

CERTIFICATE OF LIABILITY INSURANCE

DATE (MINUDD/YYYY) 12/18/2020

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). CONTACT NAME: SETH C. WILKERSON (AIC, No. Ext): (317) 646-2419 THE CONRAD GROUP, LLC FAX (A/C, No): (800) 381-3115 P.O. BOX 361311 ADDRESS: INFO@CONRADRMS.COM INSURER(S) AFFORDING COVERAGE NAIC# INDIANAPOLIS IN 46236 INSURER A: NEW YORK MARINE & GENERAL INS. CO. 16608 INSURED INSURER B: FEDERAL INSURANCE COMPANY 20281 AMERICAN RACING GROUP, LLC; AKTPA INC. INSURER C: 11715 FOX ROAD INSURER D ; SUITE 400-191 INSURER E **INDIANAPOLIS** IN 46236 INSURER F: 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. ADDL SUBR POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER INSD WYD COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED \$ 1,000,000 CLAIMS-MADE X OCCUR \$ 1,000,000 PREMISES (Ea occurrence) MOTORSPORTS E&O \$100,000 s EXCLUDED MED EXP (Any one person) A GL202100014054 01/01/2021 01/01/2022 PERSONAL & ADV INJURY \$ 1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ 2,000,000 X POLICY JECT PRODUCTS - COMP/OP AGG \$ 1,000,000 OTHER: Participant Legal Liab. \$ 1,000,000 COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY ANY AUTO BODILY INJURY (Per person) \$ SCHEDULED AUTOS OWNED AUTOS ONLY BOD(LY INJURY (Per accident) \$ NON-OWNED AUTOS ONLY HIRED AUTOS ONLY PROPERTY DAMAGE (Per accident) * UMBRELLA LIAB X OCCUR EACH OCCURRENCE \$ 4,000,000 EXCESS LIAB CLAIMS-MADE EX202100001725 01/01/2022 01/01/2021 \$ 4,000,000 AGGREGATE DED RETENTION \$ \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXEGUTIVE OFFICER/MEMBER EXCLUDED? (Mondatory in NH) ELL EACH ACCIDENT NIA E.L. DISEASE - EA EMPLOYEE \$ from describe under DESCRIPTION OF OPERATIONS below E.L. DISEASÉ - POLICY LIMIT PARTICIPANT ADDICENT B 99071178 COVERAGE 01/01/2021 01/01/2022 SEE BELOW DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Class 1 - \$15,000 AD&D limit; \$25,000 Excess Medical; Per Incident Class 2 - \$5,000 AD&D limit; \$10,000 Excess Medical; Per Incident Martin County is listed as additional insured as it relates to South Florida Karting, Inc. activities. CERTIFICATE HOLDER CANCELLATION South Florida Karting, Inc. Marting County Board of Commissioners SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. 2401 SE Monterey Road Stuart FL 34995 AUTHORIZED REPRESENTATIVE

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