



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/20/2018

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 RT SPECIALTY - CHICAGO, IL 500 W MONROE ST FL 28 CHICAGO, IL 60661 (312) 379-8244	CONTACT NAME:	
	PHONE (A/C, No, Ext): (312) 379-8244	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: United States Fire Insurance	21113
INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS: Mid-Atlantic Off-Road Enthusiasts PO BOX 2662 FAIRFAX, VA 22031	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** USP262289 **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X		SRPGAPML-101-0717	03/01/2018 12:01 AM	03/01/2019 12:01 AM	GENERAL AGGREGATE \$3,000,000.00
	<input checked="" type="checkbox"/>	PRODUCTS - COMP/OP AGG \$3,000,000.00					
	<input type="checkbox"/>	PERSONAL & ADV INJURY \$1,000,000.00					
	<input type="checkbox"/>	EACH OCCURRENCE \$1,000,000.00					
	<input type="checkbox"/>	FIRE DAMAGE (Any one fire) \$300,000.00					
	<input type="checkbox"/>	MED EXP (Any one person) \$5,000.00					
	<input type="checkbox"/>						
A	AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> <input checked="" type="checkbox"/> HIRED AUTO <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>	X		SRPGAPML-101-0717	03/01/2018 12:01 AM	03/01/2019 12:01 AM	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000.00
	<input type="checkbox"/>	BODILY INJURY (Per person) \$					
	<input type="checkbox"/>	BODILY INJURY (Per accident) \$					
	<input type="checkbox"/>	PROPERTY DAMAGE (Per accident) \$					
A	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED RETENTION \$	X		USX103340	03/01/2018 12:01 AM	03/01/2019 12:01 AM	EACH OCCURRENCE \$1,000,000.00
	<input type="checkbox"/>	AGGREGATE \$1,000,000.00					
	<input type="checkbox"/>						
A	Liquor Liability	X		SRPGAPML-101-0717/ USL305678	03/01/2018 12:01 AM	03/01/2019 12:01 AM	EACH OCCURRENCE \$1,000,000.00
							GENERAL AGGREGATE \$2,000,000.00

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

Cycling - Annual

Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage

CERTIFICATE HOLDERMid-Atlantic Off-Road Enthusiasts
PO BOX 2662
FAIRFAX, VA 22031**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

R-T Specialty, LLC



ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)
2/20/2018

AGENCY RT Specialty - Chicago, IL		CARRIER United States Fire Insurance Company		NAIC CODE 21113
POLICY NUMBER SRPGAPML-101-0717/USP262289		EFFECTIVE DATE 03/01/2018 12:01 AM	NAMED INSURED(S) Mid-Atlantic Off-Road Enthusiasts	

ADDITIONAL INTEREST (Not all fields apply to all scenarios – provide only the necessary data)

INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		City of Frederick 101 North Court Street Frederick, MD 21701							LOCATION:
		REFERENCE / LOAN #:		INTEREST END DATE:				VEHICLE:	BOAT:
		LIEN AMOUNT:		PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:
REASON FOR INTEREST:				E-MAIL ADDRESS:				ITEM CLASS:	ITEM:
								ITEM DESCRIPTION	
								FAX (A/C, No):	

INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		Maryland Department of Natural Resources 580 Taylor Ave. Tawes State Office Building Annapolis, MD 21401							LOCATION:
		REFERENCE / LOAN #:		INTEREST END DATE:				VEHICLE:	BOAT:
		LIEN AMOUNT:		PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:
REASON FOR INTEREST:				E-MAIL ADDRESS:				ITEM CLASS:	ITEM:
								ITEM DESCRIPTION	
								FAX (A/C, No):	

INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		Fairfax County Park Authority 12055 Government Center Parkway Fairfax, VA 22035							LOCATION:
		REFERENCE / LOAN #:		INTEREST END DATE:				VEHICLE:	BOAT:
		LIEN AMOUNT:		PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:
REASON FOR INTEREST:				E-MAIL ADDRESS:				ITEM CLASS:	ITEM:
								ITEM DESCRIPTION	
								FAX (A/C, No):	

INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		M-NCPPC 9500 Brunett Avenue Silver Springs, MD 20901							LOCATION:
		REFERENCE / LOAN #:		INTEREST END DATE:				VEHICLE:	BOAT:
		LIEN AMOUNT:		PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:
REASON FOR INTEREST:				E-MAIL ADDRESS:				ITEM CLASS:	ITEM:
								ITEM DESCRIPTION	
								FAX (A/C, No):	

INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		Montgomery County Govt., Department of Transportation, Division of Traffic Engineering and Operation, It's officers, agents and employees 100 Edison Park Dr., 4th Floor Gaithersburg, MD 20878							LOCATION:
		REFERENCE / LOAN #:		INTEREST END DATE:				VEHICLE:	BOAT:
		LIEN AMOUNT:		PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:
REASON FOR INTEREST:				E-MAIL ADDRESS:				ITEM CLASS:	ITEM:
								ITEM DESCRIPTION	
								FAX (A/C, No):	



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INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		United States of America National Park Servi 1850 Dual Highway Suite 100 Hagerstown , MD 21740							LOCATION:
		REFERENCE / LOAN #:	INTEREST END DATE:				VEHICLE:	BOAT:	
		LIEN AMOUNT:	PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:	
REASON FOR INTEREST:		E-MAIL ADDRESS:				ITEM CLASS:	ITEM:	ITEM DESCRIPTION	
						FAX (A/C, No):			

INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		DNR 8020 Baltimore National Pike Ellicott City, MD 21043							LOCATION:
		REFERENCE / LOAN #:	INTEREST END DATE:				VEHICLE:	BOAT:	
		LIEN AMOUNT:	PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:	
REASON FOR INTEREST:		E-MAIL ADDRESS:				ITEM CLASS:	ITEM:	ITEM DESCRIPTION	
						FAX (A/C, No):			

INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		Howard County Department of Recreation & Parks 7120 Oakland Mills Road Columbua, MD 21046							LOCATION:
		REFERENCE / LOAN #:	INTEREST END DATE:				VEHICLE:	BOAT:	
		LIEN AMOUNT:	PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:	
REASON FOR INTEREST:		E-MAIL ADDRESS:				ITEM CLASS:	ITEM:	ITEM DESCRIPTION	
						FAX (A/C, No):			

INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		Seneca Creek State Park 11950 Clopper Road Gaithersburg, MD 20878							LOCATION:
		REFERENCE / LOAN #:	INTEREST END DATE:				VEHICLE:	BOAT:	
		LIEN AMOUNT:	PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:	
REASON FOR INTEREST:		E-MAIL ADDRESS:				ITEM CLASS:	ITEM:	ITEM DESCRIPTION	
						FAX (A/C, No):			

INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		Third Try, LC 1355 Beverly Road, Suite 240 McLean, VA 22101							LOCATION:
		REFERENCE / LOAN #:	INTEREST END DATE:				VEHICLE:	BOAT:	
		LIEN AMOUNT:	PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:	
REASON FOR INTEREST:		E-MAIL ADDRESS:				ITEM CLASS:	ITEM:	ITEM DESCRIPTION	
						FAX (A/C, No):			



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AGENCY RT Specialty - Chicago, IL		CARRIER United States Fire Insurance Company		NAIC CODE 21113
POLICY NUMBER SRPGAPML-101-0717/USP262289		EFFECTIVE DATE 03/01/2018 12:01 AM	NAMED INSURED(S) Mid-Atlantic Off-Road Enthusiasts	

ADDITIONAL INTEREST (Not all fields apply to all scenarios – provide only the necessary data)

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/> ADDITIONAL INSURED	Elm Street Communities, Et Al 1355 Beverly Road, Suite 240 McLean, VA 22101						LOCATION:	BUILDING:
<input type="checkbox"/> BEACH OF WARRANTY		LOSS PAYEE					VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER		MORTGAGEE					AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR		OWNER					ITEM CLASS:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER		REGISTRANT					ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER	TRUSTEE							
	REFERENCE / LOAN #:						INTEREST END DATE:	
	LIEN AMOUNT:						PHONE (A/C, No, Ex):	
REASON FOR INTEREST:						E-MAIL ADDRESS:		

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/> ADDITIONAL INSURED	NNP II- Clarksburg, LLC 9820 Towne Centre Drive #100 San Diego, CA 92121						LOCATION:	BUILDING:
<input type="checkbox"/> BEACH OF WARRANTY		LOSS PAYEE					VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER		MORTGAGEE					AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR		OWNER					ITEM CLASS:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER		REGISTRANT					ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER	TRUSTEE							
	REFERENCE / LOAN #:						INTEREST END DATE:	
	LIEN AMOUNT:						PHONE (A/C, No, Ex):	
REASON FOR INTEREST:						E-MAIL ADDRESS:		

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/> ADDITIONAL INSURED	NASH Vingt-huit LLC 9820 Towne Centre Drive, #100 San Diego, CA 92121						LOCATION:	BUILDING:
<input type="checkbox"/> BEACH OF WARRANTY		LOSS PAYEE					VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER		MORTGAGEE					AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR		OWNER					ITEM CLASS:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER		REGISTRANT					ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER	TRUSTEE							
	REFERENCE / LOAN #:						INTEREST END DATE:	
	LIEN AMOUNT:						PHONE (A/C, No, Ex):	
REASON FOR INTEREST:						E-MAIL ADDRESS:		

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/> ADDITIONAL INSURED	Newland Real Estate Group, LLC 9820 Towne Centre Drive #100 San Diego, CA 92121						LOCATION:	BUILDING:
<input type="checkbox"/> BEACH OF WARRANTY		LOSS PAYEE					VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER		MORTGAGEE					AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR		OWNER					ITEM CLASS:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER		REGISTRANT					ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER	TRUSTEE							
	REFERENCE / LOAN #:						INTEREST END DATE:	
	LIEN AMOUNT:						PHONE (A/C, No, Ex):	
REASON FOR INTEREST:						E-MAIL ADDRESS:		

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/> ADDITIONAL INSURED	NNP II - Investments III, LP 9820 Towne Centre Drive #100 San Diego, CA 92121						LOCATION:	BUILDING:
<input type="checkbox"/> BEACH OF WARRANTY		LOSS PAYEE					VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER		MORTGAGEE					AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR		OWNER					ITEM CLASS:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER		REGISTRANT					ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER	TRUSTEE							
	REFERENCE / LOAN #:						INTEREST END DATE:	
	LIEN AMOUNT:						PHONE (A/C, No, Ex):	
REASON FOR INTEREST:						E-MAIL ADDRESS:		



ADDITIONAL INTEREST SCHEDULE

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ADDITIONAL INTEREST (Not all fields apply to all scenarios – provide only the necessary data)

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/> ADDITIONAL INSURED	The Rosaryville Conservancy 7805 West Marlton Avenue Upper Marlboro, MD 20772						LOCATION:	BUILDING:
<input type="checkbox"/> BEACH OF WARRANTY							VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER							AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR							ITEM CLASS:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER							ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER								
	REFERENCE / LOAN #:	INTEREST END DATE:						
	LIEN AMOUNT:	PHONE (A/C, No, Ex):		FAX (A/C, No):				
REASON FOR INTEREST:				E-MAIL ADDRESS:				

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/> ADDITIONAL INSURED	The Carroll County Board of County Commissioners 225 North Center Street Westminster, MD 21157						LOCATION:	BUILDING:
<input type="checkbox"/> BEACH OF WARRANTY							VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER							AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR							ITEM CLASS:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER							ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER								
	REFERENCE / LOAN #:	INTEREST END DATE:						
	LIEN AMOUNT:	PHONE (A/C, No, Ex):		FAX (A/C, No):				
REASON FOR INTEREST:				E-MAIL ADDRESS:				

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/> ADDITIONAL INSURED	Baltimore County 111 West Chesapeake Ave Towson, MD 21204						LOCATION:	BUILDING:
<input type="checkbox"/> BEACH OF WARRANTY							VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER							AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR							ITEM CLASS:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER							ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER								
	REFERENCE / LOAN #:	INTEREST END DATE:						
	LIEN AMOUNT:	PHONE (A/C, No, Ex):		FAX (A/C, No):				
REASON FOR INTEREST:				E-MAIL ADDRESS:				

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/> ADDITIONAL INSURED	Maryland State Highway Administration 7491 Connelley Drive Hanover, MD 21076						LOCATION:	BUILDING:
<input type="checkbox"/> BEACH OF WARRANTY							VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER							AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR							ITEM CLASS:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER							ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER								
	REFERENCE / LOAN #:	INTEREST END DATE:						
	LIEN AMOUNT:	PHONE (A/C, No, Ex):		FAX (A/C, No):				
REASON FOR INTEREST:				E-MAIL ADDRESS:				

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/> ADDITIONAL INSURED	United States Department of the Interior Bureau of Land Management 10406 Gunston Road Lorton, VA 22079						LOCATION:	BUILDING:
<input type="checkbox"/> BEACH OF WARRANTY							VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER							AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR							ITEM CLASS:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER							ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER								
	REFERENCE / LOAN #:	INTEREST END DATE:						
	LIEN AMOUNT:	PHONE (A/C, No, Ex):		FAX (A/C, No):				
REASON FOR INTEREST:				E-MAIL ADDRESS:				



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INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/> ADDITIONAL INSURED	Larry Michael 14419 Chrisman Hill Road Boysds, MD 20841						LOCATION:	BUILDING:
<input type="checkbox"/> BEACH OF WARRANTY		LOSS PAYEE					VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER		MORTGAGEE					AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR		OWNER					ITEM CLASS:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER		REGISTRANT					ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER		TRUSTEE						
REASON FOR INTEREST:				REFERENCE / LOAN #:		INTEREST END DATE:		
				LIEN AMOUNT:		PHONE (A/C, No, Ex):		FAX (A/C, No):
				E-MAIL ADDRESS:				

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/> ADDITIONAL INSURED	Northern Virginia Regional Park Authority Headquarters 5400 Ox Road Fairfax Station, VA 22039						LOCATION:	BUILDING:
<input type="checkbox"/> BEACH OF WARRANTY		LOSS PAYEE					VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER		MORTGAGEE					AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR		OWNER					ITEM CLASS:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER		REGISTRANT					ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER		TRUSTEE						
REASON FOR INTEREST:				REFERENCE / LOAN #:		INTEREST END DATE:		
				LIEN AMOUNT:		PHONE (A/C, No, Ex):		FAX (A/C, No):
				E-MAIL ADDRESS:				

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/> ADDITIONAL INSURED	Potomac Electric Power Company Attn: Manger, Real Estate and Right-of-Way 701 9th St., NW Washington, DC 20068						LOCATION:	BUILDING:
<input type="checkbox"/> BEACH OF WARRANTY		LOSS PAYEE					VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER		MORTGAGEE					AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR		OWNER					ITEM CLASS:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER		REGISTRANT					ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER		TRUSTEE						
REASON FOR INTEREST:				REFERENCE / LOAN #:		INTEREST END DATE:		
				LIEN AMOUNT:		PHONE (A/C, No, Ex):		FAX (A/C, No):
				E-MAIL ADDRESS:				

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/> ADDITIONAL INSURED	Pepco, its parents, affiliates, officers, directors, employees and agents 701 Ninth Street N.W. Washington, DC 20068						LOCATION:	BUILDING:
<input type="checkbox"/> BEACH OF WARRANTY		LOSS PAYEE					VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER		MORTGAGEE					AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR		OWNER					ITEM CLASS:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER		REGISTRANT					ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER		TRUSTEE						
REASON FOR INTEREST:				REFERENCE / LOAN #:		INTEREST END DATE:		
				LIEN AMOUNT:		PHONE (A/C, No, Ex):		FAX (A/C, No):
				E-MAIL ADDRESS:				

The above are added as additional insured but only with respect to liability arising out of operations of the named insured during the policy period.