

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/31/2025

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.

If	MPORTANT: If the certificate holder SUBROGATION IS WAIVED, subject is certificate does not confer rights to the conferity of the conferity o	to ti	ne tei	rms and conditions of th	e polic	cy, certain po	olicies may r				
PRODUCER					CONTACT NAME:						
American Specialty Insurance & Risk Services, Inc.						PHONE FAX (A/C, No, Ext): (A/C, No):					
76	20 W. Jofferson Plyd Suite 100				E-MAIL ADDRESS:						
7609 W. Jefferson Blvd., Suite 100										NAIC#	
	rt Wayne			IN 46804	INSURER A: Arch Insurance Company 11150						
	IRED	£ ^		an Diameliata	INSURER B:						
	gue of American Wheelmen dba League	3 OI A	menc	an bicyclists	INSURER C:						
1612 K Street NW, Suite 1102					INSURER D : INSURER E :						
Washington DC 20006			0006	INSURER F:							
COVERAGES CERTIFICATE NUMBER: 100231946.					Kr.		REVISION NUI	MRFR:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEI					TE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS ED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, BEEN REDUCED BY PAID CLAIMS.						
INSR LTR		INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURREN		\$ 1,0	00,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENT PREMISES (Ea occ	urrence)	\$ 1,0	00,000
								MED EXP (Any one person) \$ Ex			cluded
Α		N		SBCGL0054508	CGL0054508		02/01/2026	PERSONAL & ADV INJURY \$ 1,00			00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 5,0		\$ 5,0	00,000
	POLICY PRO- JECT LOC						PRODUCTS - COM	P/OP AGG	\$ 5,0	00,000	
	X OTHER: OTHER AUTOMOBILE LIABILITY							COMBINED SINGL	E LIMIT	\$	
	<u> </u>							(Ea accident)			
	OWNED SCHEDULED	ANY AUTO						BODILY INJURY (Per person) \$			
	AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (P		\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	JE .	\$ \$	
	UMBRELLA LIAB OCCUB										
	EVOCALIAR OCCUR							EACH OCCURREN	CE	\$	
	CLAIWS-WADE	-						AGGREGATE		\$	
	DED RETENTION \$ WORKERS COMPENSATION							PFR	OTH-	\$	
	AND EMPLOYERS' LIABILITY Y / N							PER STATUTE	OTH- ER		
ANYPROPRIETOR/PARTNER/EXECUTIVE -		N/A						E.L. EACH ACCIDE	NT	\$	
								E.L. DISEASE - EA	EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORD	101, Additional Remarks Schedul	e, may b	e attached if more	space is require	ed)			
- C	overage applies to FREEWHEELERS ()F SF	PART	ANBURG, 125 CARDINAL	STRE	ET, SPARTAN	NBURG, SC 2	29302.			
Co	otable Exclusions: Racing. Time trials ir mmercial bicycle repair shops. Bicycle r olves the regular transportation of minor	ental	progr	ams. Construction or engir	eering	of bicycle trai	Is or paths. C	rganizing or sup	ervising a	a progra	
CERTIFICATE HOLDER					CANO	CELLATION					
FREEWHEELERS OF SPARTANBURG					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
125 CARDINAL STREET					AUTHORIZED REPRESENTATIVE						
SPARTANBURG		SC 29302					Spe	ur 1. Bett	7		

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AGENCY CUSTOMER ID:	
LOC #	



ADDITIONAL REMARKS SCHEDULE

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AGENCY		NAMED INSURED			
American Specialty Insurance & Risk Services, Inc.		League of American Wheelmen dba League of American Bicyclists			
POLICY NUMBER		1612 K Street NW, Suite 1102			
SBCGL0054508					
CARRIER	NAIC CODE	Washington, DC 20006			
Arch Insurance Company 11150		EFFECTIVE DATE : 02/01/2025			

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE - Certificate #1002319462

- Exclusions (cont'd)-however this exclusion does not apply to activities involving low speed electric bicycles as defined by the Consumer Products Safety Commission. Bike Share Programs, Year-round Bike Depot operations, Pedi-Cabs, Tours/events greater than five days, Events that are sanctioned or approved by USA Randonneurs
- Coverage is not provided for special events unless those events are first scheduled and approved by the insurer and appropriate premium is paid. Special events are any ride for which a participation fee is charged (certain exceptions may apply). Club insurance must be in place before special event coverage can be purchased.
- Coverage applies to bicycle-related activities conducted and supervised by the insured organization. Coverage does not apply to bicycle education courses (as defined in the policy) or bicycle refurbishment unless otherwise indicated herein. Coverage applies to FREEWHEELERS OF SPARTANBURG from February 01, 2025 through January 31, 2026.
- Coverage available under Policy #SR2014DC-P-050467 is on file with the policyholder. Accident Medical Coverage, \$10,000 per person per accident excess of a \$500 per claim deductible and excess of any other valid and collectible insurance. Accidental Death & Dismemberment, \$5,000 per person per accident.