

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/30/2024

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 have ADDITIONAL INSURED provisions or 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						CONTACT Meg Stanley					
McKay Insurance Agency, Inc.						PHONE (A/C, No, Ext): (641) 842-2135 FAX (A/C, No): (641) 828-2013					
106 East Main Street						E-MAIL sports@mckayinsagency.com					
P O Box 151						INSURER(S) AFFORDING COVERAGE NAIC #					
Knoxville IA 50138						INSURER A: Evanston Insurance Company					
INSURED						INSURER B: Gerber Life Insurance Company					
Silent Sports Association - NBTS Club						INSURER C:					
North Shore Cyclists, Inc.						INSURER D:					
22 Bunker Hill Rd					INSURER E :						
	Ipswich		MA 01938			INSURER F:					
COVERAGES CERTIFICATE NUMBER: CL2413064691 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			SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$ 1,000,0		0,000	
	CLAIMS-MADE OCCUR Includes Athletic Participants							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,	,000	
								MED EXP (Any one person)	_{\$} Excl	uded	
Α				3607AH010099-6		02/01/2024	02/01/2025	PERSONAL & ADV INJURY	\$ 1,00	0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,00	0,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,00	0,000	
	OTHER: Event								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$							I DED OTH	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER	<u> </u>		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?							E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
	DÉSCRIPTION OF OPERATIONS below	-						E.L. DISEASE - POLICY LIMIT	\$ ************************************	000/05 000	
В	Accident Insurance (Excess)			15 070177 0075 00		02/01/2024	02/01/2025	Medical Expense Deductible \$500	\$25 <u>,</u>	,000/\$5,000	
				15-070177-0075-23		02/01/2024	02/01/2023	·	\$5,000		
	DIDTION OF ODER ATIONS / LOCATIONS / VEHICL		Of A LEW and Barrent a Oak a lade				AD&D	\$5,000			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Club coverage: 2/1/2024 - 2/1/2025. 568 members. "This policy is issued, pursuant to Iowa Code section 515.147, by a nonadmitted company in Iowa and as such is not covered by the Iowa Insurance Guaranty Association."											
CEF	TIFICATE HOLDER			CANCELLATION							
North Shore Cyclists, Inc. 22 Bunker Hill Rd						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					
Ipswich				MA 01938		SHIZIL					

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