

CERTIFICATE OF INSURANCE- PURCHASING GROUP LIABILITY INSURANCE POLICY

This insurance is provided by:
Philadelphia Indemnity Insurance Company

Master Policy Holder:
American Specialty Sports & Entertainment
Purchasing Group

Item 1: VERDE VALLEY CYCLISTS COALITION, INC

Item 2: PO BOX 20332
SEDONA, AZ 86341-0332

Producer Name: American Specialty Insurance
& Risk Services, Inc.

Producer Address: 7609 W. Jefferson Blvd.
Suite 100
Fort Wayne, IN 46804

Producer Number: 15823

Certificate Number: PIDO115300

As consideration of the payment of premium and subject to all terms of the master policy, we agree to provide the insurance as stated in this certificate.

NOTICE: EXCEPT TO SUCH EXTENT AS MAY OTHERWISE BE PROVIDED HEREIN, THIS POLICY IS WRITTEN ON A CLAIMS MADE BASIS AND COVERS ONLY THOSE CLAIMS FIRST MADE DURING THE POLICY PERIOD AND REPORTED IN WRITING TO THE INSURER PURSUANT TO THE TERMS HEREIN. THE AMOUNTS INCURRED FOR DEFENSE COST SHALL BE APPLIED AGAINST THE RETENTION.

Item 3: Named Certificate Holder Association (if applicable):

Item 4: Mailing Address:

Item 5: Form of Business: Non Profit Organization

Item 6: Business Description:

Item 7: Policy Period: From: 02/01/2019 To: 02/01/2020
*12:01 A.M. Local Time at the mailing address shown in **Item 2**.*

Item 8: Forms and Endorsements: Forms and Endorsements attached to this certificate - See Schedule of Forms and Endorsements attached to the Master Policy. Copies are available upon request.

Item 9: Limits of Insurance: This policy provides for the Limits of Liability below.

(A) Part 1, D&O Liability:	\$1,000,000	each Policy Period
(B) Part 2, Employment Practices:	\$1,000,000	each Policy Period
(C) Part 3, Fiduciary Liability:	\$0	each Policy Period
(D) Part 4, Workplace Violence:	\$0	each Policy Period
(E) Part 5, Internet Liability:	\$0	each Policy Period
(F) Aggregate, All Parts:	\$1,000,000	each Policy Period

Item 10: Retention:

- (A) Part 1, D&O Liability: \$500 for each Claim under Insuring Agreement B & C
- (B) Part 2, Employment Practices: \$1000 for each Claim
- (C) Part 3, Fiduciary Liability: \$0 for each Claim
- (D) Part 4, Workplace Violence: \$0 each Workplace Violence Act
- (E) Part 5, Internet Liability: \$0 each Policy Period

Item 11: Prior and Pending Date:

Part 1	Part 2	Part 3	Part 4	Part 5
02/01/2015	02/01/2015	No Date Applies	No Date Applies	No Date Applies

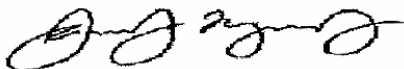
PREMIUM FOR POLICY PERIOD

Part 1	Part 2	Part 3	Part 4	Part 5
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TOTAL CERTIFICATE PREMIUM including State Tax, Fees, Surcharges \$ 550

THIS CERTIFICATE OF INSURANCE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S) AND ENDORSEMENT(S) ATTACHED TO THE MASTER POLICY, COMPLETE THE ABOVE NUMBERED POLICY.

The following notice is provided pursuant to the Texas Insurance Code Article 21.54. The insurer may not be subject to all insurance laws and regulations of this state. The member benefits described are guaranteed through an insurance contract. The American Specialty Sports & Entertainment Purchasing Group's insurance policy is underwritten by Philadelphia Indemnity Insurance Company and rated A+ X by the A.M. Best Co. in 2006.



Authorized Representative



Countersignature

01/03/2019

Countersignature Date

REPORTING A CLAIM

1. What is a Claim?

It is important to realize that “Claims” are not limited to lawsuits. Claims consist of written demands for monetary or non-monetary relief. Threatening or accusatory letters (from attorneys or otherwise); administrative charges before the EEOC or local administrative body; or even internal complaints or grievances by employees could be “Claims” and should be reported to the insurance carrier. Even if you don’t believe the matter rises to the level of a formal “Claim” it should still be reported as a *potential* Claim so that you don’t violate policy reporting requirements.

2. When do I report a Claim?

The policy requires that you report a Claim as soon as practicable but no later than 60 days after the expiration of the policy during which the claim is asserted. Failure to comply with these reporting requirements can result in a loss of coverage even if there is no gap in insurance policy issuance. If during the policy period, you become aware of “potential” Claim circumstances, those circumstances should be reported prior to the expiration of that policy period.

3. How do I report a Claim?

Notice of a Claim (including your contact information, policy number and any documentation regarding the Claim) may be reported via several methods:

Written Notice

Written notice of a Claim should be addressed to the following:

Philadelphia Insurance Companies
One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004
Attention: Claims Department

Fax Notice

The information can also be faxed to Philadelphia Insurance Companies at 800-685-9238.

Online Notice

You may log onto www.phly.com and use the “Report a Claim” tab, then provide the requested information.

E-mail Notice

You may e-mail the Claim information to claimsreport@phlyins.com.

Regardless of which method is utilized to report the Claim to Philadelphia Insurance Companies, It is recommended that you also send a copy of the claim notification to:

American Specialty Insurance & Risk Services, Inc.
7609 W. Jefferson Blvd., Suite 150
Fort Wayne, IN 46804
Attention: Mark Thompson
Fax: 260-969-4729
E-mail: claims@fastcov.com

4. What Happens After I Report a Claim?

After you report a Claim, Philadelphia Insurance Companies will set up a file, assign a Claim Number, and a Claims Examiner will contact you to address the matter further.

POLICYHOLDER NOTICE (LOSS ASSISTANCE HOTLINE)

We are pleased to enclose an original copy of your policy. Please take a moment to review the policy to ensure it meets your needs.

Please feel free to contact our local sales representatives or our customer service unit at 877-GET-PHLY, if you need further assistance.

As a free loss control benefit to our policyholders, Philadelphia Insurance Companies (PIC) has partnered with a nationally recognized law firm Wilson, Elser, Moskowitz, Edelman and Dicker LLP (WEMED), to offer a toll-free **Loss Assistance Hotline**. The toll-free loss assistance hotline telephone number is **1-877-742-2201**. You can also contact a WEMED attorney online at either of the following internet addresses: <http://www.wemed.com/pic/> or <http://www.losscontrol.com>. This hotline provides policyholders 2 free hours of legal consultation with a knowledgeable attorney on any matter that could potentially result in a claim under your PIC policy. This loss assistance hotline is **NOT** a loss reporting hotline. To report a claim, read the claim reporting instructions in your Policy, or ask your agent. If you have questions concerning the loss assistance hotline, please contact us at 1-800-759-4961 x7717.

The Philadelphia Insurance Companies thanks you for choosing us to meet your insurance needs.

Sincerely,

Philadelphia Insurance Companies