

DATE (MM/DD/YYYY) 4/15/2024

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.

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	nis certificate does not confer rights t	o the	cert	ificate holder in lieu of su).				
PRO	DUCER				CONTAC NAME:						
LIC	#40558248				PHONE (A/C, No	, Ext): 612-34	5-9683		FAX (A/C, No):		
Pla	yer's Health Cover USA Inc.				E-MAIL ADDRES	ss: certificate	es@playersh	ealth.com			
718	3 Washington Ave North #402					INS	URER(S) AFFOR	DING COVERAGE			NAIC#
Mir	nneapolis			MN 55401	INSURE	RA: State Na	ational Insura	ince Company I	nc		12831
INSU	IRED				INSURE	RB:					
	Mid - Atlantic Off-Road Enthu	usias	ts		INSURE	RC:					
	PO Box 2662				INSURE	RD:					
					INSURE	RE:					
	Fairfax			VA 22031	INSURE	RF:					
CO	VERAGES CER	TIFIC	CATE	NUMBER: 109607				REVISION NU	MBER: 1		
	HIS IS TO CERTIFY THAT THE POLICIES										
	IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY										
	XCLUSIONS AND CONDITIONS OF SUCH	POLI	CIES.	LIMITS SHOWN MAY HAVE		EDUCED BY F	PAID CLAIMS.				, , , , , , , , , , , , , , , , , , , ,
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURREN		\$ 1,0	00,000
	CLAIMS-MADE X OCCUR							DAMAGE TO REN PREMISES (Ea occ		\$ 300	0,000
								MED EXP (Any one	,	\$ 5,0	00
Α		Υ		OVE-0000542-01		3/15/2024	3/15/2025	PERSONAL & ADV	INJURY	\$ 1,0	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$ 3,0	00,000
	POLICY PRO- JECT LOC							PRODUCTS - COM	IP/OP AGG	\$ 1,0	00,000
	OTHER:							PARTICIPANT LEG	AL LIAB	\$ 1,0	00,000
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$	
	ANY AUTO							BODILY INJURY (F	er person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (F	Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$	
	ACTOS CINET							(* 0. 000.00)		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION							PER STATUTE	OTH- ER		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE		\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA	EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO		\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	e, may be	attached if more	e space is require	ed)			
Се	rtificate Holder is named as an additiona	ıl insı	ured v	vhen required by written co	ntract o	or agreement.	General Lia	bility policy con	tains Sexu	al Abu	se &
	lestation Limits of \$25,000 per occurren						iability require	es that every pa	rticipant s	igns a	
wa	iver/release. This certificate is issued on	beha	alf of:	Mid-Atlantic Off-Road Enth	nusiasts	(MORE)					
CE	RTIFICATE HOLDER				CANC	ELLATION					
	Proof of Insurance.				THE	EXPIRATION	I DATE THE	ESCRIBED POLICEREOF, NOTICE			
					AUTUC		NTATIVE /			•	
				AUTHORIZED REPRESENTATIVE							



DATE (MM/DD/YYYY) 4/15/2024

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tŀ	is certificate does not confer rights t	o the	cert	ificate holder in lieu of su).	- quii o uii oiiuoi ooiiioii			
PRO	DUCER				CONTAC NAME:						
LIC	C #40558248				PHONE (A/C, No	o, Ext): 612-34	5-9683	(A/C, No):			
Pla	yer's Health Cover USA Inc.				E-MAIL ADDRES	ss: certificate	es@playersh	ealth.com			
718	3 Washington Ave North #402					INS	URER(S) AFFOR	DING COVERAGE		NAIC#	
Mir	nneapolis			MN 55401	INSURE	RA: State Na	ational Insura	nce Company Inc		12831	
INSU	IRED				INSURE	RB:					
	Mid - Atlantic Off-Road Enthu	ısiası	ts		INSURE	RC:					
	PO Box 2662				INSURE	RD:					
					INSURE	RE:					
	Fairfax			VA 22031	INSURE	RF:					
				NUMBER: 109610				REVISION NUMBER: 1			
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REME	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF ANY	CONTRACT	OR OTHER DESCRIBED	OCUMENT WITH RESPEC	TO TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	 S		
_111	COMMERCIAL GENERAL LIABILITY	מפאוו	****	. CLIOT NOMBER		,, ,, (1111)	,	EACH OCCURRENCE		00,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300		
								MED EXP (Any one person)	\$ 5,0	00	
Α		Υ		OVE-0000542-01		3/15/2024	3/15/2025	PERSONAL & ADV INJURY	\$ 1,00	00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,0	00,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 1,0	00,000	
	OTHER:							PARTICIPANT LEGAL LIAB	\$ 1,0	00,000	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS							, ,	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$							LDED.	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	FS (4	CORD	101. Additional Remarks Schedul	le. may be	attached if more	snace is require	ed)			
Ce Mo	rtificate Holder is named as an additional lestation Limits of \$25,000 per occurren iver/release. This certificate is issued on	ıl insı ce/\$1	ured v 100,00	vhen required by written co 00 aggregate. Coverage fo	ontract o or Partic	or agreement. cipant Legal L	General Lia	bility policy contains Sexu		se &	
CE	RTIFICATE HOLDER				CANC	ELLATION					
	Baltimore County				THE ACC	EXPIRATION ORDANCE WI	I DATE THE	ESCRIBED POLICIES BE CA FREOF, NOTICE WILL E Y PROVISIONS.			
	111 W Chesapeake Ave				AUTHO	RIZED REPRESEI	NIAIIVE)			
	Towson			MD 21204							

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PRO	DUCER				NAME:							
LIC	¢ #40558248				PHONE (A/C, No	o, Ext): 612-34	5-9683		FAX (A/C, No):			
Pla	yer's Health Cover USA Inc.				E-MAIL ADDRES		es@playersh	ealth.com				
718	3 Washington Ave North #402					INS	URER(S) AFFOR	DING COVERAGE			NAIC#	
Mir	nneapolis			MN 55401	INSURE	RA: State Na	ational Insura	nce Company Ir	nc		12831	
INSU	RED				INSURE	RB:						
	Mid - Atlantic Off-Road Enthu	ısias	ts		INSURE	RC:						
	PO Box 2662				INSURE							
					INSURE							
	Fairfax			VA 22031	INSURE							
СО	VERAGES CER	TIFIC	CATE	NUMBER: 109609				REVISION NUI	MBER: 1			
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY REERTIFICATE MAY BE ISSUED OR MAY RECLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF ANY	CONTRACT	OR OTHER I	OCUMENT WIT	H RESPEC	OT TO	WHICH THIS	
INSR		ADDL	SUBR		DLLININ	POLICY EFF	POLICY EXP		LIMIT			
LTR	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	E40U 555:::	LIMIT		00.000	
								EACH OCCURREN DAMAGE TO RENT	ED		00,000	
	CLAIMS-MADE X OCCUR							PREMISES (Ea occ		\$ 300	•	
		Υ		0)/5 0000540 04		0/45/0004	0/45/0005	MED EXP (Any one		\$ 5,0		
Α			OVE-0000542-01	3/15/2024 3/15/2025 PERSONAL & ADV						00,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGRE			00,000		
	POLICY PRO- LOC							PRODUCTS - COM PARTICIPANT LEG		_	00,000	
	OTHER:							COMBINED SINGL			00,000	
	AUTOMOBILE LIABILITY							(Ea accident)		\$		
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (P		\$		
	AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (P		\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	GE .	\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION\$							DED	OTU	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE	NT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$		
Ce Mo	cription of operations / Locations / vehicle rtificate Holder is named as an additional lestation Limits of \$25,000 per occurrentiver/release. This certificate is issued on	ıl insi ce/\$1	ured v 00,00	when required by written co 00 aggregate. Coverage fo	ntract o	or agreement. cipant Legal L	General Lia	bility policy cont			se &	
CE	RTIFICATE HOLDER				CANC	ELLATION						
	Anne Arundel County Recrea	ation	and F	² ark	THE ACC	EXPIRATION ORDANCE WIT	I DATE THE	ESCRIBED POLICE:REOF, NOTICE Y PROVISIONS.				
	1 Harry S Truman Pkwy				AUTHORIZED REPRESENTATIVE							

Annapolis

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PRO	DUCER				CONTAC NAME:				FAV					
LIC	#40558248				PHONE (A/C, No	, Ext): 612-34	5-9683		FAX (A/C, No):					
Pla	yer's Health Cover USA Inc.				E-MAIL ADDRES	ss: certificate	es@playersh	ealth.com						
718	3 Washington Ave North #402					INS	URER(S) AFFOR	DING COVERAGE			NAIC#			
Mir	nneapolis			MN 55401	INSURE	RA: State Na	ational Insura	ince Company I	nc		12831			
INSU	RED				INSURE	RB:								
	Mid - Atlantic Off-Road Enthu	usias	ts		INSURE	RC:								
	PO Box 2662				INSURE	RD:								
					INSURE	RE:								
	Fairfax			VA 22031	INSURE	RF:								
				NUMBER: 109611				REVISION NU						
IN	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE	QUIF	REME	NT, TERM OR CONDITION	OF ANY	CONTRACT	OR OTHER I	DOCUMENT WIT	H RESPEC	CT TO	WHICH THIS			
	ERTIFICATE MAY BE ISSUED OR MAY INCLUSIONS AND CONDITIONS OF SUCH) HEREIN IS SU	IBJECT TO	ALL -	THE TERMS,			
INSR		ADDL	SUBR		DELIVI	POLICY EFF	POLICY EXP			•				
LTR	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT		00.000			
								EACH OCCURRENT DAMAGE TO REN	ΓED		00,000			
	CLAIMS-MADE X OCCUR							PREMISES (Ea occ	,	•	0,000			
٨		Y		OVE 0000E42 04		2/45/2024	2/45/2025	MED EXP (Any one	• /	\$ 5,0				
Α		ı		OVE-0000542-01		3/15/2024	3/15/2025	PERSONAL & ADV			00,000			
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							GENERAL AGGRE			00,000			
								PRODUCTS - COM PARTICIPANT LEG			00,000			
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGL	E LIMIT	\$ 1,0	00,000			
	ANY AUTO							(Ea accident) BODILY INJURY (F	Per person)	\$				
	OWNED SCHEDULED							BODILY INJURY (F		\$				
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMA	•	\$				
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$				
	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$				
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$				
	DED RETENTION\$									\$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER					
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE	NT	\$				
	(Mandatory in NH)	,,,						E.L. DISEASE - EA	EMPLOYEE	\$				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PC	LICY LIMIT	\$				
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	•						•	C		0			
	rtificate Holder is named as an additiona lestation Limits of \$25,000 per occurren					-					se &			
	iver/release. This certificate is issued on						lability require	es that every pa	i ticipant s	igi is a				
						()								
CEI	RTIFICATE HOLDER				CANCELLATION									
CEI	THI IOATE HOLDER	CANC	LLLATION											
								ESCRIBED POLI						
								REOF, NOTICE Y PROVISIONS.	WILL E	BE DE	LIVERED IN			
	City of Frederick				700	ONDARGE WI	IIIL FOLIO							
					AUTHO	RIZED REPRESEI	NTATIVE /	$\overline{}$						
	101 N Court St	101 N Court St						AUTHORIZED REPRESENTATIVE						

Frederick



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PRO	DUCER				CONTAC NAME:						
LIC	#40558248				PHONE (A/C, No	, Ext): 612-34	5-9683		FAX (A/C, No):		
Pla	yer's Health Cover USA Inc.				E-MAIL ADDRES	ss: certificate	es@playersh	ealth.com			
718	Washington Ave North #402					INS	URER(S) AFFOR	RDING COVERAGE			NAIC#
Mir	neapolis			MN 55401	INSURE	RA: State Na	ational Insura	nce Company I	nc		12831
INSU	RED				INSURE	RB:					
	Mid - Atlantic Off-Road Enthu	usiast	S		INSURE	RC:					
	PO Box 2662				INSURE						
					INSURE						
	Fairfax			VA 22031	INSURE						
CO	VERAGES CER	TIFIC	CATE	NUMBER: 109612				REVISION NU	MBER: 1		
IN Cl	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF ANY	CONTRACT	OR OTHER I	DOCUMENT WIT D HEREIN IS SU	H RESPEC	OT TO	WHICH THIS
INSR	(CLUSIONS AND CONDITIONS OF SUCH	ADDL	SUBR		DEEN	POLICY EFF	POLICY EXP				
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENT DAMAGE TO REN		· ·	00,000
	CLAIMS-MADE X OCCUR							PREMISES (Ea occ		*	0,000
		Y						MED EXP (Any one	person)	\$ 5,0	
Α			OVE-0000542-01		3/15/2024	3/15/2025	PERSONAL & ADV	INJURY	\$ 1,0	00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$ 3,0	00,000
	POLICY PRO- LOC							PRODUCTS - COM	IP/OP AGG		00,000
	OTHER:										00,000
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$	
	ANY AUTO							BODILY INJURY (F	Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY HIRED NON-OWNED							BODILY INJURY (F		\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION\$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE	NT	\$	
	(Mandatory in NH)							E.L. DISEASE - EA	EMPLOYEE	\$	
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Ce Mo	cription of operations / Locations / Vehici tificate Holder is named as an additional estation Limits of \$25,000 per occurren- ver/release. This certificate is issued on	ıl insu ce/\$1	red v 00,00	vhen required by written co 00 aggregate. Coverage fo	ontract of or Partic	or agreement. cipant Legal L	General Lia	bility policy cont			se &
CEI	RTIFICATE HOLDER				CANC	ELLATION					
	County Commissioners of Qu	ueen	Anne	's County	THE ACC	EXPIRATION ORDANCE WI	I DATE THE	ESCRIBED POLICE EREOF, NOTICE BY PROVISIONS.			
	107 N Liberty Street				AUTHORIZED REPRESENTATIVE						

Centreville



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718	Washington Ave North #402					INS	URER(S) AFFOR	DING COVERAGE			NAIC#	
Mir	ineapolis			MN 55401	INSURE	RA: State Na	ational Insura	nce Company I	nc		12831	
INSU	RED				INSURE	RB:						
	Mid - Atlantic Off-Road Enthu	usiast	ts		INSURE	RC:						
	PO Box 2662				INSURE							
					INSURE							
	Fairfax			VA 22031	INSURE							
СО	VERAGES CER	TIFIC	CATE	NUMBER: 109613				REVISION NU	MBER: 1		'	
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF ANY	CONTRACT	OR OTHER DESCRIBED	OCUMENT WIT	H RESPEC	OT TO	WHICH THIS	
INSR		ADDL	SUBR		DEEN	POLICY EFF	POLICY EXP					
LTR	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT		200 000	
								EACH OCCURRENT DAMAGE TO REN			00,000	
	CLAIMS-MADE X OCCUR							PREMISES (Ea occ		•	0,000	
		Y		0)/5 0000540 04		0/45/0004	0/45/0005	MED EXP (Any one		\$ 5,0		
Α			OVE-0000542-01		3/15/2024	3/15/2025	PERSONAL & ADV			00,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE			000,000	
	POLICY JECT LOC							PRODUCTS - COM PARTICIPANT LEG			000,000	
	OTHER:							COMBINED SINGL	FLIMIT		00,000	
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	I	\$		
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (F		\$		
	AUTOS ONLY AUTOS HIRED NON-OWNED							BODILY INJURY (F		\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	.GE	\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$							DED	OTH	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE	NT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$		
Ce Mo	tificate Holder is named as an additiona lestation Limits of \$25,000 per occurren	RIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) ficate Holder is named as an additional insured when required by written contract or agreement. General Liability policy contains Sexual Abuse & estation Limits of \$25,000 per occurrence/\$100,000 aggregate. Coverage for Participant Legal Liability requires that every participant signs a er/release. This certificate is issued on behalf of: Mid-Atlantic Off-Road Enthusiasts (MORE)										
CE	RTIFICATE HOLDER				CANCELLATION							
	DNR				SHO THE	ULD ANY OF 1 EXPIRATION	I DATE THE	ESCRIBED POLICEREOF, NOTICE Y PROVISIONS.				
	8020 Baltimore National Pike)			AUTHORIZED REPRESENTATIVE							

Ellicott City



DATE (MM/DD/YYYY) 4/15/2024

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	is certificate does not confer rights t	o the	cert	ificate holder in lieu of su	contact						
	DUCER				NAME: PHONE				FAX		
	C #40558248				(A/C, No E-MAIL				(A/C, No):		
	yer's Health Cover USA Inc.				ADDRES	ss: certificate	es@playersh	ealth.com			
	3 Washington Ave North #402						• • •	DING COVERAGE			NAIC#
	nneapolis			MN 55401	INSURE	RA: State Na	ational Insura	nce Company I	nc		12831
INSU	RED				INSURE	RB:					
	Mid - Atlantic Off-Road Enthu	usias	ts		INSURE	R C :					
	PO Box 2662				INSURE	RD:					
					INSURE	RE:					
	Fairfax			VA 22031	INSURE	RF:					
				NUMBER: 109614				REVISION NU			
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE RETIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REME	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF ANY	CONTRACT	OR OTHER DESCRIBED	OCUMENT WIT	H RESPE	OT TO	WHICH THIS
INSR LTR		ADDL	SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	FOLICT NUMBER		(WIW/DD/TTTT)	(WIW/DD/TTTT)	EACH OCCURREN			00,000
	CLAIMS-MADE X OCCUR							DAMAGE TO REN	TED		0,000
	CLAIIVIS-IVIADE 71 OCCOR							PREMISES (Ea occ MED EXP (Any one	,	\$ 5,0	,
Α		Υ		OVE-0000542-01		3/15/2024	3/15/2025	PERSONAL & ADV			00,000
,,	GEN'L AGGREGATE LIMIT APPLIES PER:			012 0000042 01		0/10/2024	0/10/2020	GENERAL AGGRE			00,000
	POLICY PRO- JECT LOC							PRODUCTS - COM			00,000
	OTHER:							PARTICIPANT LEG			00,000
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$	00,000
	ANY AUTO							BODILY INJURY (F	Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (F	Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	.GE	\$	
	AUTOS ONET							(i ei accident)		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDE	ENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA	EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PC	LICY LIMIT	\$	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC										
	rtificate Holder is named as an additiona			· · ·		-					se &
	lestation Limits of \$25,000 per occurren						iability require	es that every pa	irticipant s	igns a	
wa	iver/release. This certificate is issued on	bena	аіт от:	Mid-Atiantic Off-Road Enti	านรเลรเร	(MORE)					
CE	RTIFICATE HOLDER				CANC	ELLATION					
	Elm Street Communities Etal		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
	1355 Beverly Rd Suite 240			AUTHORIZED REPRESENTATIVE .							

McLean

VA 22101



DATE (MM/DD/YYYY) 4/15/2024

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tł	nis certificate does not confer rights to	o the	certi	ificate holder in lieu of su).			
PRO	DUCER				CONTAC NAME:					
LIC	C #40558248				PHONE (A/C, No	, Ext): 612-34	5-9683	FAX (A/C, No):		
Pla	yer's Health Cover USA Inc.				E-MAIL ADDRES	ss: certificate	es@playersh	ealth.com		
71	8 Washington Ave North #402					INS	URER(S) AFFOR	DING COVERAGE		NAIC#
	nneapolis			MN 55401	INSURE	RA: State Na	ational Insura	nce Company Inc		12831
INSU	JRED				INSURE	RB:				
	Mid - Atlantic Off-Road Enthu	ısiast	S		INSURE	RC:				
	PO Box 2662				INSURE	RD:				
					INSURE	RE:				
	Fairfax			VA 22031	INSURE	RF:				
				NUMBER: 109615	·			REVISION NUMBER: 1	.=:	
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I XCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF ANY	CONTRACT	OR OTHER DESCRIBED	OCUMENT WITH RESPEC	TO TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	 S	
	COMMERCIAL GENERAL LIABILITY	מפאוו	****	. CLIOT NOMBER		(,	EACH OCCURRENCE		00,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300	
								MED EXP (Any one person)	\$ 5,0	00
Α		Υ		OVE-0000542-01		3/15/2024	3/15/2025	PERSONAL & ADV INJURY		00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,0	00,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 1,0	00,000
	OTHER:							PARTICIPANT LEGAL LIAB	\$ 1,0	00,000
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$							DED OTH	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Ce Mc	cription of operations / Locations / Vehicle rtificate Holder is named as an additional elestation Limits of \$25,000 per occurrenciver/release. This certificate is issued on	l insu ce/\$1	red v 00,00	vhen required by written co 00 aggregate. Coverage fo	ontract of or Partic	or agreement. cipant Legal L	General Lia	bility policy contains Sexu		se &
CE	PTIEICATE HOLDER				CANO	ELLATION				
CE	RTIFICATE HOLDER				CANC	ELLATION				
	Fairfax County Park Authority				THE ACC	EXPIRATION	I DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.		
	12055 Government Center P	kwy		VA 00005			二,不			
	Fairfax			VA 22035						

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DATE (MM/DD/YYYY) 4/15/2024

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tŀ	nis certificate does not confer rights t	o the	cert	ificate holder in lieu of si).	- quii o uii oiiuoi ooiiioii			
PRO	DUCER				CONTAC NAME:						
LIC	C #40558248				PHONE (A/C, No	o, Ext): 612-34	5-9683	(A/C, No):			
Pla	yer's Health Cover USA Inc.				E-MAIL ADDRES	ss: certificate	es@playersh	ealth.com			
718	8 Washington Ave North #402					INS	URER(S) AFFOR	DING COVERAGE		NAIC#	
Mir	nneapolis			MN 55401	INSURE	RA: State Na	ational Insura	nce Company Inc		12831	
INSU	JRED				INSURE	RB:					
	Mid - Atlantic Off-Road Enthu	usias	ts		INSURE	RC:					
	PO Box 2662				INSURE	RD:					
					INSURE	RE:					
	Fairfax			VA 22031	INSURE	RF:					
				NUMBER: 109616				REVISION NUMBER: 1			
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY	CONTRACT	OR OTHER DESCRIBED	OCUMENT WITH RESPEC	TO TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	 S		
	COMMERCIAL GENERAL LIABILITY						,	EACH OCCURRENCE		00,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300	0,000	
								MED EXP (Any one person)	\$ 5,0	00	
Α		Υ		OVE-0000542-01		3/15/2024	3/15/2025	PERSONAL & ADV INJURY	\$ 1,0	00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,0	00,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 1,0	00,000	
	OTHER:							PARTICIPANT LEGAL LIAB	\$ 1,0	00,000	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DEC	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	F9 //	COPD	101 Additional Remarks Schodu	le may h	attached if more	snace is require	ad)			
Ce Mo	rtificate Holder is named as an additional elestation Limits of \$25,000 per occurren iver/release. This certificate is issued on	ıl insi ce/\$1	ured v 00,00	when required by written co 00 aggregate. Coverage fo	ontract o	or agreement. cipant Legal L	General Lia	bility policy contains Sexu		se &	
CE	RTIFICATE HOLDER				CANC	ELLATION					
	Howard County Dept of Rec	& Pa	rk		THE ACC	EXPIRATION	I DATE THE	ESCRIBED POLICIES BE CARREOF, NOTICE WILL E Y PROVISIONS.			
	7120 Oakland Mills Rd					<u> </u>	· }				
	Columbia			MD 21046							

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DATE (MM/DD/YYYY) 4/15/2024

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PRO	DUCER				NAME:							
LIC	¢ #40558248				PHONE (A/C, No	o, Ext): 612-34	5-9683		FAX (A/C, No):			
Pla	yer's Health Cover USA Inc.				É-MAIL ADDRES		es@playersh	ealth.com				
718	3 Washington Ave North #402					INS	URER(S) AFFOR	DING COVERAGE			NAIC#	
Mir	nneapolis			MN 55401	INSURE	RA: State Na	ational Insura	nce Company Ir	nc		12831	
INSU	RED				INSURE	RB:						
	Mid - Atlantic Off-Road Enthu	ısias	ts		INSURE	RC:						
	PO Box 2662				INSURE							
					INSURE							
	Fairfax			VA 22031	INSURE							
СО	VERAGES CER	TIFIC	CATE	NUMBER: 109617				REVISION NUI	MBER: 1			
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY REERTIFICATE MAY BE ISSUED OR MAY RECLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF ANY	CONTRACT	OR OTHER I	OCUMENT WIT	H RESPEC	OT TO	WHICH THIS	
INSR		ADDL	SUBR		DEEN	POLICY EFF	POLICY EXP					
LTR	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT		00.000	
								EACH OCCURREN DAMAGE TO RENT	ED		00,000	
	CLAIMS-MADE X OCCUR							PREMISES (Ea occ		\$ 300	•	
			0)/5 0000540 04		0/45/0004	0/45/0005	MED EXP (Any one		\$ 5,0			
Α		Υ		OVE-0000542-01		3/15/2024	3/15/2025	PERSONAL & ADV			00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGRE			00,000		
	POLICY PRO- LOC							PRODUCTS - COM PARTICIPANT LEG		_	00,000	
	OTHER:							COMBINED SINGL			00,000	
	AUTOMOBILE LIABILITY							(Ea accident)		\$		
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (P		\$		
	AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (P		\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	GE .	\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION\$							DED	OTU	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE	NT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$		
Ce Mo	cription of operations / Locations / Vehici rtificate Holder is named as an additional lestation Limits of \$25,000 per occurren- iver/release. This certificate is issued on	ıl insi ce/\$1	ured v 00,00	when required by written co 00 aggregate. Coverage fo	ontract of	or agreement. cipant Legal L	General Lia	bility policy cont			se &	
CE	RTIFICATE HOLDER				CANC	ELLATION						
	Larry Michael				THE ACC	EXPIRATION ORDANCE WI	I DATE THE	ESCRIBED POLICE REOF, NOTICE Y PROVISIONS.				
	14419 Chrisman Hill Rd				AUTHORIZED REPRESENTATIVE							

Boyds

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DATE (MM/DD/YYYY) 4/15/2024

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th	is certificate does not confer rights to the certificate holder in lieu of such endorsement(s).											
PRO	DUCER				NAME:							
LIC	¢ #40558248				PHONE (A/C, No	o, Ext): 612-34	5-9683		FAX (A/C, No):			
Pla	yer's Health Cover USA Inc.				E-MAIL ADDRES		es@playersh	ealth.com				
718	3 Washington Ave North #402					INS	URER(S) AFFOR	DING COVERAGE			NAIC#	
Mir	nneapolis			MN 55401	INSURE	RA: State Na	ational Insura	nce Company I	nc		12831	
INSU	RED				INSURE	RB:						
	Mid - Atlantic Off-Road Enthu	ısias	ts		INSURE							
	PO Box 2662				INSURE							
					INSURE							
	Fairfax			VA 22031	INSURE							
CO		TIFIC	CATE	NUMBER: 109618	INCORL	KT.		REVISION NU	MBER: 1		<u>I</u>	
	HIS IS TO CERTIFY THAT THE POLICIES				/E BEE	N ISSUED TO				IE POL	ICY PERIOD	
	DICATED. NOTWITHSTANDING ANY RE											
	ERTIFICATE MAY BE ISSUED OR MAY I XCLUSIONS AND CONDITIONS OF SUCH							HEREIN IS SU	IBJECT TO) ALL	THE TERMS,	
INSR		ADDL	SUBR		DELIVI	POLICY EFF	POLICY EXP		LIMIT			
LTR		INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	5.4.0U.000UDD5N			00.000	
								EACH OCCURRENT DAMAGE TO RENT	ΓED	· · ·	00,000	
	CLAIMS-MADE X OCCUR							PREMISES (Ea occ		\$ 300	•	
		Υ		01/5	MED EXP (Any o					\$ 5,0		
Α			OVE-0000542-01	3/15/2024 3/15/2025 PERSONAL				INJURY		00,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGRE	GATE	· ·	00,000			
	POLICY PRO-						PRODUCTS - COM PARTICIPANT LEG			00,000		
	OTHER:							COMBINED SINGL			00,000	
	AUTOMOBILE LIABILITY							(Ea accident)		\$		
	ANY AUTO							BODILY INJURY (P		\$		
	OWNED SCHEDULED AUTOS ONLY HIRED NON-OWNED							BODILY INJURY (P		\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A						E.L. EACH ACCIDE	NT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N, A						E.L. DISEASE - EA	EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedu	e, may be	attached if more	space is require	ed)				
Се	rtificate Holder is named as an additiona	ıl insı	ured v	when required by written co	ntract o	or agreement.	General Lia	bility policy cont	ains Sexu	al Abu	se &	
Мо	lestation Limits of \$25,000 per occurren	ce/\$1	00,00	00 aggregate. Coverage fo	or Partic	ipant Legal L	iability require	es that every pa	rticipant s	gns a		
wa	iver/release. This certificate is issued on	beha	alf of:	Mid-Atlantic Off-Road Enth	nusiasts	(MORE)						
CE	RTIFICATE HOLDER				CANC	ELLATION						
UE	ATTITION TO THE TIME TO THE TI				CANC	/LLLA HON						
					SHO	ULD ANY OF 1	THE ABOVE D	ESCRIBED POLIC	CIES BE CA	ANCELI	LED BEFORE	
								REOF, NOTICE	WILL E	E DE	LIVERED IN	
	Maryland Department of Natu	ural F	Resou	irces	ACC	OKDANCE WI	IH THE POLIC	Y PROVISIONS.				
	Tawes State Office Building				ALITHO	DIZED DEDDEST	NTATIVE /			•		
	580 Taylor Ave				AUTHORIZED REPRESENTATIVE .							

Annapolis

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DATE (MM/DD/YYYY) 4/15/2024

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 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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PRO	DUCER				CONTAC NAME:							
LIC	#40558248				PHONE (A/C, No	, Ext): 612-34	5-9683		FAX (A/C, No):			
Pla	yer's Health Cover USA Inc.				E-MAIL ADDRES	ss: certificate	es@playersh	ealth.com				
718	Washington Ave North #402					INS	URER(S) AFFOR	DING COVERAGE			NAIC#	
Mir	ineapolis			MN 55401	INSURE	RA: State Na	ational Insura	nce Company I	nc		12831	
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	Mid - Atlantic Off-Road Enthu	ısiast	S		INSURE	RC:						
	PO Box 2662				INSURE							
					INSURE							
	Fairfax			VA 22031	INSURE							
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	2425 Reedie Drive 12th FI				AUTHORIZED REPRESENTATIVE							

Wheaton



DATE (MM/DD/YYYY) 4/15/2024

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	CEI	RTIFICATE HOLDER				CANCELLATION						
THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		Manyland State Highway Adm	tration		THE	EXPIRATION	I DATE THE	EREOF, NOTICE				
		Maryland State ingriway Aur	1131		•	· · · · · · · · · · · · · · · · · · ·						
7491 Connelley Dr		7491 Connellev Dr				AUTHO	RIZED REPRESEI	NTATIVE (

Hanover



DATE (MM/DD/YYYY) 4/15/2024

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tŀ	certificate does not confer rights to the certificate holder in lieu of such endorsement(s).										
PRO	DUCER	NAME:									
LIC	#40558248				PHONE (A/C, No	o, Ext): 612-34	5-9683		FAX (A/C, No):		
Pla	yer's Health Cover USA Inc.				É-MAIL ADDRES		es@playersh	ealth.com			
718	3 Washington Ave North #402					INS	URER(S) AFFOR	DING COVERAGE			NAIC#
Mir	nneapolis			MN 55401	INSURE	RA: State Na	ational Insura	nce Company I	nc		12831
INSU	RED				INSURE	RB:					
	Mid - Atlantic Off-Road Enthu	ısias	ts		INSURE	RC:					
	PO Box 2662				INSURE	RD:					
					INSURE	RE:					
	Fairfax			VA 22031	INSURE	RF:					
СО	VERAGES CER	TIFIC	CATE	NUMBER: 109621				REVISION NU	MBER: 1		
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY REERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REME	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF ANY	CONTRACT	OR OTHER I	OCUMENT WIT	H RESPEC	OT TO	WHICH THIS
INSR LTR		ADDL	SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT		
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	1 OLIOT NOMBER		(WIW/DD/TTTT)	(WIW/DD/1111)	EACH OCCURREN			00,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENT PREMISES (Ea occ	ΓED	\$ 300	
	CEANNO-IVIADE 7 CCCCIX							MED EXP (Any one		\$ 5,0	•
Α		Υ		OVE-0000542-01		3/15/2024	3/15/2025	PERSONAL & ADV			00,000
,,	GEN'L AGGREGATE LIMIT APPLIES PER:	•		012 00000 12 01		0/10/2021	0/10/2020	GENERAL AGGRE			00,000
	PRO- DECT LOC					PRODUCTS - COM		· ·	00,000		
	OTHER:							PARTICIPANT LEG		_	00,000
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$	00,000
	ANY AUTO							BODILY INJURY (P	er person)	\$	
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (P	er accident)	\$	
	AUTOS ONLY AUTOS NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$	
	AUTOS ONET							(i ci accident)		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A						E.L. EACH ACCIDE		\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA	EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	•		•				•		-	
	rtificate Holder is named as an additiona			· · · · · ·		-					se &
	lestation Limits of \$25,000 per occurren						iability require	es that every pa	rticipant si	gns a	
wa	iver/release. This certificate is issued on	bena	alf of:	Mid-Atlantic Off-Road Enti	nusiasts	s (MORE)					
CE	RTIFICATE HOLDER				CANC	ELLATION					
	Montgomery County Govern	ment			THE	EXPIRATION	I DATE THE	ESCRIBED POLICE REOF, NOTICE Y PROVISIONS.			
	2425 Reedie Drive, 9th Floor				AUTHO	RIZED REPRESEI	NTATIVE _				
	- : : : : : : : : : : : : : : : : : : :										

Wheaton

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DATE (MM/DD/YYYY) 4/15/2024

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	is certificate does not confer rights to							equire an endorsement	. A St	atement on
	DUCER	mouto notaer in nea er er	CONTA NAME:		/ -					
ΙIC	C#40558248					o, Ext): 612-34	5-9683	FAX (A/C, No):		
	yer's Health Cover USA Inc.				E-MAIL ADDRE	o, Ext): 012 04	es@playersh	, , . ,		
	3 Washington Ave North #402				ADDRE					NAIG#
	nneapolis			MN 55401				DING COVERAGE nce Company Inc		12831
INSU	•			WIN 33401			alional msura	nice Company inc		12031
		:			INSURE					
	Mid - Atlantic Off-Road Enthu	isiasi	เร		INSURE					
	PO Box 2662				INSURE					
					INSURE	RE:				
	Fairfax			VA 22031	INSURE	RF:				
				NUMBER: 109622	VE DEE	N IOOUED TO		REVISION NUMBER: 1	IE DOI	IOV PEDIOD
	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE									
C	ERTIFICATE MAY BE ISSUED OR MAY I	PERT	AIN,	THE INSURANCE AFFORD	ED BY	THE POLICIES	S DESCRIBED			
	XCLUSIONS AND CONDITIONS OF SUCH				BEEN F					
INSR LTR	TYPE OF INSURANCE		SUBR WVD			POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,0	000,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300	0,000
								MED EXP (Any one person)	\$ 5,0	000
Α		Υ		OVE-0000542-01		3/15/2024	3/15/2025	PERSONAL & ADV INJURY	\$ 1,0	000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,0	000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 1,0	000,000
	OTHER:							PARTICIPANT LEGAL LIAB	\$ 1,0	000,000
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	•
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS ONLY AUTOS ONLY							(Fer accident)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
								AGGREGATE	\$	
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	φ	
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE								•	
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DEO	DODITION OF ODER A TIONS (LOCATIONS (VEHICL	FO (1		Add Additional Bassacha Oakada				.n		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL rtificate Holder is named as an additiona								al Abu	0
	lestation Limits of \$25,000 per occurren			' '		J		, ,		se a
	iver/release. This certificate is issued on						lability require	ss that every participant s	igi is a	
wa	rver/release. This certificate is issued of	Della	ali Oi.	Wild-Atlantic Oll-Road Enti	iusiasi	s (IVIOINE)				
CE	RTIFICATE HOLDER				CANCELLATION					
				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
	Montgomery County Governr	t of Transportation	ACCORDANCE WITH THE POLICY PROVISIONS							
	Division of Traffic Engineering									
	100 Edison Park Drive, 4th F	- - 0		AUTHORIZED REPRESENTATIVE						

Gaithersburg

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DATE (MM/DD/YYYY) 4/15/2024

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tŀ	is certificate does not confer rights t	o the	certi	ificate holder in lieu of su).	·			
PRO	DUCER				CONTA NAME:						
LIC	#40558248				PHONE (A/C, No	o, Ext): 612-34	5-9683	FAX (A/C, No):			
Pla	yer's Health Cover USA Inc.				E-MAIL ADDRE	ss: certificate	es@playersh	ealth.com			
718	3 Washington Ave North #402					INS	URER(S) AFFOR	DING COVERAGE		NAIC#	
Mir	nneapolis			MN 55401	INSURE	RA: State Na	ational Insura	nce Company Inc		12831	
INSU	RED				INSURE	RB:					
	Mid - Atlantic Off-Road Enthu	usiast	ts		INSURE	RC:					
	PO Box 2662				INSURE	RD:					
					INSURE						
	Fairfax			VA 22031	INSURE	RF:					
СО	VERAGES CER	TIFIC	CATE	NUMBER: 109623				REVISION NUMBER: 1			
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY REERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REMENTAIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT THE POLICIES	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	OT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY					,	•	EACH OCCURRENCE	\$ 1,0	00,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300	0,000	
								MED EXP (Any one person)	\$ 5.0	00	
Α		Υ		OVE-0000542-01		3/15/2024	3/15/2025	PERSONAL & ADV INJURY	\$ 1,0	00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE		00,000		
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	· /	00,000		
	OTHER:						PARTICIPANT LEGAL LIAB		00,000		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$,	
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$		
	AUTOS ONLY AUTOS NON-OWNED NON-OWNED							PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION\$							AGGREGATE	\$		
	WORKERS COMPENSATION							PER OTH-	Ψ		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	· ·		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
	DESCRIPTION OF OPERATIONS DEIOW							E.L. DISEASE - POLICY LIMIT	φ		
DEC	COURTION OF OREDATIONS (1 COATIONS (1/2/2/2	LEC /		404 Additional Processics Oct.	ı·			-4\			
Ce Mo	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) rtificate Holder is named as an additional insured when required by written contract or agreement. General Liability policy contains Sexual Abuse & elestation Limits of \$25,000 per occurrence/\$100,000 aggregate. Coverage for Participant Legal Liability requires that every participant signs a iver/release. This certificate is issued on behalf of: Mid-Atlantic Off-Road Enthusiasts (MORE)										
<u> </u>	TIFICATE LIQUES				CANC	SELLATION:					
CE	RTIFICATE HOLDER				CANC	ELLATION					
	NASH Vingt-Huit LLC				ACC	EXPIRATION	I DATE THE	ESCRIBED POLICIES BE CARREOF, NOTICE WILL E Y PROVISIONS.			
	9820 Towne Center Dr #100				1.01110			.)			
	San Diego			CA 92121	$\left(\left(\left$						



DATE (MM/DD/YYYY) 4/15/2024

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tŀ	nis certificate does not confer rights t	o the	cert	ificate holder in lieu of su).	·			
PRO	DUCER				CONTAC NAME:			1514			
LIC	C #40558248				PHONE (A/C, No	o, Ext): 612-34	5-9683	FAX (A/C, No):			
Pla	yer's Health Cover USA Inc.				E-MAIL ADDRES	ss: certificate	es@playersh	ealth.com			
71	8 Washington Ave North #402					INS	URER(S) AFFOR	DING COVERAGE		NAIC#	
Mir	nneapolis			MN 55401	INSURE	RA: State Na	ational Insura	nce Company Inc		12831	
INSU	JRED				INSURE	RB:					
	Mid - Atlantic Off-Road Enthu	ısias	ts		INSURE	RC:					
	PO Box 2662				INSURE	RD:					
					INSURE	RE:					
	Fairfax			VA 22031	INSURE	RF:					
СО	VERAGES CER	TIFI	CATE	NUMBER: 109624				REVISION NUMBER: 1			
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF ANY	CONTRACT	OR OTHER I	OCUMENT WITH RESPEC	OT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,0	00,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300	0,000	
								MED EXP (Any one person)	\$ 5,0	00	
Α		Υ		OVE-0000542-01		3/15/2024	3/15/2025	PERSONAL & ADV INJURY	\$ 1,0	00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,0	00,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 1,0	00,000	
	OTHER:							PARTICIPANT LEGAL LIAB	\$ 1,0	00,000	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$		
	AUTOS ONLY AUTOS NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	76766 6/12							, ,	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A						E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	, , , ,						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
Ce Mo	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI rtificate Holder is named as an additiona elestation Limits of \$25,000 per occurren iver/release. This certificate is issued on	ıl insi ce/\$1	ured v 00,00	when required by written co 00 aggregate. Coverage fo	ontract of or Partic	or agreement. cipant Legal L	General Lia	bility policy contains Sexu		se &	
CE	RTIFICATE HOLDER				CANC	ELLATION					
	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										
	9820 Towne Center Dr #100					<pre>// 1</pre>	· 4				
	San Diego			CA 92121	l	1 # ~ /	$\gamma \wedge 1$	10 1-			

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th	is c	s certificate does not confer rights to the certificate holder in lieu of such endorsement(s).										
PRO	DUCE	ER				NAME:						
LIC	#40	0558248				PHONE (A/C, No	, Ext): 612-34	5-9683	FAX (A/C, No):			
Pla	yer's	s Health Cover USA Inc.				E-MAIL ADDRES		es@playersh	ealth.com			
718	3 Wa	ashington Ave North #402					INS	URER(S) AFFOR	DING COVERAGE		NAIC#	
Mir	nnea	polis			MN 55401	INSURE	RA: State Na	ational Insura	nce Company Inc		12831	
INSU	IRED					INSURE	RB:					
		Mid - Atlantic Off-Road Enthu	ısiast	ts		INSURE	RC:					
		PO Box 2662				INSURE	RD:					
						INSURE	RE:					
		Fairfax			VA 22031	INSURE	RF:					
СО	VER	RAGES CER	TIFIC	CATE	NUMBER: 109625				REVISION NUMBER: 1			
IN	IDIC/	IS TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE IFICATE MAY BE ISSUED OR MAY I	QUIF	REME	NT, TERM OR CONDITION	OF ANY	CONTRACT	OR OTHER D	OCUMENT WITH RESPEC	OT TO	WHICH THIS	
	XCL	USIONS AND CONDITIONS OF SUCH				BEEN R						
INSR LTR		TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	X	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,0	00,000	
		CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300	0,000	
									MED EXP (Any one person)	\$ 5,0	00	
Α			Υ		OVE-0000542-01		3/15/2024	3/15/2025	PERSONAL & ADV INJURY	\$ 1,0	00,000	
		N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,0	00,000	
	X	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 1,0	00,000	
		OTHER:							PARTICIPANT LEGAL LIAB	\$ 1,0	00,000	
	AUT	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
		ANY AUTO							BODILY INJURY (Per person)	\$		
		OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$		
		HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
										\$		
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
		DED RETENTION \$							DED	\$		
		RKERS COMPENSATION DEMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER			
	ANY	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mar	ndatory in NH) s, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
	DES	CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
Ce Mo	rtifica Iesta	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) tificate Holder is named as an additional insured when required by written contract or agreement. General Liability policy contains Sexual Abuse & lestation Limits of \$25,000 per occurrence/\$100,000 aggregate. Coverage for Participant Legal Liability requires that every participant signs a ver/release. This certificate is issued on behalf of: Mid-Atlantic Off-Road Enthusiasts (MORE)										
CE	RTIF	FICATE HOLDER				CANC	ELLATION					
	RTIFICATE HOLDER 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.											
		9500 Brunett Ave				AUTHO	RIZED REPRESEI	·)			
		Silver Springs			MD 20901							

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PRO	DUCER				CONTA NAME:			1514			
LIC	C #40558248				PHONE (A/C, No	o, Ext): 612-34	5-9683	FAX (A/C, No):			
Pla	yer's Health Cover USA Inc.				E-MAIL ADDRE	ss: certificate	es@playersh	ealth.com			
71	8 Washington Ave North #402					INS	URER(S) AFFOR	DING COVERAGE		NAIC#	
Mir	nneapolis			MN 55401	INSURE	RA: State Na	ational Insura	nce Company Inc		12831	
INSU	JRED				INSURE	RB:					
	Mid - Atlantic Off-Road Enthu	usias	ts		INSURE	RC:					
	PO Box 2662				INSURE	RD:					
					INSURE	RE:					
	Fairfax			VA 22031	INSURE	RF:					
СО	VERAGES CER	TIFI	CATE	NUMBER: 109626				REVISION NUMBER: 1			
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REME	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN' ED BY	Y CONTRACT THE POLICIES	OR OTHER DESCRIBED	OCUMENT WITH RESPEC	OT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY					,	•	EACH OCCURRENCE	\$ 1,0	00,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300	0,000	
								MED EXP (Any one person)	\$ 5,0	00	
Α		Υ		OVE-0000542-01		3/15/2024	3/15/2025	PERSONAL & ADV INJURY	\$ 1,0	00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,0	00,000		
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 1,0	00,000	
	OTHER:							PARTICIPANT LEGAL LIAB	\$ 1,0	00,000	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$		
	AUTOS ONLY AUTOS NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A						E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	11,7						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DFS	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (4	CORD	101. Additional Remarks Schedul	le. mav b	e attached if more	space is require	ed)			
Ce Mc	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) sertificate Holder is named as an additional insured when required by written contract or agreement. General Liability policy contains Sexual Abuse & lolestation Limits of \$25,000 per occurrence/\$100,000 aggregate. Coverage for Participant Legal Liability requires that every participant signs a raiver/release. This certificate is issued on behalf of: Mid-Atlantic Off-Road Enthusiasts (MORE)										
CE	RTIFICATE HOLDER				CANO	ELLATION					
	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										
	9820 Towne Center Dr #100					- 1	· 4				
	San Diego			CA 92121	l	1 1/2/	$\gamma \wedge \gamma \wedge \gamma$				

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DATE (MM/DD/YYYY) 4/15/2024

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	is certificate does not confer rights t	o the	cert	ificate holder in lieu of su	contact						
	DUCER			NAME: PHONE				FAX			
	C #40558248				(A/C, No E-MAIL				(A/C, No):		
	yer's Health Cover USA Inc.				ADDRES	ss: certificate	es@playersh	ealth.com			
	3 Washington Ave North #402						• • •	DING COVERAGE			NAIC#
	nneapolis			MN 55401	INSURE	RA: State Na	ational Insura	nce Company I	nc		12831
INSU	RED				INSURE	RB:					
	Mid - Atlantic Off-Road Enthu	ısias	ts		INSURE	R C :					
	PO Box 2662				INSURE	RD:					
					INSURE	RE:					
	Fairfax			VA 22031	INSURE	RF:					
				NUMBER: 109627				REVISION NU			
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE RETIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REME	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF ANY	CONTRACT	OR OTHER DESCRIBED	OCUMENT WIT	H RESPE	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	TOLIOT NOMBER		(WIW/DD/TTTT)		EACH OCCURREN			00,000
	CLAIMS-MADE X OCCUR							DAMAGE TO REN' PREMISES (Ea occ	TED	- /	0,000
	CEANNO-IVIADE 7 CCCCIX							MED EXP (Any one	,	\$ 5,0	,
Α		Υ		OVE-0000542-01		3/15/2024	3/15/2025	PERSONAL & ADV			00,000
,,	GEN'L AGGREGATE LIMIT APPLIES PER:	•		012 0000042 01		0/10/2024	0/10/2020	GENERAL AGGRE		- /	00,000
	POLICY PRO- JECT LOC						PRODUCTS - COM			00,000	
	OTHER:							PARTICIPANT LEG			00,000
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$	00,000
	ANY AUTO							BODILY INJURY (F	Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (F	Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	(GE	\$	
	AUTOS ONET							(i ei accident)		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	NCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDE	ENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N, A						E.L. DISEASE - EA	EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PC	LICY LIMIT	\$	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC										
	rtificate Holder is named as an additiona			· · ·		-					se &
	lestation Limits of \$25,000 per occurren						iability require	es that every pa	irticipant s	igns a	
wa	iver/release. This certificate is issued on	bena	alf of:	Mid-Atlantic Off-Road Enti	nusiasts	(MORE)					
CE	RTIFICATE HOLDER			-	CANCELLATION						
	NNP II - Investments III LLC			THE ACC	EXPIRATION ORDANCE WI	I DATE THE	ESCRIBED POLICEREOF, NOTICE Y PROVISIONS.				
	9820 Towne Center Dr #100		AUTHORIZED REPRESENTATIVE								

San Diego

CA 92121



DATE (MM/DD/YYYY) 4/15/2024

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th	certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT CONTACT										
PRO	DUCER	NAME:									
LIC	¢ #40558248				PHONE (A/C, No	, Ext): 612-34	5-9683		FAX (A/C, No):		
Pla	yer's Health Cover USA Inc.				E-MAIL ADDRES		es@playersh	ealth.com			
718	3 Washington Ave North #402					INS	URER(S) AFFOR	DING COVERAGE			NAIC#
Mir	nneapolis			MN 55401	INSURE	RA: State Na	ational Insura	nce Company Ir	nc		12831
INSU	RED				INSURE	RB:					
	Mid - Atlantic Off-Road Enthu	ısias	ts		INSURE	RC:					
	PO Box 2662				INSURE	R D :					
					INSURE	RE:					
	Fairfax			VA 22031	INSURE	RF:					
CO	VERAGES CER	TIFIC	CATE	NUMBER: 109628				REVISION NUI	MBER: 1		
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY REERTIFICATE MAY BE ISSUED OR MAY INCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REME	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF ANY	CONTRACT	OR OTHER I	OCUMENT WIT	H RESPEC	OT TO	WHICH THIS
INSR LTR		ADDL	SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	1 OLIOT HOMBER		(WIWI/DD/TTTT)	(WIW/DD/1111)	EACH OCCURREN			00,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENT PREMISES (Ea occ	ED	\$ 300	
	CEANNO-IVIADE 74 CCCCI							MED EXP (Any one		\$ 5,0	•
Α		Υ		OVE-0000542-01		3/15/2024	3/15/2025	PERSONAL & ADV			00,000
,,	GEN'L AGGREGATE LIMIT APPLIES PER:	•		0 1 2 0 0 0 0 1 2 0 1		0/10/2021	0/10/2020	GENERAL AGGRE			00,000
	X POLICY PRO-					PRODUCTS - COM		· ·	00,000		
	OTHER:						PARTICIPANT LEG		_	00,000	
	AUTOMOBILE LIABILITY							COMBINED SINGLI (Ea accident)	E LIMIT	\$	00,000
	ANY AUTO							BODILY INJURY (P	er person)	\$	
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (P	er accident)	\$	
	AUTOS ONLY AUTOS NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAG	GE	\$	
	AUTOS ONLY AUTOS ONLY							(Fer accident)		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION							PER STATUTE	OTH- ER		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE		\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA	EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI	ES (A	CORD	101, Additional Remarks Schedul	e, may be	attached if more	space is require	ed)			
	rtificate Holder is named as an additiona					-					se &
	lestation Limits of \$25,000 per occurrence						iability require	es that every pa	rticipant si	gns a	
wa	iver/release. This certificate is issued on	beha	alf of:	Mid-Atlantic Off-Road Enth	nusiasts	s (MORE)					
CERTIFICATE HOLDER CANCELLATION											
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORM THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.											
	5400 Ox Rd			AUTHORIZED REPRESENTATIVE							

Fairfax Station

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VA 22039



DATE (MM/DD/YYYY) 4/15/2024

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.

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tŀ	nis certificate does not confer rights to	o the	cert	ificate holder in lieu of su).	•			
PRO	DUCER				CONTA NAME:						
LIC	C #40558248				PHONE (A/C, No	, Ext): 612-34	5-9683	FAX (A/C, No):		
Pla	yer's Health Cover USA Inc.				E-MAIL ADDRE	ss: certificate	es@playersh	ealth.com			
71	8 Washington Ave North #402					INS	URER(S) AFFOR	DING COVERAGE		NAIC#	
Mir	nneapolis			MN 55401	INSURE	RA: State Na	ational Insura	nce Company Inc		12831	
INSU	JRED				INSURE	RB:					
	Mid - Atlantic Off-Road Enthu	ısias	ts		INSURE	RC:					
	PO Box 2662				INSURE	RD:					
					INSURE	RE:					
	Fairfax			VA 22031	INSURE	RF:					
				NUMBER: 109629				REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I XCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REME	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN' ED BY	CONTRACT	OR OTHER DESCRIBED	OCUMENT WITH RESP	ECT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIN	IITS		
	COMMERCIAL GENERAL LIABILITY					,	,	EACH OCCURRENCE	\$ 1,0	000,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300	0,000	
								MED EXP (Any one person)	\$ 5,0	000	
Α		Υ		OVE-0000542-01		3/15/2024	3/15/2025	PERSONAL & ADV INJURY	\$ 1,0	000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,0	000,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGO	\$ 1,0	000,000	
	OTHER:							PARTICIPANT LEGAL LIAB	\$ 1,0	000,000	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accider	t) \$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
								,	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION\$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	, , , ,						E.L. DISEASE - EA EMPLOYI	E \$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMI	Г \$		
Ce Mc	RIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) tificate Holder is named as an additional insured when required by written contract or agreement. General Liability policy contains Sexual Abuse & lestation Limits of \$25,000 per occurrence/\$100,000 aggregate. Coverage for Participant Legal Liability requires that every participant signs a ver/release. This certificate is issued on behalf of: Mid-Atlantic Off-Road Enthusiasts (MORE)										
	DIFFORTE LIGHTS				0.111						
CE	RTIFICATE HOLDER			1	CANC	ELLATION					
Pepco, its parents, affiliates, officers, directors, employees and agents 701 Ninth St NW Working stars SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVED ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE											
	Washington			DC 20068		1 1/2/	$\gamma \wedge 1$	1 11 1	_		



DATE (MM/DD/YYYY) 4/15/2024

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tł	certificate does not confer rights to the certificate holder in lieu of such endorsement(s).										
PRO	DUCER				NAME:						
LIC	C #40558248				PHONE (A/C, No	o, Ext): 612-34	5-9683	FAX (A/C, No):			
Pla	ayer's Health Cover USA Inc.				E-MAIL ADDRE	ss: certificate	es@playersh	ealth.com			
71	8 Washington Ave North #402					INS	URER(S) AFFOR	DING COVERAGE		NAIC#	
Mir	nneapolis			MN 55401	INSURE	RA: State Na	ational Insura	nce Company Inc		12831	
INSU	JRED				INSURE	RB:					
	Mid - Atlantic Off-Road Enthu	ısiası	ts		INSURE	RC:					
	PO Box 2662				INSURE	RD:					
					INSURE	RE:					
	Fairfax			VA 22031	INSURE	RF:					
СО	VERAGES CER	TIFIC	CATE	E NUMBER: 109630				REVISION NUMBER: 1			
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I XCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN' ED BY	Y CONTRACT THE POLICIES	OR OTHER DESCRIBED	OCUMENT WITH RESPEC	OT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
LIK	COMMERCIAL GENERAL LIABILITY	INOD	WVD	I OLICI NUMBER		(41141/DO/11111)	(1111)UU11111)	EACH OCCURRENCE		00,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	· /		
	SE LINE IN LEE							MED EXP (Any one person)	\$ 300,000 \$ 5,000		
Α		Υ		OVE-0000542-01		3/15/2024	3/15/2025	PERSONAL & ADV INJURY		00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		00,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG		00,000	
	OTHER:							PARTICIPANT LEGAL LIAB		00,000	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$,	
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	AGTGG GIVET							(a section)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	117.7						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
Ce Mo	rtificate Holder is named as an additiona destation Limits of \$25,000 per occurren	EXIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) tificate Holder is named as an additional insured when required by written contract or agreement. General Liability policy contains Sexual Abuse & lestation Limits of \$25,000 per occurrence/\$100,000 aggregate. Coverage for Participant Legal Liability requires that every participant signs a ver/release. This certificate is issued on behalf of: Mid-Atlantic Off-Road Enthusiasts (MORE)									
CE	RTIFICATE HOLDER				CANC	SELL ATION					
UE	KIII IOATE HOLDER				CAN	ELLATION					
	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										
	Washington			DC 20068							

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	is certificate does not confer rights to	o the	cert	ificate holder in lieu of su	contact						
	DUCER			NAME: PHONE				FAX			
	C #40558248				(A/C, No E-MAIL				(A/C, No):		
	yer's Health Cover USA Inc.				ADDRES	ss: certificate	es@playersh	ealth.com			
	3 Washington Ave North #402							DING COVERAGE			NAIC#
	nneapolis			MN 55401	INSURE	RA: State Na	ational Insura	nce Company I	nc		12831
INSU	RED				INSURE	RB:					
	Mid - Atlantic Off-Road Enthu	ısias	ts		INSURE	RC:					
	PO Box 2662				INSURE	RD:					
					INSURE	RE:					
	Fairfax			VA 22031	INSURE	RF:					
				NUMBER: 109631				REVISION NU			
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REME	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF ANY	CONTRACT	OR OTHER DESCRIBED	OCUMENT WIT	H RESPE	OT TO	WHICH THIS
INSR		ADDL	SUBR			POLICY EFF	POLICY EXP		LIMIT	•	
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURREN			00,000
	CLAIMS-MADE X OCCUR							DAMAGE TO REN	TED		0.000
	CLAIIVIS-IVIADE // OCCUR							PREMISES (Ea occ MED EXP (Any one	,	\$ 5,0	
Α		Υ		OVE-0000542-01		3/15/2024	3/15/2025	PERSONAL & ADV			00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:	'		012 0000342 01		3/13/2024	3/13/2023	GENERAL AGGRE			00,000
	POLICY PRO- LOC						PRODUCTS - COM			00,000	
								PARTICIPANT LEG			00,000
	AUTOMOBILE LIABILITY							COMBINED SINGL	E LIMIT	\$	00,000
	ANY AUTO							(Ea accident) BODILY INJURY (F	Per person)	\$	
	OWNED SCHEDULED							BODILY INJURY (F		\$	
	AUTOS ONLY HIRED NON-OWNED							PROPERTY DAMA	GE	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	-	\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE	N. / A						E.L. EACH ACCIDE	ENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA	EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PC	LICY LIMIT	\$	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL										
	rtificate Holder is named as an additiona					-					se &
	lestation Limits of \$25,000 per occurrence						iability require	es that every pa	irticipant s	igns a	
wa	iver/release. This certificate is issued on	beha	alt ot:	Mid-Atlantic Off-Road Enti	nusiasts	s (MORE)					
CE	RTIFICATE HOLDER				CANC	ELLATION					
	Seneca Creek State Park				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	11950 Clopper Rd				AUTHORIZED REPRESENTATIVE						

Gaithersburg



DATE (MM/DD/YYYY) 4/15/2024

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 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).

th	this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).											
PRO	DUCER				CONTAC NAME:							
LIC #40558248						PHONE (A/C, No, Ext): 612-345-9683 FAX (A/C, No):						
Player's Health Cover USA Inc.					E-MAIL ADDRESS: certificates@playershealth.com							
718	3 Washington Ave North #402				INSURER(S) AFFORDING COVERAGE							
Mir	nneapolis			MN 55401	INSURE	RA: State Na	ational Insura	nce Company Inc		12831		
INSU	RED	INSURE	RB:									
	Mid - Atlantic Off-Road Enthu	INSURER C :										
	PO Box 2662				INSURE							
					INSURER E :							
Fairfax VA 22031 INSURER F:												
COVERAGES CERTIFICATE NUMBER: 109632						кт.		REVISION NUMBER: 1		l .		
IN C	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,								WHICH THIS			
E. INSR	XCLUSIONS AND CONDITIONS OF SUCH		CIES. SUBR		BEEN R	POLICY EFF	PAID CLAIMS. POLICY EXP					
LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,0	00,000		
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$ 300	0,000		
								MED EXP (Any one person)	\$ 5,0	00		
Α		Υ		OVE-0000542-01		3/15/2024	3/15/2025	PERSONAL & ADV INJURY	\$ 1,0	00,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,0	00,000		
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 1,0	00,000		
	OTHER:							PARTICIPANT LEGAL LIAB	\$ 1,0	00,000		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$			
	ANY AUTO							BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
									\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION \$								\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER				
	ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IX, A						E.L. DISEASE - EA EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	LES (A	CORD	101, Additional Remarks Schedu	le, may be	attached if more	space is require	ed)				
Ce	rtificate Holder is named as an additiona	ıl insı	ıred v	vhen required by written co	ntract o	or agreement.	General Lia	bility policy contains Sexu	al Abu	se &		
	lestation Limits of \$25,000 per occurren						iability require	es that every participant s	igns a			
	iver/release. This certificate is issued on	beha	alf of:	Mid-Atlantic Off-Road Enth	nusiasts	(MORE)						
Eve	ent - 3/1/2023 - 3/31/2024											
CE	CERTIFICATE HOLDER CANCELLATION											
State of Maryland/DNR/Gunpowder Falls State Park Little Gunpowder Falls State Park					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
	PO Box 402		<u> </u>	·								

Kingsville



DATE (MM/DD/YYYY) 4/15/2024

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th	this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).											
PRO	DUCER				CONTAC NAME:							
LIC #40558248						PHONE (A/C, No, Ext): 612-345-9683 FAX (A/C, No):						
Player's Health Cover USA Inc.						E-MAIL ADDRESS: certificates@playershealth.com						
718	3 Washington Ave North #402				INSURER(S) AFFORDING COVERAGE							
Mir	nneapolis			MN 55401	INSURE	RA: State Na	ational Insura	nce Company Inc		12831		
INSU	RED	INSURE	RB:		· •							
	Mid - Atlantic Off-Road Enthu	INSURER C :										
	PO Box 2662				INSURER D :							
					INSURER E :							
Fairfax VA 22031 INSURER F:												
CO		CATE	E NUMBER: 109633	INCORL	кт.		REVISION NUMBER: 1		I			
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,								WHICH THIS				
	XCLUSIONS AND CONDITIONS OF SUCH				BEEN R							
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,0	00,000		
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300	0,000		
								MED EXP (Any one person)	\$ 5,0	00		
Α		Υ		OVE-0000542-01		3/15/2024	3/15/2025	PERSONAL & ADV INJURY	\$ 1,0	00,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,0	00,000		
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 1,0	00,000		
	OTHER:							PARTICIPANT LEGAL LIAB	\$ 1,0	00,000		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$			
	ANY AUTO							BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
	ACTOC CIVE!							(\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION \$								\$			
	WORKERS COMPENSATION							PER OTH- STATUTE ER				
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
									•			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedu	le, may be	attached if more	space is require	ed)				
	rtificate Holder is named as an additiona	•						•	ıal Abu	se &		
Мо	lestation Limits of \$25,000 per occurrence	ce/\$1	100,00	00 aggregate. Coverage fo	or Partic	ipant Legal Li	iability require	es that every participant s	igns a			
wa	iver/release. This certificate is issued on	beha	alf of:	Mid-Atlantic Off-Road Enth	nusiasts	(MORE)						
Eve	ent - 3/1/2023 - 3/1/2024											
CEI	RTIFICATE HOLDER				CANC	ELLATION						
<u>UL.</u>	CERTIFICATE HOLDER State of Maryland/DNR/Gunpowder Falls State Park					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	Little Gunpowder Falls State	Park			AUTHO	RIZED REPRESEN	NTATIVE /	7				
	P.O. Box 480			-1	. 4							

Kingsville



DATE (MM/DD/YYYY) 4/15/2024

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LIC #40558248 LIC #40558248 Player's Health Cover USA Inc. Player's Health Cover USA Inc. 718 Washington Ave North #402 Mineapolis MN 55401 INSURER B: Mid - Atlantic Off-Road Enthusiasts PO Box 2662 INSURER D: Fairfax VA 22031 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 POLICY EFF	th	this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).											
Player's Health Cover USA Inc. 178 Washington Ave North #402 Minneapolis Min - Atlantic Of-Froad Enthusiasis PO Box 2662 Minneapolis Mid - Atlantic Of-Froad Enthusiasis PO Box 2662 Musure 9:	PRO	DUCER		CONTACT NAME:									
Player's Health Cover USA Inc. 178 Washington Ave North #402 Minneapolis Min - Atlantic Of-Froad Enthusiasis PO Box 2662 Minneapolis Mid - Atlantic Of-Froad Enthusiasis PO Box 2662 Musure 9:	LIC	¢ #40558248				PHONE (A/C, No, Ext): 612-345-9683 FAX (A/C, No):							
Min - Atlantic Off-Road Enthusiasis PO Box 2662 Mid - Atlantic Off-Road Enthusiasis PO Box 2662 Misure 1: Moure 1: Mou	Player's Health Cover USA Inc.					I E-MAIL							
MSURER 8: Mid - Atlantic Off-Road Enthusiasts PO Box 2662 Fairfax COVERAGES CERTIFICATE NUMBER: 1088684 THIS ISTO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BOOM HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTIFICATE NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTIFICATED AND AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN ISSUED TO THE INSURED NAME PERIOD. TO HER DOCUMENT WITH RESPECT TO WHICH THIS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. COMMERCIAL GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY OCHIEF DOLICY NUMBER A CALL AGORGANIC BEEN ALL LIABILITY OVER-0000542-01 3/15/2024 3/15/2024 3/15/2025 DESCRIPTION OF OPERATIONS AND ALL OR A	718	3 Washington Ave North #402				INSURER(S) AFFORDING COVERAGE NAIC #							
Mid - Atlantic Off-Road Enthusiasts PO Box 2662 Fairfax VA 22031 NINURER E: NINURER E	Mir	Minneapolis MN 55401											
PO Box 2662 Fairfax VA 22031 NSURER 5: NSURER 6: NSURER 7: NSURER 6: NSURER 7: NSURER 6: NSURER 7: NSUR	INSU	INSURED					RB:						
PO Box 2662 Fairfax VA 2031 NSUBER 9: NSUBER 1: NSUBE		Mid - Atlantic Off-Road Enthu											
This is to certify that the Policies of Insurance Listed below have been issued to the Insurance control of American Survey and the Insurance Listed below have been some of the Insurance control of American Survey and the Insurance Listed below have been some of the Insurance in Country (Insurance Country) and the Insurance Country (Insurance Country) and Insurance Country (Insuran		PO Box 2662											
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED MADE ADVENTMENT OF 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 CONDITION OF OF SUCH POLICIES LIMITS SHOWN MAY PLAVE BEEN REPORTED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITION OF OF SUCH POLICIES LIMITS SHOWN MAY PLAVE BEEN REDUCED BY PAID CLAMBS. **RIGHT TYPE OF INSURANCE MADE AND CONDITION OF OF SUCH POLICIES LIMITS SHOWN MAY PLAVE BEEN REDUCED BY PAID CLAMBS. **ROBER TYPE OF INSURANCE MADE AND CONDITION OF OF SUCH POLICIES LIMITS SHOWN MAY PLAVE BEEN REDUCED BY PAID CLAMBS. **ROBER TYPE OF INSURANCE MADE AND CONDITION OF OF SUCH POLICIES LIMITS SHOWN MAY PLAVE BEEN REDUCED BY PAID CLAMBS. **COMMERCIAL GENERAL ALBELITY** **COMMERCIAL GENERAL GENERAL ALBELITY** **COMMERCIAL GENERAL													
THIS IS TO CERTIFY THAT THE POLICES OF RISHBORD BELOW HAVE BEEN ISSUED TO THE INSURED NUMBER: 1 THIS IS TO CERTIFY THAT THE POLICES OF RISHBORD BELOW HAVE BEEN ISSUED TO THE INSURED NUMBER AND 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 TO MAY PERFAIN. THE INSURED NAME AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. EXCUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. EXPLOYED THE PROPERTY OF THE		Fairfax			VA 22031								
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. **EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **COMMERCIAL GENERAL LIABILITY** **COMMERCIAL FOR THE POLICY STATES OF THE POLICY NUMBER** **POLICY IS FEET LICE OF THE POLICY STATES OF THE POLICY PERFORMANCE OF THE POLICY STATES	COVERAGES CERTIFICATE NUMBER: 109634								REVISION NU	MBER: 1			
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CAMES. READ SUBJECT COMMERCIAL GENERAL LABILITY AN OUT COMMERCIAL GENERAL LABILITY AN OUT COMMERCIAL GENERAL LABILITY COVE-0000542-01 COVE-00005	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOI INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THI								WHICH THIS				
THE CHANGAL GENERAL LIABILITY MADD W/O POLICY NUMBER MINDOPYTYY) MADD WITCH TO RETITE OF THE PRODUCT OF THE STATUTE S 1,000,000			POLI	CIES.	LIMITS SHOWN MAY HAVE		REDUCED BY F	PAID CLAIMS.			, ,	,	
CANCELLATION CAMMERCIAL GENERAL LIABILITY CALAIMS-MADE CALA	INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
A CERTIFICATE HOLDER CERTIFICATE HOLDER OVE-0000542-01 3/15/2024 3/15/2025 PREMISES If a occurrence) \$ 3,00,000 PRESONAL & ADVINUARY \$ 1,000,000 GENERAL AGGREGATE LIMIT APPLIES PER: S 1,000,000 PRATICIPANT LEGAL LIAB \$ 1,000,000 PRATICIPANT LEGAL LIAB LIAB \$ 1,000,000 PRATICIPANT LEGAL LIAB LIAB LIAB LIAB LIAB LIAB LIAB LI		COMMERCIAL GENERAL LIABILITY							EACH OCCURREN	ICE	\$ 1,0	00,000	
A GENL AGGREGATE LIMIT APPLIES PER: POLICY FEO. LOC OTHER: AUTOMOBILE LIABILITY BOOLLY NATURE AUTOSONLY AUTOS ONLY AUTOS		CLAIMS-MADE X OCCUR							DAMAGE TO RENT PREMISES (Ea occ	TED currence)	\$ 300	0,000	
A GENL AGGREGATE LIMIT APPLIES PER: COUNTIES COUNTIES COUNTIES COUNTIES									•		\$ 5,0	00	
PRODUCTS - COMPIOP AGG S 1,000.000 OTHER: AUTOMOBILE JUBILITY ANY AUTO OWNED OWNE	Α		Υ		OVE-0000542-01		3/15/2024	3/15/2025			\$ 1,0	00,000	
POLICY ROLL LOC OTHER: AUTOMORIE LIABILITY ANY AUTO OWNED AUTO OWNED SHIGLE LIMIT SEACHER SOUTH SEASON		GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$ 3.0	00,000	
OTHER: ANTOMOBILE LIABILITY ANY AUTO OWNED ANTOS ONLY HIRED ANTOS ONLY HIRED ANTOS ONLY AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY AUT		X POLICY PRO-							PRODUCTS - COM	IP/OP AGG	\$ 1,0	00,000	
AUTOMOBILE LIABILITY ANY AUTO ANY AUTO ANY AUTO AUTOS ONLY BEACH OCCURRENCE \$ AGGREGATE S AGGREG											_		
ANY AUTO OWNED AUTOS ONLY AUTOS O		· ·							COMBINED SINGL	E LIMIT	\$,	
AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY PROPERTY DAMAGE S UMBRELLA LIAB		ANY AUTO								er person)	\$		
AUTOS ONLY BEACH OCCURRENCE S AGGREGATE S AGGREGATE S WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANYPROPRIETOR/PARTIRE REXCUTIVE OFFICE AMEMIER REXCLUDED? (Mandatory in NH) If yes, describe under OFFICE AMEMIER REXCLUDED? (Mandatory in NH) If yes, describe under OFFICE AMEMIER REXCLUDED? (Mandatory in NH) If yes, describe under OFFICE AMEMIER REXCLUDED? (Mandatory in NH) If yes, describe under OFFICE AMEMIER REXCLUDED? (Mandatory in NH) If yes, describe under OFFICE AMEMIER REXCLUDED? (Mandatory in NH) If yes, describe under OFFICE AMEMIER REXCLUDED? (Mandatory in NH) If yes, describe under OFFICE AMEMIER REXCLUDED? (Mandatory in NH) If yes, describe under OFFICE AMEMIER REXCLUDED? (Mandatory in NH) If yes, describe under OFFICE AMEMIER REXCLUDED? (Mandatory in NH) If yes, describe under OFFICE AMEMIER REXCLUDED? (Mandatory in NH) If yes, describe under OFFICE AMEMIER REXCLUDED? (Mandatory in NH) If yes, describe under OFFICE AMEMIER REXCLUDED? (Mandatory in NH) If yes, describe under OFFICE AMEMIER REXCLUDED? (Mandatory in NH) If yes, describe under OFFICE AMEMIER REXCLUDED? (Mandatory in NH) If yes, describe under OFFICE AMEMIER REXCLUDED? (Mandatory in NH) If yes, describe under OFFICE AMEMIER REXCLUDED? (Mandatory in NH) If yes, describe under OFFICE AMEMIER REXCLUDED? (Mandatory in NH) If yes, describe under OFFICE AMEMIER REXCLUDED? If yes a control of the Addit									BODILY INJURY (P	er accident)	\$		
UMBRELLA LIAB OCCUR EXCESS LIAB OCCUR EXCESS LIAB OCCUR EXCESS LIAB OCCUR DED RETENTIONS WORKERS COMPENSATION AND PROPRIETOR PARTIENTS BEL EACH ACCIDENT S 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) Certificate Holder is named as an additional insured when required by written contract or agreement. General Liability policy contains Sexual Abuse & Molestation Limits of \$25,000 per occurrence/\$100,000 aggregate. Coverage for Participant Legal Liability requires that every participant signs a waiver/release. This certificate is issued on behalf of: Mid-Atlantic Off-Road Enthusiasts (MORE) CERTIFICATE HOLDER CANCELLATION The Carroll County Board of County Commissioners 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		HIRED NON-OWNED							PROPERTY DAMA	GE	\$		
EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANNPROPRIETOR/PARTHENE/RECUTIVE VIN AND EMPLOYERS' LIABILITY ANNPROPRIETOR/PARTHENE/RECUTIVE VIN I ly ex. describe under DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate Holder is named as an additional insured when required by written contract or agreement. General Liability policy contains Sexual Abuse & Molestation Limits of \$25,000 per occurrence/\$100,000 aggregate. Coverage for Participant Legal Liability requires that every participant signs a waiver/release. This certificate is issued on behalf of: Mid-Atlantic Off-Road Enthusiasts (MORE) CERTIFICATE HOLDER CANCELLATION CANCELLATION CANCELLATION The Carroll County Board of County Commissioners AUTHORIZED REPRESENTATIVE AGGREGATE S AGG		AUTOS ONET							(i ei accident)		\$		
EXCESS LIAB CLAMIS-MADE DED RETENTION \$ WORKERS COMPENSATION \$ WORKER COMPENSATI		UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$		
WORKERS COMPENSATION AND EMPLOYERS' LIBBILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate Holder is named as an additional insured when required by written contract or agreement. General Liability policy contains Sexual Abuse & Molestation Limits of \$25,000 per occurrence/\$100,000 aggregate. Coverage for Participant Legal Liability requires that every participant signs a waiver/release. This certificate is issued on behalf of: Mid-Atlantic Off-Road Enthusiasts (MORE) CERTIFICATE HOLDER 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		EXOCOCUAD											
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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	wa	iver/release. This certificate is issued on	beha	alf of:	Mid-Atlantic Off-Road Enth	nusiasts	s (MORE)						
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THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE	<u>UL</u>	WIII IONIE HOLDEN				CANC	, LLLA HON						
		The Carroll County Board of	Cour	nty Co	ommissioners	THE	EXPIRATION	I DATE THE	REOF, NOTICE				
		225 N Center St				AUTHO	RIZED REPRESEI	NTATIVE)				

Westminster

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DATE (MM/DD/YYYY) 4/15/2024

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tŀ	nis certificate does not confer rights t	o the	cert	ificate holder in lieu of si).	- quii o uii oiiuoi ooiiioii				
PRO	DUCER				CONTACT NAME:							
LIC	C #40558248				PHONE (A/C, No, Ext): 612-345-9683 FAX (A/C, No):							
Pla	yer's Health Cover USA Inc.				E-MAIL ADDRESS: certificates@playershealth.com							
718 Washington Ave North #402						INSURER(S) AFFORDING COVERAGE NAIC						
Mir	nneapolis	INSURE	RA: State Na	ational Insura	nce Company Inc		12831					
INSU	JRED				INSURE	RB:						
	Mid - Atlantic Off-Road Enthu	ısias	ts		INSURER C:							
	PO Box 2662				INSURE							
					INSURE							
	Fairfax			VA 22031	INSURE	RF:						
				NUMBER: 109635				REVISION NUMBER: 1				
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.										WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	s			
	COMMERCIAL GENERAL LIABILITY						,	EACH OCCURRENCE		00,000		
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300	0,000		
								MED EXP (Any one person)	\$ 5,0	00		
Α		Υ		OVE-0000542-01		3/15/2024	3/15/2025	PERSONAL & ADV INJURY	\$ 1,0	00,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,0	00,000		
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 1,0	00,000		
	OTHER:							PARTICIPANT LEGAL LIAB	\$ 1,0	00,000		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$			
	ANY AUTO							BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED AUTOS ONLY							, ,	\$			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
									\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION\$							DED OTH	\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER				
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$			
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE				
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
DEC	CRIPTION OF OREDATIONS (1 OCATIONS (1/F)	ES //	VCCD2	101 Additional Parratic Schools	la mente	attache dif m	onggo in mamilia	nd)				
Ce Mo	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate Holder is named as an additional insured when required by written contract or agreement. General Liability policy contains Sexual Abuse & Molestation Limits of \$25,000 per occurrence/\$100,000 aggregate. Coverage for Participant Legal Liability requires that every participant signs a waiver/release. This certificate is issued on behalf of: Mid-Atlantic Off-Road Enthusiasts (MORE)											
CE	RTIFICATE HOLDER				CANC	ELLATION						
	The Rosaryville Conservancy	/			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
	7805 West Marlton Ave					<u> </u>	· }					
	Upper Marlboro			MD 20772								

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DATE (MM/DD/YYYY) 4/15/2024

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tŀ	is certificate does not confer rights t	o the	certi	ificate holder in lieu of su).	·			
PRO	DUCER				CONTACT NAME:						
LIC	#40558248				PHONE (A/C, No, Ext): 612-345-9683 FAX (A/C, No):						
Pla	yer's Health Cover USA Inc.	E-MAIL ADDRESS: certificates@playershealth.com									
71	3 Washington Ave North #402				INSURER(S) AFFORDING COVERAGE NAIC						
Mir	nneapolis	INSURER A: State National Insurance Company Inc 12									
INSU	RED	INSURE	RB:								
	Mid - Atlantic Off-Road Enthu	INSURE	RC:								
	PO Box 2662				INSURER D:						
					INSURER E :						
	Fairfax			VA 22031	INSURE	RF:					
СО	VERAGES CER	TIFIC	CATE	NUMBER: 109636				REVISION NUMBER: 1			
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY REERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	QUIR PERT	EMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF ANY	Y CONTRACT THE POLICIES	OR OTHER I	DOCUMENT WITH RESPEC	OT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY					,	•	EACH OCCURRENCE	\$ 1,0	00,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300	0,000	
								MED EXP (Any one person)	\$ 5.0	00	
Α		Υ		OVE-0000542-01		3/15/2024	3/15/2025	PERSONAL & ADV INJURY	\$ 1,0	00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		00,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	· /	00,000	
	OTHER:							PARTICIPANT LEGAL LIAB		00,000	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$,	
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$		
	AUTOS ONLY AUTOS NON-OWNED NON-OWNED							PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
								AGGILGATE	\$		
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	Ψ		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	· ·		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
	DESCRIPTION OF OPERATIONS DEIOW							E.L. DISEASE - POLICY LIWIT	φ		
Ce Mc	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate Holder is named as an additional insured when required by written contract or agreement. General Liability policy contains Sexual Abuse & Molestation Limits of \$25,000 per occurrence/\$100,000 aggregate. Coverage for Participant Legal Liability requires that every participant signs a waiver/release. This certificate is issued on behalf of: Mid-Atlantic Off-Road Enthusiasts (MORE)										
CE	RTIFICATE HOLDER				CANO	ELLATION					
	Third Try LC				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
					AUTHO	RIZED REPRESEI	NTATIVE /	<u> </u>	-		
	1355 Beverly Rd, Suite 240							,)			
	McLean			VA 22101							



DATE (MM/DD/YYYY) 4/15/2024

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tŀ	nis certificate does not confer rights t	o the	cert	ificate holder in lieu of su).	•					
PRO	DUCER				CONTACT NAME:								
LIC #40558248						PHONE (A/C, No, Ext): 612-345-9683 FAX (A/C, No):							
Player's Health Cover USA Inc.						E-MAIL ADDRESS: certificates@playershealth.com							
71	8 Washington Ave North #402				INSURER(S) AFFORDING COVERAGE NAIC #								
Mir	nneapolis	INSURER A: State National Insurance Company Inc 128											
INSU	JRED				INSURE	RB:							
	Mid - Atlantic Off-Road Enthu	INSURE	RC:										
	PO Box 2662				INSURER D:								
					INSURER E:								
	Fairfax			VA 22031	INSURE	RF:							
СО	VERAGES CER	TIFIC	CATE	NUMBER: 109637				REVISION NUMBER: 1					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PER INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TEREXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.										WHICH THIS			
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s				
	COMMERCIAL GENERAL LIABILITY					,	•	EACH OCCURRENCE	\$ 1,0	00,000			
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300	0,000			
								MED EXP (Any one person)	\$ 5,0	00			
Α		Υ		OVE-0000542-01		3/15/2024	3/15/2025	PERSONAL & ADV INJURY	\$ 1,0	00,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,0	00,000			
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 1,0	00,000			
	OTHER:							PARTICIPANT LEGAL LIAB	\$ 1,0	00,000			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$				
	ANY AUTO							BODILY INJURY (Per person)	\$				
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$				
	AUTOS ONLY AUTOS NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$				
								,	\$				
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$				
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$				
	DED RETENTION \$								\$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER					
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A						E.L. EACH ACCIDENT	\$				
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	117.7						E.L. DISEASE - EA EMPLOYEE	\$				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$				
DES	│ CRIPTION OF OPERATIONS / LOCATIONS / VEHICI	ES (A	CORD	101, Additional Remarks Schedu	le, may be	attached if more	space is require	ed)					
Mo	rtificate Holder is named as an additional lestation Limits of \$25,000 per occurren iver/release. This certificate is issued on	ce/\$1	00,00	00 aggregate. Coverage fo	or Partic	ipant Legal L				se &			
CE	RTIFICATE HOLDER				CANC	ELLATION							
United State Department of the Interior Bureau of Land Management 10406 Gunston Rd						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
	Lorton			VA 22079	$1 \left(\frac{1}{2} \right) \left(\frac{1}{2} \right$								

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th	is certificate does not confer rights to	o the	cert	ificate holder in lieu of su			<u> </u>					
PRO	DUCER				CONTACT NAME:							
LIC	#40558248				PHONE (A/C, No, Ext): 612-345-9683 FAX (A/C, No):							
Pla	yer's Health Cover USA Inc.				E-MAIL ADDRESS: certificates@playershealth.com							
718	3 Washington Ave North #402				INSURER(S) AFFORDING COVERAGE							
Mir	neapolis	INSURER A: State National Insurance Company Inc 128										
INSU	RED	INSURER B:										
	Mid - Atlantic Off-Road Enthu	INSURER C:										
	PO Box 2662				INSURER D:							
					INSURER E:							
	Fairfax			VA 22031	INSURER F:							
CO	VERAGES CER	TIFIC	CATE	NUMBER: 109638				REVISION NUMBER: 1				
IN C E	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY FACLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLIC	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIES REDUCED BY F	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPE	CT TO	WHICH THIS		
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,0	00,000		
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300	0,000		
								MED EXP (Any one person)	\$ 5,0	00		
Α		Υ		OVE-0000542-01		3/15/2024	3/15/2025	PERSONAL & ADV INJURY	\$ 1,0	00,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,0	00,000		
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIAB	\$ 1,0	00,000		
	OTHER:								, -	00,000		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$			
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)	\$			
	AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$			
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$			
									\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	\$			
	AND EMPLOYERS' LIABILITY Y/N											
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$			
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE				
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
Ce Mo	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate Holder is named as an additional insured when required by written contract or agreement. General Liability policy contains Sexual Abuse & Molestation Limits of \$25,000 per occurrence/\$100,000 aggregate. Coverage for Participant Legal Liability requires that every participant signs a waiver/release. This certificate is issued on behalf of: Mid-Atlantic Off-Road Enthusiasts (MORE)											
CF	RTIFICATE HOLDER				СДИС	ELLATION						
	United States of America Nat	Park	s Service	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								
	Hagerstown			MD 21740								

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