

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/09/2016

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 Speed Insurance Agency

1000 Town Center Dr Oxnard, CA 93036

INSURED

Ventura County Youth Track Conference Newbury Park Panthers TC

| CONTACT NAME: | | |
|---|--------------------------------|-----|
| PHONE (805) 988-9850 | FAX (A/C, No): (805) 604-98 | 303 |
| (A/C, No, Ext): E-MAIL ADDRESS: john.speed@johnspe | ed.net | |
| INSURER(S) AFFORDING COVERAGE INSURER A: Lloyds Syndicate | | 823 |
| INSURER B : | | |
| INSURER C | | |
| INSURER D: | | |
| INSURER E | | |
| MOUDED E | | |

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.

| LTR | TYPE OF INSURANCE | | INSD | | POLICY NUMBER | (MM/DD/YYYY) | (MM/DD/YYYY) | LIMIT | |
|-----|---|--|------|-----|-------------------|---------------|------------------|---|----------------------------|
| | x | CLAIMS-MADE X OCCUR | | | | | | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 \$ 300,000 |
| | | | | | SP-10002-A1215955 | 01/01/2017 | 01/01/2018 | MED EXP (Any one person) | \$ 5,000 |
| A | | | Y | | SP-10002-A1215955 | | 01/01/2018 | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | 1 | L'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | \$ 2,000,000 |
| | x | POLICY PRO- LOC | | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 |
| | | OTHER; | | | | | | | \$ |
| | AUT | OMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| | | ANY AUTO | | V . | | | | BODILY INJURY (Per person) | \$ |
| A | | ALL OWNED SCHEDULED AUTOS | Y | | SP-10002-A1215955 | 55 01/01/2017 | /2017 01/01/2018 | BODILY INJURY (Per accident) | \$ |
| | X | HIRED AUTOS X NON-OWNED AUTOS | | | 10001 111110000 | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | | \$ |
| | | UMBRELLA LIAB OCCUR | | | | | | EACH OCCURRENCE | \$ |
| | | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | \$ |
| | | DED RETENTION \$ | | | | | | U-0.Y.S /I - F.E.E | \$ |
| | | KERS COMPENSATION EMPLOYERS' LIABILITY Y/N | | | | | | PER OTH- STATUTE ER | |
| | | PROPRIETOR/PARTNER/EXECUTIVE | N/A | | | | 1 | E.L. EACH ACCIDENT | \$ |
| | (Mandatory In NH) If yes, describe under | | | | | | | E.L. DISEASE - EA EMPLOYE | \$ |
| | DESC | DRIPTION OF OPERATIONS below | | | | | | E, L, DISEASE - POLICY LIMIT | \$ |
| A | Pa | rticipant Accident | | | SP-10002-A1215955 | 01/01/2017 | 01/01/2018 | \$25,000 Exces | s Medical |

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

| CE | КT | IFIC. | ATE | HOL | DER |
|----|----|-------|-----|-----|-----|
| | | | | | |

CANCELLATION

Conejo Valley Unified School District 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.

AUTHORIZED REPRESENTATIVE

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Policy Number: SP-10002-A1215955

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

| Name Of Additional Insured Person(s) Or Organization(s) |
|--|
| Conejo Valley Unified School District 1400 E Janss Rd Thousand Oaks, CA 91362 |
| |
| |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations. |

Section II – Who is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.