

Jan 22 03 01:03p

NOHVIS-NMI-WATVA

(920) 565 7534

P. 1

JAN-14-2003 TUE 04:27 PM X&K INSURANCE

FAX NO. 280 459 5118

P. 05

NXE

CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)
0871150 1/14/03

PRODUCER
K & K Insurance Group, Inc.
1712 Magnavox Way
P.O. Box 2338
Fort Wayne, In 46801

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

INSURED
INTERNATIONAL SPORTS SAFETY
D/3/A INTERNATIONAL MOTORCYCLE SAFETY AS
1650 LINDA VISTA DR. SUITE #207
SAN MARCOS, CA 92069

COMPANY A VIRGINIA SURETY COMPANY, INC.
LETTER

COMPANY B
LETTER

COMPANY C
LETTER

COVERAGES

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.

CO. LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS (in thousands)	
A	General Liability <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur. <input type="checkbox"/> Owner's & contractors Prot. <input checked="" type="checkbox"/> 100,000 ERRORS & OMISSIONS	KSP0000925600	12:01AM 9/13/02	12:01AM 9/13/03	General Aggregate	\$ NONE
	Products Comp/Op Aggregate				\$ 2000	
					Personal & Advertising Injury	\$ 1000
					Each Occurrence	\$ 1000
					Fire Damage (Any one fire)	\$ 300
					Medical Expense (Any one person)	\$ 5
					Participant Legal Liability	\$ 1000
	Automobile Liability <input type="checkbox"/> Any auto <input type="checkbox"/> All owned autos <input type="checkbox"/> Scheduled autos <input type="checkbox"/> Hired autos <input type="checkbox"/> Non-owned autos <input type="checkbox"/> Garage Liability				Combined Single Limit	\$
					bodily injury (per person)	\$
					bodily injury (per occurrence)	\$
					Property Damage	\$
	Excess Liability <input type="checkbox"/> Other than Umbrella team				Each Occurrence	Aggregate
					\$	\$
	Workers' Compensation and Employers' Liability				Statutory	
					\$	Each Accident
					\$	Discrete-Policy Limit
					\$	Discrete-Each Employee
	Participant Accident				AD&D	\$
					Primary Medical	\$
					Excess Medical	\$
					Weekly Indemnity	\$ X

DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES, RESTRICTIONS, SPECIAL ITEMS
TYPE OF EVENT: MOTOCROSS EVENT DATE: 1/12/03 AND 2/16/03
LOCATION: PERRIS RACEMAY, PERRIS, CA
ADDITIONAL INSURED: SEE ATTACHED ADDENDUM

CERTIFICATE HOLDER
CMC
SONDRA PETERS
27121 CORDERO LANE
MISSION VIEJO, CA 92691

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

ALLIANCE REPRESENTATIVE
[Signature]

SAMPLE OF POLICY