

ACORD™	CERTIFICATE OF LIABILITY INSURANCE	DATE (MM/DD/YYYY) 3/14/12														
<p>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.</p> <p>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).</p>																
PRODUCER K & K Insurance Group, Inc. P.O. Box 2338 Fort Wayne, In 46801	CONTACT NAME: David Hart PHONE: 800-637-4757 (A/C, No. Ext): E-MAIL: ADDRESS: PRODUCER CUSTOMER ID #:															
INSURED SAND & SAGE SPORTS CAR CLUB P.O. BOX 5135 BENTON CITY, WA 99320	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: NATIONAL CASUALTY COMPANY</td> <td>11991</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: NATIONAL CASUALTY COMPANY	11991	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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COVERAGES **CERTIFICATE NUMBER:** 1638387 **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	GENERAL LIABILITY			KE00002199300	12:01AM 1/01/12	12:01AM 1/01/13	EACH OCCURRENCE \$ 1000000		
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300000		
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ NONE		
	<input type="checkbox"/> Owners & Contractors						PERSONAL & ADV INJURY \$ 1000000		
	<input checked="" type="checkbox"/> \$100,000 E&O						GENERAL AGGREGATE \$ NONE		
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS-COMP/OP AGG \$ 1000000		
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						Part Lgl Liab \$ 1000000		
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea Accident) \$		
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$		
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$		
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$		
	<input type="checkbox"/> HIRED AUTOS								
	<input type="checkbox"/> NON-OWNED AUTOS								
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$		
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$		
	DEDUCTIBLE						\$		
	RETENTION \$						\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> W/C STAT-UTORY LIMITS E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT </td> <td style="width:50%;"> OTHER </td> </tr> </table>	W/C STAT-UTORY LIMITS E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	OTHER
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	ANY PROPRIETORSHIP/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below								

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

EVENT DATE: 5/5-6/12 SEE ATTACHED ADDENDUM
 EVENT TYPE: AUTOCROSS
 LOCATION: BOWERS FIELD AIRPORT, ELLENSBURG, WA

CERTIFICATE HOLDER JODEE PENNER SAND & SAGE SPORTS CAR CLUB P.O. BOX 5135 BENTON CITY, WA 99320	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:
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AGENCY CUSTOMER ID: _____

LOC # _____

CERTIFICATE: 1638387 DATE ISSUED: 3/14/12

ACORDTM**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY K & K INSURANCE GROUP, INC.		NAMED INSURED SAND & SAGE SPORTS CAR CLUB P.O. BOX 5135 BENTON CITY, WA 99320	
POLICY NUMBER GL KEO0002199300			
CARRIER SEE ACORD 25	NAIC CODE	EFFECTIVE DATE: SEE ACORD 25	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

ADDITIONAL INSURED: PER POLICY

- A. ANY PERSON OR ORGANIZATION ENGAGED IN OPERATING, MANAGING SANCTIONING, OR SPONSORING THE "COVERED PROGRAM" OR PROVIDING THE PREMISES FOR A "COVERED PROGRAM" INCLUDING OFFICIALS OF THE "COVERED PROGRAM"
- B. ANY PARTICIPANT (EXCLUDING DRIVERS) "COMPETITION VEHICLE" OWNER AND "COMPETITION VEHICLE" SPONSOR AND OFFICIALS OF THE "COVERED PROGRAM"
- C. ANY "PARTICIPANT" DRIVER, BUT ONLY WITH RESPECT TO "BODILY INJURY" OR "PROPERTY DAMAGE" TO PERSONS OTHER THAN ANY OTHER DRIVER.
- D. KITTITAS COUNTY C/O DEANNA JO PANATTONE, TREASURER, BUT ONLY WITH RESPECTS TO THE OPERATIONS OF THE NAMED INSURED.