

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 Speed Insurance Agency 1000 Town Center Dr #100						CONTACT NAME: PHONE (A/C, No, Ext): (805) 988-9850 E-MAIL ADDRESS: john.speed@johnspeed.net					
OΣ	mard, CA 93036				INSURER A	NAIC# 23787					
NSU	RED Ventura County You	th :	Irac	k Conference	INSURER B	B :					
	See attached Club	os			INSURER C						
					INSURER D) :					
					INSURER E :						
					INSURER F :						
OV	/ERAGES CER	TIFIC	ATE	NUMBER:	REVISION NUMBER:						
IN CE	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.										
SR TR	TYPE OF INSURANCE	ADDL		POLICY NUMBER		OLICY EFF W/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR						-	EACH OCCURRENCE \$ 1 DAMAGE TO RENTED PREMISES (Ea occurrence) \$	300,000		
				CD DDG COC10	01	/01/2018	01/01/2019	MED EXP (Any one person) \$	5,000		
В				017	, 51, 2010	01,01,2019	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		

				6B RPG	60618	01/01/2018	01/01/2019	MED EXP (Any one person)	\$ 5,000
В		Y						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 AUTOS							BODILY INJURY (Per accident)	\$
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$
									\$
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MAD	E						AGGREGATE	\$
	DED RETENTION \$								\$
	WORKERS COMPENSATION AND 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	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$
В	Participant Accident			6B RPG	60618	01/01/2018		\$25,000 Excess	Medical
	Directors & 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

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 REPRESENTATIVE

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certificate	holder in lieu of such endorsement(s).									
RODUCER		CONTACT NAME:								
-	Insurance Agency	PHONE (A/C, No, Ext): (805) 988-9850 FAX (A/C, No): (805)	5) 604-9803							
	Fown Center Dr #100	E-MAIL ADDRESS: john.speed@johnspeed.net	E-MAIL ADDRESS: john.speed@johnspeed.net							
Oxnar	d, CA 93036	INSURER(S) AFFORDING COVERAGE	NAIC#							
		INSURER A: Nationwide Mutual Insurance Company	23787							
NSURED	Ventura County Youth Track Confer	ence INSURER B:								
	See attached Clubs	INSURER C:								
		INSURER D :								
		INSURER E :								
		INSURER F :								
COVERAG	ES CERTIFICATE NUMBER:	REVISION NUMBER:								

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LTR		TYPE OF INSURANCE	INSD	WVD	POL	ICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	5
	x	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
					6B RPG	60610	01/01/2018	01/01/2019	MED EXP (Any one person)	\$ 5,000
В			Y		OD 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:								\$
	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	\$
(Mandato		atory in NH)							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		\$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 04

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 REPRESENTATIVE



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certificate	noider in lieu of such endorsement(s).								
RODUCER		CONTACT NAME:							
Speed Insurance Agency			(805) 98	8-985	0	FAX (A/C, No): (805	6) 604-9803		
	Town Center Dr #100	E-MAIL ADDRESS: J	ohn.spe	ed@joh	nspeed.	net			
Oxnard, CA 93036			NAIC#						
		INSURER A :	Nationwide	Mutual	Insurance	Company	23787		
ISURED	Ventura County Youth Track Conference	INSURER B :							
	See attached Clubs	INSURER C :							
		INSURER D :							
		INSURER E :							
		INSURER F :							
OVERAG	ES CERTIFICATE NUMBER:			F	REVISION NU	JMBER:			
	O CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE E D. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF A								

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INSR LTR		TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
	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
ь	GEN	L'L AGGREGATE LIMIT APPLIES PER:	1					PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ 5,000,000
	x	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 5,000,000
	AUT	OTHER: 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 OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A					E.L. EACH ACCIDENT	\$
								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
		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 REPRESENTATIVE

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If yes, describe under
DESCRIPTION OF OPERATIONS below E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CERTIFICATE HOLDER 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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