	E-MAIL ADDRESS: john.speed@johnspeed.net	
Oxnard, CA 93036	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: Nationwide Mutual Insurance Company	23787
NSURED Ventura County Youth Track Conference	INSURER B:	
See attached all clubs	INSURER C:	
	INSURER D :	
	INSURER E :	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:	
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INSR LTR		TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	S
	x	CLAIMS-MADE X OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 300,000
					6B RPG 60618	01/01/2018	01/01/2019	MED EXP (Any one person)	\$ 5,000
В			Y		OB RIG COCIO			PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 5,000,000
	x	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 5,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		ANYAUTO						BODILY INJURY (Per person)	\$
		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Manc	latory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Pa	rticipant Accident			6B RPG 60618	01/01/2018		\$25,000 Excess	Medical
	Di	rectors & Officers			6B RPG 60618	01/01/2018	01/01/2019	\$1,000,000	

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SPORT TRACK & FIELD: AGES 15 and under (excluding javelin & hammer)

Certificate holder also listed as additional insured

CERTIFICATE HOLDER	CANCELLATION

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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RODUCER	_	CONTACT NAME:	
_	Insurance Agency	PHONE (A/C, No, Ext): (805) 988-9850 FAX (A/C, No): (80	5) 604-9803
	Cown Center Dr #100	E-MAIL ADDRESS: john.speed@johnspeed.net	
Oxnard	1, CA 93036	INSURER(S) AFFORDING COVERAGE	NAIC#
		INSURER A: Nationwide Mutual Insurance Company	23787
ISURED	Ventura County Youth Track Conference	INSURER B :	
	See attached all clubs	INSURER C:	
		INSURER D:	
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		INSURER F :	
OVERAG	ES CERTIFICATE NUMBER:	REVISION NUMBER:	
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NSR LTR		TYPE OF INSURANCE	INSD	SUBR	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	3
	х	CLAIMS-MADE X OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 300,000
					CD DDG C0C10	01/01/2018	01/01/2019	MED EXP (Any one person)	\$ 5,000
В			Y		6B RPG 60618	01,01,2010	01,01,2015	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	L'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 5,000,000
	x	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 5,000,000
		OTHER:							\$
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		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE DER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Mano	datory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Pa	articipant Accident			6B RPG 60618	01/01/2018		\$25,000 Excess	Medical
	Di	rectors & Officers			6B RPG 60618	01/01/2018	01/01/2019	\$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

Fillmore Unified School District 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 REPRESENTAT



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).		
RODUCER	CONTACT NAME:	
Speed Insurance Agency	PHONE (A/C, No, Ext): (805) 988-9850 FAX (A/C, No): (805)	6) 604-9803
1000 Town Center Dr #100	E-MAIL ADDRESS: john.speed@johnspeed.net	
Oxnard, CA 93036	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: Nationwide Mutual Insurance Company	23787
SURED Ventura County Youth Track Conference	INSURER B:	
See attached all clubs	INSURER C:	
	INSURER D:	
	INSURER E :	
	INSURER F:	
OVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF		
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN THE INSURANCE AFFORDED	D BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE 1	rerms

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR		TYPE OF INSURANCE	ADDL INSD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3
	x	CLAIMS-MADE X OCCUR					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 300,000
В			Y	6B RPG 60618	01/01/2018	01/01/2019	MED EXP (Any one person) PERSONAL & ADV INJURY	\$ 5,000 \$ 1,000,000
ם	GEN	L AGGREGATE LIMIT APPLIES PER:	•				GENERAL AGGREGATE	\$ 5,000,000
	x	POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	\$ 5,000,000
	AUT	OTHER: OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$
		ANYAUTO ALL OWNED SCHEDULED					BODILY INJURY (Per person) BODILY INJURY (Per accident)	\$
		AUTOS AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
		, let e					(, , , , , , , , , , , , , , , , , , ,	\$
		UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
	14/05	DED RETENTION \$					PER OTH-	\$
		KERS COMPENSATION EMPLOYERS' LIABILITY Y/N					PER OTH- STATUTE ER	
		PROPRIETOR/PARTNER/EXECUTIVE SER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$
	(Mand	latory in NH) , describe under					E.L. DISEASE - EA EMPLOYEE	\$
		CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Pa	rticipant Accident		6B RPG 60618	01/01/2018		\$25,000 Excess	Medical
	Di	rectors & Officers		6B RPG 60618	01/01/2018	01/01/2019	\$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

Limoneria Ranch Co 1141 Cummings Rd Santa Paula, Ca 93060

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 REPRESENTAT



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).							
RODUCER		CONTACT NAME:						
Speed Insurance Agency			(805) 98	8-9850)	FAX (A/C, No): (805)	604-9803	
1000 Town Center Dr #100		E-MAIL _ ADDRESS: _	john.spec	ed@joh	nspeed.r	net		
Oxnard	l, CA 93036	INSURER(S) AFFORDING COVERAGE						
		INSURER A	Nationwide	Mutual	Insurance	Company	23787	
ISURED	Ventura County Youth Track Conference	INSURER B						
	See attached all clubs	INSURER C	:					
		INSURER D	:					
		INSURER E	:					
		INSURER F	:					
OVERAGE	CERTIFICATE NUMBER:			R	EVISION NU	MBER:		
THIS IS TO	CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE B	BEEN ISSUE	D TO THE INSU	JRED NAM	ED ABOVE FO	R THE POLICY PE	RIOD	

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	POLIC	Y NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3
	x	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
					6B RPG 6	0.610	01/01/2018	01/01/2019	MED EXP (Any one person)	\$ 5,000
В			Y		OD RPG O	00010			PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 5,000,000
	x	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 5,000,000
		OTHER:								\$
	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$
		ANYAUTO							BODILY INJURY (Per person)	\$
		ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident)	\$
		HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$
										\$
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$
		DED RETENTION \$								\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY							PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$
	(Manc	datory in NH)							E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$
В	Pa	rticipant Accident			6B RPG 6	0010	01/01/2018		\$25,000 Excess	Medical
	Di	rectors & Officers			6B RPG 6	0618	01/01/2018	01/01/2019	\$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

> Moorpark Unified School District 5297 Maureen Ln Moorpark, Ca 93021

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 REPRESENTAT



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).		
RODUCER	CONTACT NAME:	
Speed Insurance Agency	PHONE (A/C, No, Ext): (805) 988-9850 FAX (A/C, No): (805)	604-9803
1000 Town Center Dr #100	E-MAIL ADDRESS: john.speed@johnspeed.net	
Oxnard, CA 93036	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: Nationwide Mutual Insurance Company	23787
NSURED Ventura County Youth Track Confer	rence INSURER B:	
See attached all clubs	INSURER C:	
	INSURER D :	
	INSURER E :	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BE	ELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PEI	RIOD

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	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	x	CLAIMS-MADE X OCCUR						EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000	
В			Y		6B RPG 60618	01/01/2018	01/01/2019	MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000	
ם	GEN	L'L AGGREGATE LIMIT APPLIES PER:	_					GENERAL AGGREGATE \$ 5,000,00	0
	x	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG \$ 5,000,00	0
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
		ANYAUTO						BODILY INJURY (Per person) \$	
		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident) \$	
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$	
								\$	
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE \$	
		DED RETENTION \$						\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY Y/N						PER OTH- STATUTE ER	
		PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT \$	
	(Manc	datory in NH)						E.L. DISEASE - EA EMPLOYEE \$	
	DES	CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$	
В	Pa	articipant Accident			6B RPG 60618	01/01/2018	01/01/2019	\$25,000 Excess Medical	
		rectors & Officers			6B RPG 60618	01/01/2018	01/01/2019	\$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

> Office of Special Park Uses Santa Monica Mountains National Recreation Area

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.

AUTHORIZED REPRESENTA



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

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certificate holder in lieu of such endorsement(s).	•	
PRODUCER	CONTACT NAME:	
Speed Insurance Agency	PHONE (A/C, No, Ext): (805) 988-9850 FAX (A/C, No): (805)	604-9803
1000 Town Center Dr #100	E-MAIL ADDRESS: john.speed@johnspeed.net	
Oxnard, CA 93036	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: Nationwide Mutual Insurance Company	23787
INSURED Ventura County Youth Track Conference	INSURER B:	
See attached all clubs	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 E INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF A CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED I EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN	NY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH TH BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TE I REDUCED BY PAID CLAIMS.	IIS
INSR TYPE OF INSURANCE ADDL SUBR POLICY NUMBER	POLICY EFF POLICY EXP	

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

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

Ojai Unified School District 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 REPRESENTAT



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

9803
C#
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ı

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	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	x	CLAIMS-MADE X OCCUR						EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000	
В			Y		6B RPG 60618	01/01/2018	01/01/2019	MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000	
ם	GEN	L'L AGGREGATE LIMIT APPLIES PER:	_					GENERAL AGGREGATE \$ 5,000,00	0
	x	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG \$ 5,000,00	0
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
		ANYAUTO						BODILY INJURY (Per person) \$	
		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident) \$	
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$	
								\$	
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE \$	
		DED RETENTION \$						\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY Y/N						PER OTH- STATUTE ER	
		PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT \$	
	(Manc	datory in NH)						E.L. DISEASE - EA EMPLOYEE \$	
	DES	CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$	
В	Pa	articipant Accident			6B RPG 60618	01/01/2018	01/01/2019	\$25,000 Excess Medical	
		rectors & Officers			6B RPG 60618	01/01/2018	01/01/2019	\$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

CEDI	TIFICATE		DED
\cup EN I		- 1101	$-\nu$ $ \Gamma$

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

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 REPRESENTA



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. certificate holder in lieu of such endorsement(s).	•						
Speed Insurance Agency	CONTACT NAME: PHONE (A/C, No, Ext): (805) 988-9850 FAX (A/C, No): (805) 604-9803						
1000 Town Center Dr #100	E-MAIL ADDRESS: john.speed@johnspeed.net						
Oxnard, CA 93036	INSURER(S) AFFORDING COVERAGE NAIC#						
	INSURER A: Nationwide Mutual Insurance Company 23787						
NSURED Ventura County Youth Track Conference	INSURER B :						
See attached all clubs	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 E INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF A CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN	NY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,						
ISR TYPE OF INSURANCE ADDL SUBR INSU WVD POLICY NUMBER	POLICY EFF POLICY EXP						
X COMMERCIAL GENERAL LIABILITY	EACH OCCURRENCE \$ 1,000,000						

LIIX			INSD	WVVD		1 01	TOT NOMBER	(IVIIVI/DD/11111)	(IVIIVI/DD/11111)		
	x	COMMERCIAL GENERAL LIABILITY								EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR								DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
		'			6D	DDC	60610	01/01/2018	01/01/2019	MED EXP (Any one person)	\$ 5,000
В			Y		ао	RPG	60618	12, 52, 2325	,,	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREGATE	\$ 5,000,000
	x	POLICY PRO- JECT LOC								PRODUCTS - COMP/OP AGG	\$ 5,000,000
		OTHER:									\$
	AUT	OMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$
		ANYAUTO								BODILY INJURY (Per person)	\$
		ALL OWNED SCHEDULED AUTOS AUTOS								BODILY INJURY (Per accident)	\$
		HIRED AUTOS NON-OWNED AUTOS								PROPERTY DAMAGE (Per accident)	\$
										,	\$
		UMBRELLA LIAB OCCUR								EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE								AGGREGATE	\$
		DED RETENTION \$									\$
		KERS COMPENSATION EMPLOYERS' LIABILITY								PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A							E.L. EACH ACCIDENT	\$
	(Mand	ER/MEMBER EXCLUDED? atory in NH)	N/A							E.L. DISEASE - EA EMPLOYEE	\$
		describe under CRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT	\$
В	Pa	rticipant Accident			6B	RPG	60618	01/01/2018	01/01/2019	\$25,000 Excess	Medical
	Di	rectors & Officers			6B	RPG	60618	01/01/2018	01/01/2019	\$1.000.000	

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

CERTIFICATE HOLDER

CANCELLATION

Oxnard Union High School District 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 REPRESENTA



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 h	nolder in lieu of such endorsement(s).		
PRODUCER		CONTACT NAME:	
_	Insurance Agency	PHONE (A/C, No, Ext): (805) 988-9850 FAX (A/C, No): (805)	604-9803
	own Center Dr #100	E-MAIL ADDRESS: john.speed@johnspeed.net	
Oxnard	, CA 93036	INSURER(S) AFFORDING COVERAGE	NAIC#
		INSURER A: Nationwide Mutual Insurance Company	23787
NSURED	Ventura County Youth Track Conference	INSURER B :	
	See attached all clubs	INSURER C:	
		INSURER D :	
		INSURER E :	
		INSURER F:	
COVERAGE	S 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	POLIC	Y NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3
	x	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
					6B RPG 6	0.610	01/01/2018	01/01/2019	MED EXP (Any one person)	\$ 5,000
В			Y		OD RPG O	00010			PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 5,000,000
	x	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 5,000,000
		OTHER:								\$
	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$
		ANYAUTO							BODILY INJURY (Per person)	\$
		ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident)	\$
		HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$
										\$
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$
		DED RETENTION \$								\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY							PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$
	(Manc	datory in NH)							E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$
В	Pa	rticipant Accident			6B RPG 6	0010	01/01/2018		\$25,000 Excess	Medical
	Di	rectors & Officers			6B RPG 6	0618	01/01/2018	01/01/2019	\$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

PLEASANT VALLEY RECREATION & PARK DISTRICT 30

1605 EAST BURNLEY STREET CAMARILLO, CA 93010

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 REPRESENTAT



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).

RODUCER		CONTACT NAME:							
Speed Insurance Agency	100	PHONE (A/C, No, Ext):	(805) 988-9850)	FAX (A/C, No): (805)	604-9803			
	100	E-MAIL ADDRESS: john.speed@johnspeed.net							
Oxnard, CA 93036		INSURER(S) AFFORDING COVERAGE							
		INSURER A:	Nationwide Mutual	Insurance (Company	23787			
SURED Ventura County You	th Track Conference	INSURER B :							
See attached all	clubs	INSURER C :							
		INSURER D :							
		INSURER E :							
		INSURER F :							
OVERAGES CER	RTIFICATE NUMBER:		R	EVISION NUN	MBER:				
THIS IS TO CERTIFY THAT THE POLICIES (OF INSURANCE LISTED BELOW HAVE I	BEEN ISSUEI	O TO THE INSURED NAM	ED ABOVE FOR	THE POLICY PE	RIOD			

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.

NSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	x	CLAIMS-MADE X OCCUR						EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000 \$ 300,000	
-		CLAIIVIS-IVIADE OCCUR			6B RPG 60618	01/01/2018	01/01/2019	PREMISES (Ea occurrence) MED EXP (Any one person)	\$ 5,000	
В			Y		6B RPG 60618			PERSONAL & ADV INJURY	\$ 1,000,000	
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 5,000,000	
	x	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 5,000,000	
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANYAUTO						BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
		DED RETENTION \$							\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
		PROPRIETOR/PARTNER/EXECUTIVE DER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	
	(Manc	datory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	
		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
В	Pa	articipant Accident			6B RPG 60618	01/01/2018		\$25,000 Excess	Medical	
	Di	rectors & Officers			6B RPG 60618	01/01/2018	01/01/2019	\$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

> The Ojai Valley Land Conservancy 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 REPRESENTAT



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

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	erms and conditions of the policy, certai ficate holder in lieu of such endorseme	•	cies m	nay require an endorsement.	A state	ment on this c	ertificate does	not confer rights to the			
	ed Insurance Agency				CONTACT NAME: PHONE (A/C, No, Ext): (805) 988-9850						
		100			E-MAIL ADDRES	ss john.s	peed@jo	hnspeed.net			
OXI	ard, CA 93036					URER(S) AFFORDIN		NAIC#			
					INSURE	RA: Nation	wide Mutual	l Insurance Company		2378	37
ISURE	Ventura County You	rac	k Conference	INSURE	RB:						
	See attached all	clu	ıbs		INSURER C:						
					INSURE	RD:					
					INSURE	RE:					
					INSURE	RF:					
OVE	RAGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:			
INDI CER	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD NDICATED. 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.										
SR FR	TYPE OF INSURANCE	ADDL INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
2	COMMERCIAL GENERAL LIABILITY								\$ 1 ,	000,	000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,	000

			HAOD	VVVD			((10110111111111111111111111111111111111		
	x	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
					6B RPG	60619	01/01/2018	01/01/2019	MED EXP (Any one person)	\$ 5,000
В			Y		OB RFG	00010			PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	L'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 5,000,000
	x	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 5,000,000
		OTHER:								\$
	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$
		ANYAUTO							BODILY INJURY (Per person)	\$
		ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident)	\$
		HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$
										\$
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$
		DED RETENTION \$								\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY							PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$
	(Mand	CER/MEMBER EXCLUDED?	17/2						E.L. DISEASE - EA EMPLOYEE	\$
		, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$
В	Pa	rticipant Accident			6B RPG	60618	01/01/2018	01/01/2019	\$25,000 Excess	Medical
	Dі	rectors & Officers			6B RPG	60618	01/01/2018	01/01/2019	\$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				
Thousand Oaks High School 2323 N Moorpark Road 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.				
	AUTHORIZED REPRESENTATIVE				



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RODUCER	CONTACT NAME:	
Speed Insurance Agency	PHONE (A/C, No, Ext): (805) 988-9850 FAX (A/C, No): (805)	604-9803
1000 Town Center Dr #100	E-MAIL ADDRESS: john.speed@johnspeed.net	
Oxnard, CA 93036	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: Nationwide Mutual Insurance Company	23787
SURED Ventura County Youth Track Conference	INSURER B:	
See attached all clubs	INSURER C:	
	INSURER D :	
	INSURER E :	
	INSURER F:	
OVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE I		

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INSR LTR		TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	x	CLAIMS-MADE X OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 300,000	
В			Y		6B RPG 60618	01/01/2018	01/01/2019	MED EXP (Any one person)	\$ 5,000 \$ 1,000,000	
	GEN	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ 5,000,000	
	x	_ JECT JECT						PRODUCTS - COMP/OP AGG	\$ 5,000,000	
	AUT	OTHER: AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANYAUTO						BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
		DED RETENTION \$							\$	
		ORKERS COMPENSATION ND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. EACH ACCIDENT	\$	
								E.L. DISEASE - EA EMPLOYEE	\$	
		, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
В	Participant Accident				6B RPG 60618	01/01/2018	01/01/2019	\$25,000 Excess	Medical	
		rectors & Officers			6B RPG 60618	01/01/2018	01/01/2019	\$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

United States of America Department of the Interior National Park Service 401 West Hillcrest Drive 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.

AUTHORIZED REPRESENTATIVE



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

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ce	rtificate holder in lieu of such endorsemen	t(s).		,,				3			
PROI	DUCER				CONTAC NAME:	CT					
	peed Insurance Agency			PHONE (A/C, No, Ext): (805) 988-9850 FAX (A/C, No): (805) 6				604-9803			
10	000 Town Center Dr #1			E-MAIL ADDRESS: john.speed@johnspeed.net							
Oxnard, CA 93036											
					INSURER(S) AFFORDING COVERAGE NATIONWIDE A Nationwide Mutual Insurance Company					NAIC#	
NSU	RED Ventura County Yout	·h n	r _{ra}	rk Conformac	INSURER A:						
NSU	-			or contelence	INSURER B:						
	See attached all	СТІ	ıbs		INSURER C:						
					INSURE	RD:					
					INSURER E :						
					INSURER F :						
CO	/ERAGES CERT	TFIC	ATE	NUMBER:				REVISION NUM	IBER:		
IN CI	IIS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQUENTIFICATE MAY BE ISSUED OR MAY PER ICLUSIONS AND CONDITIONS OF SUCH POL	IREN RTAII	IENT, N, TH	TERM OR CONDITION OF A E INSURANCE AFFORDED E	NY CON BY THE	TRACT OR O	THER DOCUME SCRIBED HER	ENT WITH RESPE	CT TO WHICH TH	HIS	
NSR _TR		ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
	X COMMERCIAL GENERAL LIABILITY	IIVOD	4440	. GEIGT HOMBER		((EACH OCCURREN		000,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENT	ED ,	300,000	
	CLAIMS-IMADE 22 OCCOR							PREMISES (Ea occ	dirence)	5,000	
_		37		6B RPG 60618		01/01/2018	01/01/2019	MED EXP (Any one		000,000	
В		Y						PERSONAL & ADV I		000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE			
	X POLICY JECT LOC							PRODUCTS - COM		000,000	
	OTHER:							COMBINED SINGLE	\$MIT		
	AUTOMOBILE LIABILITY							(Ea accident)	\$		
	ANYAUTO							BODILY INJURY (Pe	er person) \$		
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Pe			
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAG (Per accident)	GE \$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE \$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$							2102210102	\$		
	WORKERS COMPENSATION							PER STATUTE	OTH-		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE	ER \$		
	FICER/MEMBER EXCLUDED?						E.L. DISEASE - EA EMPLOYEE \$				
	If yes, describe under										
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT \$		
_	Bank takanak Bank Bank			CD DDG COC10		01/01/2018	01/01/2019	405 000 5		1 1	
В	Participant Accident			6B RPG 60618		01/01/2018			Excess Med	ilcai	
	Directors & Officers			6B RPG 60618				\$1,000,00	00		
	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE Lth Track & Field	-S (A	CORD	101, Additional Remarks Schedule,	may be at	tached if more sp	ace is required)				
	tificate holder listed b	~1~		e namod ae addit	i onal	inguro	d nor att	and CC	20 26 07		
	cilicate noider listed b	ETO	w I	s named as addit	JUliai	Insure	ı per acı	Lacined CG .	20 20 07		
04											
CERTIFICATE HOLDER CANCELLATION											
Ventura Unified School District 255 W Stanley Ave, Ste 100									IES BE CANCELL		
						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
Ventura, CA 93001						ACCORDANCE WITH THE POLICY PROVISIONS.					
						AUTHORIZED REPRESENTATIVE					
						AUTHORIZED REFRESENTATIVE					