



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/01/2018

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 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).

PRODUCER Insurance Agency's Name	CONTACT NAME:	
	PHONE (A/C, No. Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : XXXXXXXXXXXXXXXXX	
INSURED Name of Golf Cart Pass Holder, Motor Coach Pass Holder and/or Hospitality Area Renter	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	
		NAIC #

**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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR Owners & Contractors GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	XXXXXXXXXX	XXXX	XXXX	EACH OCCURRENCE \$ 100000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 30000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ 100000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMP/OP AGG \$ 2000000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

TYPE OF EVENT: 2019 Grand Prix of Long Beach  
 EVENT DATE(S): April 11-14, 2019  
 LOCATION: Grand Prix of Long Beach

EXCESS AGGREGATE EXISTS ONLY WHERE APPLICABLE  
 SEE ATTACHED ADDENDUMS

**CERTIFICATE HOLDER****CANCELLATION**

Grand Prix Association of Long Beach, LLC 3000 Pacific Avenue  Long Beach CA 90806	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 XXXXXXXXXXXXXXXXXXXX
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## ADDITIONAL REMARKS SCHEDULE

<b>AGENCY</b> Insurance Agency's Name XXXXXXXXXXXXXXXXXXXXXXXX		<b>NAMED INSURED</b> Name of Golf Cart Pass Holder, Motor Coach Pass Holder and/or Hospitality Area Renter	
<b>POLICY NUMBER</b> XXXXXXXXXXXXXXXXXXXXXXXX		<b>EFFECTIVE DATE:</b> XXXX	
<b>CARRIER</b> XXXXXXXXXXXXXXXXXXXXXXXX	<b>NAIC CODE</b>		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: ACORD25    FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

ADDITIONAL INSURED: PER POLICY

GRAND PRIX ASSOCIATION OF LONG BEACH, LLC, CITY OF LONG BEACH, ITS OFFICIALS, EMPLOYEES AND AGENTS; SMG; SMG FOOD AND BEVERAGE LLC. ANY PERSON OR ORGANIZATION ENGAGED IN OPERATING, MANAGING, SANCTIONING, SPONSORING THE "COVERED PROGRAM," OR PROVIDING THE "PREMISES" FOR A "COVERED PROGRAM," INCLUDING OFFICIALS OF THE "COVERED PROGRAM." ARE LISTED AS ADDITIONAL INSURED UNDER THE GENERAL LIABILITY AS REQUIRED BY WRITTEN CONTRACT. IT IS AGREED THAT SUCH INSURANCE AS IS AFFORDED SHALL BE PRIMARY AND NON-CONTRIBUTORY WITH ANY OTHER INSURANCE IN FORCE FOR OR WHICH MAY BE PURCHASED BY ADDITIONAL INSUREDS

THIS INSURANCE IS PRIMARY AND NON-CONTRIBUTORY TO ANY OTHER INSURANCE THAT MAY BE AVAILABLE TO AN ADDITIONAL INSURED.

WAIVER OF SUBROGATION IS PROVIDED AS REQUIRED BY WRITTEN CONTRACT AND AS ALLOWED BY STATE LAW.

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE, THE INSURING COMPANY WILL MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED.

INCLUDES COVERAGE FOR THE OPERATION OF "PIT VEHICLES" WHICH INCLUDE BUT NOT LIMITED TO GOLF CARTS AND MOTOR SCOOTERS DURING THE "COVERED PROGRAM" BY A PARTICIPANT.