### Certificate of Liability Insurance

**Certificate Number:** 2020 $1M A.I.

**Date (MM/DD/YYYY):** 11/11/2019

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**Insured:**
Road Runners Club of America/2020 and Its Member Clubs
1501 Lee Highway
Suite 140
Arlington, VA 22209

**Insurers:**
- National Casualty Company
- Nationwide Life Insurance Company

**Coverage:**
- **A**
  - Commercial General Liability
    - Claims-Made: Occur
    - Legal Liability to Participant: $1,000,000
    - General Aggregate Limit Applies Per:
      - Policy: Occur
      - Project: Loc
      - Other: Per Event Basis
    - Policy number: KRO000008194100
    - Policy Eff: 12/31/2019
    - Policy Exp: 12/31/2020
    - Limits:
      - Bodily Injury (Per Person): $500,000
      - Property Damage (Any One Accident): $1,000,000
      - Combined Single Limit: $1,000,000
      - General Aggregate: $5,000,000
      - Products-Comp/Op Agg: $1,000,000
      - Abuse and Molestation: $500,000

**Automobile Liability**
- **A**
  - Any Auto
  - Owned Non-Operated Autos Only
  - HIRED Autos Only
  -Scheduled Autos Only
  - Umbrella Liability: Occur
  - Excess Liability: Claims-Made
  - Ded Retention: $0
  - Policy number: KRO000008194100
  - Policy Eff: 12/31/2019
  - Policy Exp: 12/31/2020
  - Limits:
    - Each Occurrence: $1,000,000
    - Bodily Injury (Per Person): $1,000,000
    - Bodily Injury (Per Accident): $1,000,000
    - Property Damage (Per Accident): $0

**Workers Compensation and Employers’ Liability**
- **B**
  - Excess Medical & Accident ($250 Deductible/Claim)
  - Policy number: BAX0000031001200
  - Policy Eff: 12/31/2019
  - Policy Exp: 12/31/2020
  - Limits:
    - Excess Medical & AD & Specific Loss: $10,000
    - Excess Medical: $2,500

**Description of Operations:** Larimer County and its employees are NAMED AS AN ADDITIONAL INSURED AS RESPECTS THEIR INTEREST IN THE OPERATIONS OF THE NAMED INSURED.

**Certificate Holder:**
- Larimer County
  - 1800 SCR 31
  - Loveland, CO 80537

**Cancellation:**
- 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:**
- Signature: [Signature]

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**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).

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