				Client	t#: 18607				WORLDEND					
ACORD _™ CERT				CERT	IFICATE OF LIAB				LITY INSURANCE				DATE (MM/DD/YYYY) 7/18/2018	
CI BI RI	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.													
lf	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 any rights to the certificate holder in lieu of such endorsement(s).													
PRO							F							
		ard Insuranc Starcrest Dr.	е				_	PHONE (A/C, No, Ext): 727 447-6481 E-MAIL						
Clearwater, FL 33765									E-MAIL ADDRESS: clcerts@bouchardinsurance.com					
727 447-6481									INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Philadelphia Indemnity Ins Co 18058					
INSURED									INSURER B : Continental Casualty Company					
Competitor Group, Inc.								INSURE						
3407 W Dr MLK Jr Blvd, Suite 100								INSURER D :						
Tampa, FL 33607									INSURER E :					
									INSURER F :					
COVERAGES CERTIFICATE NUMBER:									REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUB EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.											CUMENT WITH RESPECT HEREIN IS SUBJECT TO	TO WH	CH THIS	
INSR LTR		TYPE OF	INSURA	NCE	ADDL INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	Х	COMMERCIAL GE	INERAL		Y	Y	PHPK1798847		04/01/2018	12/31/2019	EACH OCCURRENCE	\$1,00	0,000	
		CLAIMS-MAI	DE)	OCCUR						-	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,00	· ·	
										-	MED EXP (Any one person)	\$5,00		
										-	PERSONAL & ADV INJURY	\$1,00	· ·	
	GEN	VL AGGREGATE LI	RO-							-	GENERAL AGGREGATE	\$3,00	· ·	
A	POLICY X JECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS X HIRED AUTOS ONLY X AUTOS ONLY AUTOS ONLY			Y	Y	PHPK1798847		04/01/2018	12/31/2019	PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$3,00 \$ \$1,000 \$ \$ \$ \$ \$ \$			
Α	Х	UMBRELLA LIAB	x	OCCUR			PHUB623423		04/01/2018	12/31/2019	EACH OCCURRENCE	\$20.0	00,000	
	~	EXCESS LIAB	~	CLAIMS-MADE						/0 //_0 //0	AGGREGATE		0,000	
		DED X RET	ENTION	\$10000	1							\$		
В		RKERS COMPENS	ATION			Υ	6018545149		08/31/2017	08/31/2018	X PER OTH- STATUTE ER			
	ANY	PROPRIETOR/PAP	RTNER/	EXECUTIVE N	N/A						E.L. EACH ACCIDENT	\$1,00),000	
	(Mar	ndatory in NH) s, describe under	JEJULL	IN						F	E.L. DISEASE - EA EMPLOYEE	\$1,00	0,000	
	DÉS	DÉSCRIPTION OF OPERATIONS below									E.L. DISEASE - POLICY LIMIT	\$ 1,00	0,000	
Α	Leased/Rented Equipment						PHPK1798847		04/01/2018	12/31/2019	\$1,750,000 Deductible: \$2,500			
RE: (Se	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: Rock n Roll Virginia Beach on September 1 & 2, 2018 (See Attached Descriptions)													
CERTIFICATE HOLDER									CANCELLATION					
City of Virginia Beach 1000 19th Street Virginia Beach, VA 23451-5674									SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
		virginia	i Bea	on, VA 2345	01-36	14	ł	AUTHORIZED REPRESENTATIVE						

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DESCRIPTIONS (Continued from Page 1)

** Workers Comp Information **
Other States Coverage - Policy# 6018545149
Blanket Waiver of Subrogation except for states of KY, NH, NJ, WI.
California Workers Comp B 6018545152 Effective Date: 08/31/2017 Expiration Date: 08/31/2018
WC Each Accident Limit: \$1,000,000
WC Policy Limit: \$1,000,000
WC Each Employee Limit: \$1,000,000

Certificate holder is additional insured as respects General Liability and Auto Liability only if required by written contract, and subject to the terms, conditions and limits as specified in the policy.

Waiver of subrogation applies in favor of certificate holder as respects General Liability, Auto Liability and Workers Compensation only if required by written contract, and subject to the terms, conditions and limits as specified in the policy.

Coverage is primary as respects to General Liability and non-contributory as subject to the terms, conditions and exclusions of your policy.