PRINT DATE: 2/23/2021 CERTIFICATE OF INSURANCE **CERTIFICATE NUMBER:** 20210223825722 AGENCY: THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES Edgewood Partners Insurance Center 2727 Paces Ferry Road, Building Two, Suite 1500 NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES Atlanta, GA 30339 BELOW. 678-324-3300 (Phone), 678-324-3303 (Fax) NAMED INSURED: INSURERS AFFORDING COVERAGE: USA Track & Field, Inc. Knoxville Youth Athletics INSURER A: Philadelphia Indemnity Ins. Co. NAIC #: 18058 130 East Washington Street, Suite 800 Knoxville TN

Indianapolis IN 46204 **EVENT INFORMATION:**

USATF Registered Club Practices (2/23/2021 - 10/31/2021)

POLICY/COVERAGE INFORMATION:

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

A GENERAL LIABILITY PHPK2197728 11/1/2020 11/1/2021 GENERAL ACCREGATE (A. II. R. E. II.)	\$3,000,000 \$1,000,000		
DUDK2107729 11/4/2020 11/1/2021			
X Occurrence 17/7/2020 17/7/2021 12:01 AM GENERAL AGGREGATE (Applies Per Event)	\$1,000,000		
X Participant Legal Liability EACH OCCURRENCE	Ψ1,000,000		
DAMAGE TO RENTED PREMISES (Each Occ.)	\$1,000,000		
MEDICAL EXPENSE (Any one person)	EXCLUDED		
PERSONAL & ADV INJURY	\$1,000,000		
PRODUCTS-COMP/OP AGG	\$3,000,000		
A UMBRELLA/EXCESS LIABILITY			
X Occurrence PHUB743472 11/1/2020 11/1/2021 EACH OCCURRENCE	\$10,000,000		
AGGREGATE	\$10,000,000		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:

Coverage applies to USA Track & Field sanctioned events and registered practices, including any directly related activities, such as event set-up and tear-down, participant check-in and award ceremonies.

The certificate holder is an additional insured per the following endorsement: Additional Insured - Certificate Holders (Form PI-AM-002)

The General Liability policy is primary and non-contributory with respect to the negligence of the Named Insureds (Form CG 00 01)

The General Liability policy contains a blanket Waiver of Subrogation as required by contract per Waiver of Transfer of Rights of Recovery Against Others (Form CG 24 04).

Excess policy follows form of underlying General Liability.

CERTIFICATE HOLDER:	NOTICE OF CANCELLATION:
City of Knoxville PO Box 1631 Knoxville TN 37901	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:
	ZM