



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/10/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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

COVERAGES      CERTIFICATE NUMBER: USP289112      REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		SRPGAPML-101-0718	03/01/2019 12:01 AM	03/01/2020 12:01 AM	GENERAL AGGREGATE	\$3,000,000.00
							PRODUCTS - COMP/OP AGG	\$3,000,000.00
							PERSONAL & ADV INJURY	\$1,000,000.00
							EACH OCCURRENCE	\$1,000,000.00
							FIRE DAMAGE (Any one fire)	\$300,000.00
							MED EXP (Any one person)	\$5,000.00
							GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTO <input checked="" type="checkbox"/> NON-OWNED AUTOS	X		SRPGAPML-101-0718	03/01/2019 12:01 AM	03/01/2020 12:01 AM	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000.00
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
A	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	X		USX103900	03/01/2019 12:01 AM	03/01/2020 12:01 AM	EACH OCCURRENCE	\$1,000,000.00
							AGGREGATE	\$1,000,000.00
							EACH OCCURRENCE	\$0.00
							GENERAL AGGREGATE	\$0.00
A	Liquor Liability	X		SRPGAPML-101-0718/ USL306128	03/01/2019 12:01 AM	03/01/2020 12:01 AM	EACH OCCURENCE	\$1,000,000.00
							GENERAL AGGREGATE	\$2,000,000.00

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

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

## CERTIFICATE HOLDER

Mid-Atlantic Off-Road Enthusiasts  
PO BOX 2662  
FAIRFAX, VA 22031

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

R-T Specialty, LLC



# ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)  
4/10/2019

AGENCY RT Specialty - Chicago, IL		CARRIER United States Fire Insurance Company		NAIC CODE 21113
POLICY NUMBER SRPGAPML-101-0718/USP289112		EFFECTIVE DATE 03/01/2019 12:01 AM	NAMED INSURED(S) Mid-Atlantic Off-Road Enthusiasts	

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

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

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

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

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

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



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POLICY NUMBER SRPGAPML-101-0718/USP289112		EFFECTIVE DATE 03/01/2019 12:01 AM	NAMED INSURED(S) Mid-Atlantic Off-Road Enthusiasts	

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

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

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

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

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

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



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POLICY NUMBER SRPGAPML-101-0718/USP289112		EFFECTIVE DATE 03/01/2019 12:01 AM	NAMED INSURED(S) Mid-Atlantic Off-Road Enthusiasts	

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

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

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

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

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

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

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



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

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

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

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

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

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

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



# ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)  
4/10/2019

AGENCY RT Specialty - Chicago, IL		CARRIER United States Fire Insurance Company		NAIC CODE 21113
POLICY NUMBER SRPGAPML-101-0718/USP289112		EFFECTIVE DATE 03/01/2019 12:01 AM	NAMED INSURED(S) Mid-Atlantic Off-Road Enthusiasts	

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

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

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

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		Potomac Electric Power Company Attn: Manger, Real Estate and Right-of-Way 701 9th St., NW Washington, DC 20068		REFERENCE / LOAN #:	INTEREST END DATE:	LIEN AMOUNT:	PHONE (A/C, No, Ex):	FAX (A/C, No):	LOCATION:
REASON FOR INTEREST:		E-MAIL ADDRESS:		VEHICLE:		BOAT:		AIRPORT:	
		ITEM CLASS:		ITEM:		ITEM DESCRIPTION			

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

INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		Anne Arundel County Recreation and Parks 1 Harry S Truman Parkway Annapolis, MD 21401		REFERENCE / LOAN #:	INTEREST END DATE:	LIEN AMOUNT:	PHONE (A/C, No, Ex):	FAX (A/C, No):	LOCATION:
REASON FOR INTEREST:		E-MAIL ADDRESS:		VEHICLE:		BOAT:		AIRPORT:	
		ITEM CLASS:		ITEM:		ITEM DESCRIPTION			

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