

## **ARCH INSURANCE COMPANY**

(A Missouri Corporation)

Home Office Address: 2345 Grand Blvd., Suite 900 Kansas City, MO 64108 Administrative Address: Harborside 3 210 Hudson Street, Suite 300 Jersey City, NJ 07311-1107 Tel: (866) 413-5550

## COMMERCIAL GENERAL LIABILITY INSURANCE CERTIFICATE

Certificate Number: This Certificate forms a part of Master Policy Number:

SBCGL1374500 SJCGL0000202

Certificate Coverage Period: FROM: 12/03/19 TO: 12/03/20

at 12:01 A.M., Standard Time at your mailing address shown below.

Named Certificate Holder:Randonneurs USACertificate Holder Mailing Address:10 Bliss Mine Road

Middleton, RI 02842

Business Description: Amateur Cycling Organization

Form of Business: Non-Profit Association

**Producer Name:** American Specialty Insurance & Risk Services, Inc. dba A.S.I.R.S.I

Insurance Agency, American Specialty Insurance & Risk Services

Agency, and A S Insurance & Risk Services Agency

**Producer Mailing Address:** 7609 W. Jefferson Blvd., Suite 100

Fort Wayne, IN 46804

Certificate Premium: \$57,219.00

Certificate Premium for Certified Acts of Terrorism: \$228.00 (Included within the Certificate

Premium)

ONLY THE COVERAGE DESCRIBED HEREIN AND THE FORMS SHOWN IN THE SCHEDULE OF FORMS AND ENDORSEMENTS APPLY TO THE NAMED CERTIFICATE HOLDER.

Date: December 4, 2019

Signed By: LH

(Authorized Representative)

## **CERTIFICATE NUMBER: SBCGL1374500**

| LIMITS OF INSURANCE  |              |                                |              |  |  |
|--|--------------|--------------------------------|--------------|--|--|
| Each Occurrence Limit  | \$1,000,000. |                                |              |  |  |
| Damages to Premises Rented to You Limit                            | \$1,000,000. | Any one premises               |              |  |  |
| Medical Expense Limit  | \$Excluded   | Any one person                 |              |  |  |
| Personal & Advertising Injury Limit                                | \$1,000,000. | Any one person or organization |              |  |  |
| General Aggregate Limit (Other Than Products-Completed Operations) |              |                                | \$5,000,000. |  |  |
| Products/Completed Operations Aggregate Limit                      |              |                                | \$5,000,000. |  |  |

## RETROACTIVE DATE (CG 00 02 ONLY)

This Insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" which occurs before the Retroactive Date, if any, shown below:

RETROACTIVE DATE:

(Enter Date or "None" if no Retroactive Date applies)

| PREMIUM         |   |               |              |              |                     |                 |                 |  |
|-----------------|---|---------------|--------------|--------------|---------------------|-----------------|-----------------|--|
|                 |   |               |              | Rate         |                     | Advance Premium |                 |  |
| Location<br>No. | Classification  | Class<br>Code | Premium Base | Prem/<br>Ops | Prod/<br>Com<br>Ops | Prem/Ops        | Prod/Com<br>Ops |  |
|                 | Recreation Association - high hazard sport, competitive element | 40067         | Participants |              |                     | \$56,991        |                 |  |
| 1               | Participant Legal Liability                                     | 44445         | GL           |              |                     | \$0             |                 |  |

|              | LOCATION OF PREMISES (Locations of All Premises You Own, Rent or Occupy): |  |  |  |  |
|--------------|---|--|--|--|--|
| Location No. | Physical Address  |  |  |  |  |
| 1            | 10 Bliss Mine Road, Middletown, RI 02842                                  |  |  |  |  |
|              |   |  |  |  |  |
|              |   |  |  |  |  |

| SCHEDULE OF FORMS AND ENDORSEMENTS: |                             |  |  |
|-------------------------------------|-----------------------------|--|--|
| Form Number                         | Form Title                  |  |  |
|                                     | Refer to Form FAI CSKLBUSFE |  |  |