

# CERTIFICATE OF INSURANCE

ISSUE DATE MM/DD/YY

INSURED:  
**ALLIED SPECIALTY INSURANCE**  
 10451 GULF BLVD.  
 TREASURE ISLAND, FL 33706

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

SAMPLE

## COMPANIES AFFORDING COVERAGE

- COMPANY LETTER **A** T.H.E. INSURANCE COMPANY
- COMPANY LETTER **B**
- COMPANY LETTER **C**
- COMPANY LETTER **D**

ALL  
CURRENT

INSURED:  
**CHC RACING**  
 27121 CORDERO LANE  
 MISSION VIEJO, CA 92661

### COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN JOINED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOT WITHSTANDING ANY REQUIREMENTS, TERM OR CONDITIONS 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 DEDUCTIBLES.

| CO LTR | TYPE OF INSURANCE  | POLICY NUMBER | POLICY EFF DATE | POLICY EXP DATE | LIMITS   |
|--------|--|---------------|-----------------|-----------------|--|
| A      | <b>GENERAL LIABILITY</b><br>(X) COMMERCIAL GENERAL LIABILITY<br>( ) CLAIMS MADE (X) OCCUR<br>( ) OWNER'S & CONSUMERS<br>( ) _____  | 9W1P6612      | 6/24/99         | 6/24/99         | GENERAL AGGREGATE \$<br>PRODUCTS-COMP/OP RIG 6 1,000,000<br>PERSONAL & ADV INJURY 3 1,000,000<br>EACH OCCURRENCE 0 1,000,000<br>FIRE DAMAGE (Any one fire) 2 \$6,000<br>VEH EXP (Any one person) 0 |
|        | <b>AUTOMOBILE LIABILITY</b><br>( ) ANY AUTO<br>( ) ALL OWNED AUTOS<br>( ) LICENSED DR AUTOS<br>( ) NON-OWNED AUTOS<br>( ) _____  |               |                 |                 | COMBINED SINGLE LIMIT 5<br>BODILY INJURY (Per person) 3<br>BODILY INJURY (Per accident) 0<br>PROPERTY DAMAGE 6   |
|        | <b>UMBRELLA LIABILITY</b><br>( ) ANY AUTO<br>( ) _____   |               |                 |                 | AUTO ONLY-BA ACCIDENT 0<br>OTHER THAN AUTO ONLY:<br>EACH ACCIDENT 5<br>AGGREGATE 6   |
|        | <b>EXCESS LIABILITY</b><br>( ) INSURED'S FORM<br>( ) OTHER THAN UNDERWRITER FORM<br><br><b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>THE PROPRIETOR/<br>PARTNER/EXECUTIVE<br>OFFICERS ARE: ( ) INDV.<br>( ) CORP. |               |                 |                 | EACH OCCURRENCE 5<br>AGGREGATE 6<br><br>( ) STATUTORY LIMITS<br>EACH ACCIDENT 5<br>DISEASE-POLICY LIMIT 6<br>DISEASE-EACH EMPLOYEE 5   |
|        | OTHER  |               |                 |                 |  |

\$1 MB  
-EA.  
-CCC  
-FIR  
\$501

### DESCRIPTION OF OPERATIONS/Locations/VEHICLE/SPECIAL ITEMS

EVENT: MX RACE

DATE: NOVEMBER 13<sup>TH</sup> - 14<sup>TH</sup>

CERTIFICATE HOLDER AND ADDITIONAL INSURED:  
 1-A DISTRICT AGRICULTURAL ASSN. ( COW PALACE)  
 P.O. BOX 34209  
 SAN FRANCISCO, CA 94134

#### CANCELLATION

REGARD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL endeavor to MAIL 15 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.

AUTHORIZED REPRESENTATIVE

David A. Smith