

Master Primary Policy Number: SI8MB00000221  
Master Excess Policy Number: N/A

**Subscribing Member's Certificate Number (Primary):**  
**SI8MB00170-231**  
Renewal of Number:

**Subscribing Member's Certificate Number (Excess):**  
Renewal of Number: N/A



**EVEREST**

## SUBSCRIBING MEMBER'S CERTIFICATE

**THIS SUBSCRIBING MEMBER'S CERTIFICATE FORMS A PART OF THE MASTER POLICY FOR "SIG SPORTS, LEISURE and ENTERTAINMENT RISK PURCHASING GROUP" LLC.**  
**PLEASE READ THE ATTACHED MASTER POLICY COVERAGE FORM CAREFULLY.**

**Everest National Insurance Company**  
477 Martinsville Road  
P.O. Box 830  
Liberty Corner, NJ 07938-0830  
1-800-438-4375

**Item 1. Named Insured and Mailing Address**

**Agent Name and Address**

Weatherford Mountain Bike Club  
819 South Alamo  
Weatherford, TX 76086

EverSports & Entertainment Insurance  
11711 N Meridian St, Suite 800  
Carmel, IN 46032-4534

**Item 2. Certificate Period**

From: 11/11/2023

To: 11/11/2024

At 12:01 AM Standard Time at the Mailing Address shown above.

**Item 3. Form of Business**

Individual  Corporation  Joint Venture  Partnership  LLC  Other

**Item 4. Description of Business:** International Mountain Biking Association member

Locations of All Premises You Own, Rent or Occupy:

819 South Alamo, Weatherford, TX 76086, United States

**Item 5. Coverage(s) and Limit(s) of Insurance**

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS CERTIFICATE AND THE MASTER POLICY, WE AGREE WITH YOU TO PROVIDE THE COVERAGE(S) FOR WHICH PREMIUM IS SHOWN. THE PREMIUMS SHOWN MAY BE SUBJECT TO ADJUSTMENT.

COVERAGE PART				
<b>Commercial Automobile</b>	Coverage	Covered Autos  (Entry of one or more of the symbols from the COVERED AUTO Section of the Business Auto Coverage Form shows which autos are covered autos)	Limit  (The most we will pay for any one accident of loss)	Premium

	Liability		\$N/A	\$N/A
--	-----------	--	-------	-------

	Personal Injury Protection (Or equivalent No-Fault Coverage)		Separately stated in each P. I. endorsement MINUS\$ Deductible.	\$N/A
	Uninsured Motorists		\$N/A	\$N/A
	Underinsured Motorist (When not included in Uninsured Motorists Coverage)		\$N/A	\$N/A
			Total Commercial Automobile Premium* Minimum Premium	\$N/A \$N/A
<b>Commercial General Liability</b>	General Aggregate Limit		\$2,000,000	
	Products/Completed Operations Aggregate Limit		\$300,000	
	Personal and Advertising Injury Limit		\$1,000,000	Any one person or organization
	Each Occurrence Limit		\$1,000,000	
	Damage To Premises Rented To You Limit		\$500,000	Any one premises
	Medical Expense Limit		Excluded	Any one person

	<b>Liability Premium:</b>	<b>\$1,028</b>
	<b>State Tax or Surcharge (if applicable):</b>	<b>\$50</b>
	<b>Total Liability Charge:</b>	<b>\$1,078</b>

<b>Commercial Excess Liability</b>	Each Occurrence Limit	\$N/A
	Aggregate Limit	\$N/A
	<b>Excess Liability Premium:</b>	<b>\$N/A</b>
	<b>State Tax or Surcharge (if applicable):</b>	<b>\$N/A</b>
	<b>Total Excess Liability Charge:</b>	<b>\$N/A</b>

Item 6. ENDORSEMENTS ATTACHED TO THIS POLICY:

- ILU 001            05-97 Common Policy Declarations
- ILU 002            05-89 Designation of Premises Schedule
- ILU 003            05-89 Schedule of Forms and Endorsements
- EIL 00 524        09-11 Minimum Earned Premium
- IL 00 21            09-08 Nuclear Energy Liability Exclusion Endt
- IL 09 85            01-15 Disclosure Pursuant/Terror Risk Insurance Act
- EIL 01 510        07-08 Pollution Changes (all states except AR)
- EIL 00 515        03-07 Signature Page
- EIL 00 534        04-07 Common Policy Conditions
- CGU 002            05-89 Commercial General Liability Schedule
- ECG 21 541        07-02 Total Abuse or Molestation Exclusion
- CG 00 01            04-13 Commercial General Liability Coverage Form
- ECG 21 501        05-00 Known, Continuous or Progressive Injury or Damage Exclusion
- ECG 04 704        11-13 General Liability Enhancement Endorsement
- ECG 04 708        01-14 General Liability Enhancement Endorsement (Florida)
- ECG 04 728        08-14 Limited Abuse or Molestation Coverage (Oregon)
- ECG 21 549        07-02 Exclusion – Punitive Damages, Fines (all states except DE)
- ECG 21 623        12-05 Exclusion – Designated Activities
- ECG 21 636        12-05 Exclusion – Communicable Diseases (all states except CT)
- ECG 21 637        12-05 Total Professional Liability Exclusion (all states except WY)
- ECG 22 517        12-05 Limitation of Coverage to Specifically
- ECG 24 548        12-05 Limited Participant Liability Coverage
- ECG 24 550        12-05 Ltd Contingent Coverage Designated Fireworks
- ECG 25 516        12-05 TX Limit – No Stacking of Occurrence (TX)
- ECG 04 711        04-14 Limited Abuse or Molestation Coverage (all states except AR, MT, OR)

ECG 04 713	03-20	Limited Abuse or Molestation Coverage (Sublimit) (All states except: AK, CT, FL, IL, KS, NH, NY, VT, WA)
ECG 24 549	12-05	Knowledge of Occurrence
CG 21 32	05-09	Communicable Disease Exclusion
ECG 03 577	03-18	Fungi or Bacterial Exclusion (with exception of legionella bacterium) (AK only)
ECG 21 536	07-01	Organic Pathogen, Mold or Fungus Exclusion
ECG 04 589	12-05	Limited Abuse or Molestation Coverage (Sublimit)
ECG 04 752	02-15	Arkansas – Limited Abuse or Molestation Coverage (Sublimit)
ECG 04 744	02-15	Illinois – Limited Abuse or Molestation Coverage (Sublimit)
ECG 04 1026	04-19	Cannabis Exclusion (all states except CO, DC, GA, IL, TX)
CG 26 46	04-99	Texas Abuse or Molestation Exclusion (TX)
CG 21 70	01-15	Cap Losses from Certified Acts of Terrorism
ECG 20 600	05-09	Addl Insured – Automatic Status When Required
ECG 22 550	03-17	Radioactive Matter Exclusion Endorsement (all states except FL)
ECG 25 511	12-05	Limit – No Stacking of Occurrence Limit (all states except CA, SD, TX)
ECG 25 525	07-08	SD Limit – No Stacking of Occurrence (SD)
CG 20 01	04-13	Primary and Noncontributory – Other Insured
CG 20 26	04-13	Addl Insd – Designated Person/Organization
CG 21 01	11-85	Exclusion – Athletic or Sports Participants
CG 21 06	05-14	Excl – Acc/Discl of Confidential or Personal Info
CG 21 09	06-15	Exclusion – Unmanned Aircraft (Drone)
CG 21 35	10-01	Exclusion – Coverage C Medical Payments
CG 21 46	07-98	Abuse or Molestation Exclusion (all states except IL, TX)
CG 21 47	12-07	Employment-Related Practices Exclusion (all states except TX)
CG 21 49	09-99	Total Pollution Exclusion Endorsement (all states except IL, MN, TX)
CG 21 67	12-04	Fungi or Bacteria Exclusion (all states except CA, MA, MN)
CG 21 96	03-05	Silica or Silica-Related Dust Exclusion
CG 26 39	12-07	TX Changes – Employment Related Practices Exclusion (TX)
ECG 21 510	12-99	Absolute Asbestos Exclusion
ECG 21 512	12-99	Absolute Lead Exclusion (all states except ME, NH, RI)
ECG 00 568	03-12	Cross Liability Exclusion Endorsement (all states except NH)
ECG 00 571	03-12	Limitation of Coverage to Designated Ongoing (all states except FL, MA)
ECG 21 624	12-05	Exclusion – Amusement Devices (w/exception)
ECG 21 714	01-10	Maine Exclusion – Lead
EDEC 563	04-07	Risk Purchasing Group CGL Declarations

FREE TRADE ZONE CODE (New York Only):

Countersigned:

Date: \_\_\_\_\_ By: \_\_\_\_\_

Authorized Representative

**THESE CERTIFICATE AND DECLARATIONS OF THE RISK PURCHASING GROUP, TOGETHER WITH THE COMMON POLICY  
CONDITIONS AND COVERAGE FORM(S)  
AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.**

---