POLICY NUMBER: RHS6076498 24 COMMERCIAL GENERAL LIABILITY Named Insured: Two Rivers Agility Club of Sacramento (TRACS)
Policy Effective: 7/1/2025 Policy Expiration Date: 7/1/2026

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE** 

Name Of Additional Insured Person(s) Or Organization(s): #6 - \$50

Los Rios Community College District Cosumnes River College 1919 Spanos Court Sacramento, CA 95825

A. Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage' or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- 1. In the performance of your ongoing operations; or
- 2. In connection with your premises owned by or rented to you.

## However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III - Limits Of Insurance:** 

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- 2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

<sup>\*\*</sup>USING CLUB DESIGNATED AREAS THROUGHOUT THE POLICY PERIOD FOR ORGANIZED DOG CLUB ACTIVITIES.

**JJARVIS** 

ACORD

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 5/28/2025

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).

1	his certificate does not confer rights t	to the	e cerí	ificate holder in lieu of s	uch en	dorsement(s	j.				
PRODUCER						CONTACT NAME:					
Sportsmen's Insurance Agency					PHONE (DOO) DO 4 TOOT FAX						
PO Box #799 Cape Vincent, NY 13618-0799						(A/C, No, Ext): (929) 294-1291 (A/C, No):  EMAIN : Info@sportsmensinsurance.com					
Oape sincert, 141 13010*0133											
						INSURER(S) AFFORDING COVERAGE				NAIC#	
MOURES						INSURER A: Hanover Insurance Company				22292	
Two Rivers Agility Club of Sacramento (TRACS) PO Box 855						INSURER B:					
						RC:					
PU BOX 855 Diamond Springs, CA 95619					INSURER D:						
miditalia apriliga; ari baata					INSURER E:						
						INSURER F:					
*********			NUMBER:		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.											
NSR	TYPE OF INSURANCE ADDL SUBR INSD WVD POLI			POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY)			LIMITS			
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	CLAIMS-MADE X OCCUR	X		RHS6076498 24		7/1/2025	7/1/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
						***************************************	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			5,000	
							i i	MED EXP (Any one person)	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:	1					=	PERSONAL & ADV INJURY	\$	4,000,000	
	X POLICY PROT LOC							GENERAL AGGREGATE	\$	4,000,000	
								PRODUCTS - COMP/OP AGG	\$	7,000,000	
	AUTOMOBILE LIABILITY	<u> </u>	-			A		COMBINED SINGLE LIMIT	\$		
	ANY AUTO							(Ea accident)	\$		
	OWNED SCHEDULED							BODILY INJURY (Per person)	\$		
	[	ĺ					1	BODILY INJURY (Per accident)	\$	-	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY				ę		-	PROPERTY DAMAGE (Per accident)	\$		
	<del>                                     </del>	<del> </del>							\$		
	UMBRELLA UAB OCCUR EXCESS LIAB CLAIMS-MADE						ŀ	EACH OCCURRENCE	\$	***************************************	
		ļ					l l	AGGREGATE	\$		
	DED RETENTION\$	<u> </u>	ļ					arn lem	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						1	PER OTH-			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A			7		1	E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)						1	E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
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DESI	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI	LES (/	ACORD	101, Additional Remarks Schedu	le, may b	e attached If mor	e space is require	od)			
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~ pm :	The transfer of the transfer o	ANN THE RESIDENCE OF THE PERSON OF THE PERSO									
CERTIFICATE HOLDER						CANCELLATION					
Los Rios Community College District Consumnes River College 1919 Spanos Court						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Sacramento, CA 95825					AUTHORIZED REPRESENTATIVE  May L My						

ACORD 25 (2016/03)

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