



**Special Event Permit**

**2022-12**

All fees have been paid in full as required by this permit. This special event permit shall expire and be null and void at the conclusion of the event, if any conditions herein are breached, or if the permit is transferred to any other person, corporation, organization, or entity.

**Event Information**

Event Name: **Cache Valley Century Ride**  
 Event Type: Cycling tour  
 Event Date(s): August 27, 2022

Promoting Entity: Common Ground Outdoor Adventures  
 Applicant: Sammie Macfarlane  
 Phone: 435-512-0966  
 Email: sammie@cgadventures.org

 8/22/22  
 Approved by: Land Use Authority Date

**Conditions of Approval**

1. All participants and volunteers shall comply with County Ordinance §8.40 governing special events.
2. Event organizers must comply with the information as submitted in the Special Event application.
3. Public safety will be handled by the event organizer as outlined in the application for the portions of the ride located in unincorporated County. Applicant must coordinate with Utah Highway Patrol or other jurisdictions for traffic control on portions of the relay race that occurs on state roads.
4. Event organizers, support vehicles, and riders must yield to and allow access for emergency vehicles as necessary.
5. Riders must adhere to all traffic laws and ride with a maximum of two riders abreast at any time.
6. The event is scheduled during an active fire season. If a wildfire occurs during the event, the event may be subject to road closures and evacuations.
7. Applicant must coordinate with individual jurisdictions where the event crosses from unincorporated County into an incorporated municipality.



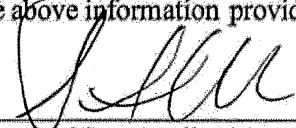
SEP 2022-12: Cache Valley Century Ride – Cycling Tour, pg. 2

**Agreement of Acceptance**

As the applicant for the special event described above, I hereby agree to comply with all Federal, State, and County laws, ordinances, and regulations before, during and after the event. I further agree to indemnify and save harmless Cache County, its officers, agents, and employees from and against any and all claims resulting from the use of the premises by the Applicant, the Applicant’s invitees, licensees, agents and employees. I agree to permit law enforcement personnel the free and unrestricted access to and upon the premises at all times during the event for all lawful and proper purposes not inconsistent with the intent of the permit.

I understand and agree that this permit may be revoked upon breach of any of the conditions herein or at the discretion of the authorized officer. I understand that this permit is not transferable and agree not to transfer my permit to any person, corporation, organization or other entity.

In Accordance with Title 8 Section 8.40 of the Cache County Ordinance, I hereby submit and certify that the above information provided is accurate and complete to the best of my knowledge.

  
Accepted by: Applicant

8/22/22  
Date



**Cache County**  
1857

**Development Services Department**

Building | GIS | Planning & Zoning

2022-12

**Application: Special Event Permit**

Date Received:	By:	Receipt #:	Check #:	Amount:
1/19/22	*	17238	9239	\$75.00

**Event Information**

Event: Cache Valley Century Ride Type: Cycling Tour

Dates with starting/ending times: 8/27/22 8AM-5PM

**Agent/Contact Information**

Agent/Contact: Sammie Macfarlane Email: Sammie@cgadventures.org

Phone: 435 512-0966 Mailing Address: 335 N. 100 E. Logan, UT 84321

Name of Promoting Entity: Common Ground Outdoor Adventures

**Acknowledgment**

In accordance with Title 8 Section 8.40 of the Cache County Ordinance, I hereby submit and certify that the information contained in this application is accurate and complete to the best of my knowledge.

Applicant: Sammie Macfarlane Date: 6/21/22

**Application Deadline:** Completed application forms must be submitted to the Cache County Development Services Office forty-five (45) calendar days before an event is scheduled to take place. This allows sufficient time for evaluation of the application. Late applications shall be denied unless the applicant demonstrates that compliance with the 45 day deadline was impractical or impossible due to the nature of the event. A special event permit application may be approved and a permit issued to the applicant by the Director upon approval by all the agencies specified in Section 8.40.40.

**Authority:** Cache County has no authority to approve permits for events other than in the unincorporated area of Cache County. Permits issued by Cache County apply only to the unincorporated area of the county, and if an event crosses into a municipality within Cache County or across the county line, applicants should determine if a permit is necessary in the other jurisdiction.

**Right to Deny:** Cache County reserves the right to deny permit applications for proposed special events which may pose, or have posed a significant danger or threat to the public health, welfare or safety, or which may result in unreasonable inconvenience or cost to the public. In the event the application is denied, the applicant may appeal to the Cache County Executive.



CACHE VALLEY CENTURY  
COMMON GROUND OUTDOOR ADVENTURES

**Saturday, August 27, 2022**

The Cache Valley Century is a non-competitive bicycle tour of Cache Valley with 35, 60, and 100 mile options. 2022 will be the 24th year this event has been held. The event is hosted by Common Ground Outdoor Adventures and the Cache Valley Veloists Bicycle Touring Club. All of the funds raised by the Cache Valley Century Ride support Common Ground Outdoor Adventures (CGOA) adaptive cycling program. CGOA is a Cache Valley non-profit organization that has been providing adaptive outdoor recreational opportunities for youths and adults with disabilities since 1993.

In 2019, 640 people participated in the event. Seventy one percent of participants attend the event from outside of Cache County. The majority of the participants ride the full 100 miles, while around 20% ride the 60 mile, and 10% ride 35 miles.

**Contact Information:**

Cache Valley Veloists Bicycle Touring Club  
Bob Jardine, President  
435-757-2889  
P.O. Box 3552  
Logan, UT 84323-3552  
[www.cvveloists.org](http://www.cvveloists.org)  
[CacheValleyCentury.com](http://CacheValleyCentury.com)

Common Ground Outdoor Adventures  
Sammie Macfarlane, Executive Director  
435-512-0966  
335 N. 100 E.  
Logan, Utah 84321  
[www.cgadventures.org](http://www.cgadventures.org)  
[sammie@cgadventures.org](mailto:sammie@cgadventures.org)

**Location and Route:**

This year's route is the same as that of 2019 where the route was changed so it would not enter the town of Trenton. The ride starts and finishes in Richmond, Utah at the park. All riders head north to Franklin and then into Preston. After Clarkston the 100 mile route continues south to Mendon where there is a rest stop and a lunch option. The route then make a loop to Wellsville and back and heads north to the Benson marina where it joins back up with the 60 mile route and the head thru Amalga to finish in Richmond. The route crosses SR 30 to go to Mendon and then return. At this point in the ride there are fewer riders as these are the 100 mile riders. This area is heavily signed and riders are told to obey traffic laws. Law enforcement has not been needed here and we are not requesting it again this year. See the attached maps for more specific details on the route.

The route will be marked using chalk paint and small signs stuck in the ground with metal bases. The chalk paint will be in three colors, with a different color for each route. We will also put signs in places where the route is not as obvious. There will also be signs to remind the riders to obey traffic laws and ride no more than two abreast.

Packet pick up will be held contactless this year with all materials being sent to riders digitally. Extra posters will be printed reminding riders to ride respectfully, following all traffic laws and respecting local communities.

Open Start: The Common Ground Adaptive Cycling Team will be starting at 7:45am from the starting line at the park in Richmond and the open start begins shortly after at 8:00. Riders can start riding when they want between 8:00 and 9:00 am. This eliminates the congestion that a mass start would cause.

**Number of Riders:**

In 2019 640 riders participated. We will limit registration to 1,000 riders. We anticipate similar if not lower numbers.

**Staff/Volunteers:**

Each rest stop will have at least 2 volunteers. There will be approximately 10 support vehicles spread across the route. There will be 5 volunteers to do registration on Saturday morning and 3 or 4 to help with parking control. This adds up to around 35 staff/volunteers during the day of the ride.

There are no spectators for this event.

The ham radio group will also provide SAG for the event and Road Respect volunteers will be both riding the course and driving it with radios reminding riders to obey traffic laws. All volunteers have cell phones and many have medical first response training.

**Rest Stops:**

All rest stops are at city parks. We have obtained permission from the cities to use the parks and will pay the fees, if any, that they have asked for. All of the parks have drinking water and rest rooms and additional port-o-potties are placed where needed. Sports drinks, whole fruit and other individually packaged snacks are provided at each stop. All of the parks have trash bins and we supply the stops with trash bags. The volunteers at the stops are responsible for cleaning up after the ride and hauling off any trash that will not fit in the bins. All Parks are reserved from 6am – 3pm.

Richmond: We have reserved the entire park in Richmond. Registration will be under the pavilion at the park and the ride starts on 1<sup>st</sup> South in front of the Park. The park has rest rooms and drinking water and additional port-o-potties will be on site. Lunch is provided at the park after the ride and will be catered by Cafe Sabor.

Franklin: This stop is mainly for the slower riders doing the short route. Very few riders stop at this stop. The stop is at the Franklin Relic Park on the corner of 100 East and Main in Franklin. There is drinking water and a portable toilet available at the park. We also supply cookies at this stop.

Preston: This stop is at the park at 1<sup>st</sup> West and 2<sup>nd</sup> North in Preston. We have the Lions shelter reserved. There is drinking water and rest rooms available at the park. We also supply fruit bars and various sweet breads from Great Harvest, Grist Mill, and Crumb Brothers.

Clarkston: This stop is at the Clarkston city park at 50 South Main Street. There are restrooms and drinking water available at the park. Due to the number of riders that show up at the same time we will have 3 additional portable toilets at this stop. This stop is also stocked with raisins and nuts as well as the standard rest stop supplies.

Cornish: This stop is at the Cornish city park on highway 23 just south of highway 61. There are restrooms and drinking water available at the park. Due to the number of riders that show up at the

same time we will have 3 additional portable toilets at this stop. This stop is also stocked with raisins and nuts as well as the standard rest stop supplies.

Mendon: This stop is at the Mendon Station at Center and Main in Mendon. There is drinking water and rest rooms available at the Mendon Station. We will have 3 additional portable toilets so the riders do not have to enter the building. The riders have the option of lunch at this stop. The lunch will be catered by Cafe Sabor.

Amalga: This stop is at Sugar Park at 6550 N 2400 W in Amalga. There is drinking water and restrooms available at the park. By the time the riders get to this stop they are spread out enough that the parks restrooms are adequate without additional portable toilets.

**Insurance:**

Common Ground Outdoor Adventures is insured through Move United. This insurance extends to the Cache Valley Century and provides the required coverage. See the attached certificates of insurance that names Cache County and all applicable cities as additionally insured.

**Support:**

There will be a lead vehicle that starts driving the route before the ride starts. This person will make sure the route is marked and nothing has changed to cause problems for the riders as well as making sure the rest stops are set up and ready to go before the riders get there.

There will be a support vehicle assigned to each section of the route between rest stops. The vehicle will drive between the stops and assist any riders that need assistance. After the ride has passed thru their section the support vehicles are responsible for sweeping their section of the route to make sure all riders have passed thru and to pick up any signs or other items we may have left on the route. They will then let the rest stop people know they can leave. The support vehicles are scheduled to arrive before the riders get to their section so they can help with the last half of the prior section. This way there will be two support vehicles on each section.

All rest stops and support vehicles will have a first aid kit, bicycle pump, and spare tubes as well as cell phones to call for help if needed. All rest stops will be stocked with napkins, papers towels, toilet paper, hand sanitizer, trash bags, etc. There will be bicycle mechanics provided by the local bike shops at most of the rest stops. There will also be volunteer EMTs at several of the rest stops.

There will be a contact list of all stops and support vehicles listing the contact person and their phone number. The main contact person who is in charge of the ride will also be listed. All support vehicles and rest stops will receive a copy of the contact list. We will also provide a copy of the contact list to whoever else might need it.

**Parking:**

White Pine middle school in Richmond has given us permission to use their parking lot. Participants can also park along the streets of Richmond. If there are no functions at the church near the park they usually let us use their parking lot but we will not know until a few days before the ride. We will have people in the area while participants arrive to keep them from parking in front of businesses and the post office and to keep them from blocking driveway or roadways.

**Schedule:**

Registration starts in Richmond at 7:00 am. The ride starts between 8:00 and 9:00. Most riders will

start by 8:30.

The rest stops are open:

Franklin 8:15 to 9:15 Most riders will be past this point by 8:30  
Preston 8:30 to 10:30 Most riders will be past this point by 9:30  
Clarkston 9:30 to 12:00 Most riders will be past this point by 10:30  
Cornish 9:30 to 12:30 Most riders will be past this point by 10:30  
Newton 10:00 to 2:00 Most riders will be past this point by 11:30  
Mendon 11:00 to 3:30 Most riders will be past this point by 1:00  
Amalga 10:30 to 4:45 Most riders will be past this point by 2:00

**Prices charged:**

\$50 1/1/22 – 4/30/22  
\$60 5/1/22 – 8/9/22  
\$65 8/10/22 – 8/25/22

Participants can register by mailing in a registration form, online at [active.com](http://active.com), or in person the day of the ride. No matter how they register all participants must sign the waiver and release of liability and also initial the section agreeing to obey all traffic laws including stopping at stop signs and riding no more than two abreast. See enclosed registration form.



CACHE VALLEY CENTURY  
COMMON GROUND OUTDOOR ADVENTURES

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Ride Option (circle one): Century      Metric      35 miles

Lunch Option (circle one only if riding Century Route) Mile 70 (Mendon) or End (Richmond Park)

Extra lunches are available for friends and family (End of ride only) \_\_\_\_ # needed (\$15 each)

Registration schedule pricing

- \$55 1/1/22- 4/30/22
- \$60 5/1/22 – 8/14/22
- \$65 8/15/22 – 8/27/22



Registration \$ \_\_\_\_\_

Extra Lunches \_\_\_\_ # x \$15 \$ \_\_\_\_\_

Additional tax-deductible donation \$ \_\_\_\_\_

Support cycling for youths and adults with disabilities.

**TOTAL** \$ \_\_\_\_\_

\*\*\*Please complete included liability waiver and send with registration.\*\*\*

(We can only accept original copies signed in blue or black ink. No photo or scanned copies)

Make checks payable to and mail to:

Common Ground  
335 N. 100 E.  
Logan, Utah 84321

Proceeds provide adaptive cycling for youths and adults with disabilities in Northern Utah

[www.cachevalleycentury.com](http://www.cachevalleycentury.com)



# Move United Waiver & Release of Liability Agreement

Move United, and its affiliated Chapters (“Released Parties”) are non-commercial, not for profit activity providers. The purpose of this Move United Waiver & Release of Liability Agreement is to exempt, waive, and relieve Released Parties from any and all liability for any harm, wrongful death, personal injury, property damage, claim or cause of action, including, but not limited to liability arising from the negligence of Released Parties. “Released Parties” include Move United, Common Ground Outdoor Adventures, and their affiliates, successors, predecessors, parents, subsidiaries, owners, representatives, administrators, directors, officers, agents, coaches, employees, contractors, assigns, and volunteers; other participants, sponsoring agencies, sponsors, and advertisers; and, if applicable, the owners, operators, and lessors of premises on which the activities or events take place.

**In consideration of the undersigned Participant being allowed to participate in any way in Move United and/or Common Ground Outdoor Adventures related events and activities, the Undersigned (“Undersigned” means the Participant or the Participant’s parent, legal guardian, or legal representative when the Participant is under the age of 18 or legally incapacitated) agrees and acknowledges as follows:**

**1. Risks of Activity.** Participant will be taking part in activities that can be hazardous and involve the risk of physical injury and/or death. The activities are inherently dangerous and Undersigned fully realizes the dangers of participating in the activities. The dangers and risks of the activities include, but are not limited to the condition of the premises and equipment, and the acts, omissions, representations, carelessness, and negligence of the Released Parties. Recognizing the risks and dangers, the Undersigned voluntarily chooses for Participant to participate in the activities and expressly assumes all risks and dangers of the participation in the activity, whether or not described above, known or unknown, inherent, or otherwise.

**2. Risks of Participation.** The Undersigned recognizes and understands that while Released Parties have undertaken reasonable steps to lessen the risk of transmission of communicable diseases, including but not limited to, COVID-19, in connection with participation in the activities, the Released Parties are not responsible in any manner for any risks related to communicable diseases in connection with Participant’s participation in the activities. Specifically, the Undersigned understands that COVID-19 is a highly contagious and dangerous disease, and that contact with the virus that causes COVID-19 may result in significant personal injury or death. The Undersigned is fully aware that participation in the activities carries with it certain inherent risks related to transmission of communicable diseases (“Inherent Risks”) that cannot be eliminated regardless of the care taken to avoid such risks. Inherent Risks may include, but are not limited to, (1) the risk of coming into close contact with individuals or objects that may be carrying a communicable disease; (2) the risk of transmitting or contracting a communicable disease, directly or indirectly, to or from other individuals; and (3) injuries and complications ranging in severity from minor to catastrophic, including death, resulting directly or indirectly from communicable diseases or the treatment thereof. Further, the Undersigned understands that the risks of all communicable diseases are not fully understood, and that contact with, or transmission of, a communicable disease may result in risks to the Participant including but not limited to loss, personal injury, sickness, death, damage, and expense, the exact nature of which are not currently ascertainable, and all of which are to be considered Inherent Risks.

The Undersigned hereby voluntarily accepts and assumes all risk of loss, personal injury, sickness, death, damage, and expense for the Participant arising from such Inherent Risks. Furthermore, the Undersigned represents and warrants that Participant does not knowingly carry any communicable diseases that may be transmitted during participation in the activities.

**3. Release and Indemnification.** Undersigned (a) unconditionally releases, forever discharges, and agrees not to sue the Released Parties for any claims or causes of action for any liability or loss of any nature, including personal injury, death, and property damage, arising out of or relating to Participant’s participation in any Move United/Common Ground Outdoor Adventures events or activities or the Participant’s presence on or travel to the premises where such events or activities take place, including, but not limited to claims of negligence, breach of warranty, and/or breach of contract the Undersigned may or will have against the Released Parties; and (b) agrees to indemnify, defend, and hold harmless the Released Parties from and against any liability or damage of any kind and from any suits, claims, or demands, including legal fees and expenses whether or not in litigation, arising out of, or related to, Participant’s participation in such events or activities or the Participant’s presence on or travel to the premises where such events or activities take place.

**4. Helmet Use.** Undersigned agrees that Participant shall use a helmet when participating in the following activities: Alpine skiing, cycling, equestrian, ice hockey, outdoor rock climbing, snowboarding, white water kayaking, white water river rafting, and any other activity when directed by Released Parties. Undersigned understands that a helmet is in no way a guarantee of safety and that no helmet can protect the wearer against all foreseeable impacts to the head, and that the activities can expose the Participant to forces that exceed the limits of protection provided by a helmet. Undersigned agrees to assume full responsibility for complying with this paragraph and that Released Parties shall not be liable for any injury or damages resulting from Participant’s failure to use a helmet.

## Move United Waiver & Release of Liability Agreement

**5. Medical Treatment.** Undersigned understands that the Released Parties do not have medical personnel available at the location of the activities. Undersigned hereby grants the Released Parties permission to administer first aid or to authorize emergency medical treatment, if necessary. Undersigned understands and agrees that any such action by the Released Parties shall be subject to the terms of this agreement and release, including any liability arising from the negligence of the Released Parties when administering first aid or authorizing others to do so. Undersigned understands and agrees that the Released Parties do not assume responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

**6. Miscellaneous.** Undersigned agrees (a) Participant will not engage in any activities prohibited by any applicable laws, statutes, regulations, and ordinances; (b) this Agreement shall be governed by the laws of the State of Utah and the exclusive jurisdiction and venue for any claim shall be located in the state courts located in Cache County, UT; (c) this Agreement shall be binding upon the subrogors, distributors, heirs, next of kin, executors, and personal representatives of the Undersigned; (d) this Agreement shall be construed as broadly as permitted by applicable law; and (e) that in the event that any clause or provision of this Agreement shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Agreement.

**I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS. I AM AWARE THAT I AM RELEASING LEGAL RIGHTS THAT OTHERWISE MAY EXIST. BY SIGNING BELOW, I HEREBY REPRESENT THAT I AM AT LEAST 18 YEARS OF AGE AND FULLY COMPETENT TO SIGN THIS AGREEMENT ON MY OWN BEHALF.**

<b>Participant's Signature</b>	<b>Participant's Name (please print clearly)</b>	<b>Date</b>

**FOR PARTICIPANTS UNDER THE AGE OF 18 OR LEGALLY INCAPACITATED**

Undersigned parent, or legal guardian, or legal representative acknowledges that he/she is not only signing this Agreement on his/her behalf, but that he/she is also signing on behalf of the minor or legally incapacitated adult and that the minor or the legally incapacitated adult shall be bound by all the terms of this Agreement. Additionally, by signing this Agreement as the parent, or legal guardian, or legal representative of a minor or legally incapacitated adult, the parent, legal guardian, or legal representative understands that he/she is also waiving rights on behalf of the minor or legally incapacitated adult that the minor or legally incapacitated adult otherwise may have. The Undersigned parent, or legal guardian, or legal representative agrees that, but for the foregoing, the minor or legally incapacitated adult would not be permitted to participate in the activities. By signing below, I hereby represent that I am the parent, legal guardian, or legal representative of a minor, or legally incapacitated adult Participant and that I have the authority to sign on the Participant's behalf.

<b>Minor's DOB</b>	<b>Parent/Legal Guardian or Representative Signature</b>	<b>Parent/Legal Guardian or Representative Name</b>	<b>Relationship</b>	<b>Date</b>

## Move United Media Release Agreement

Move United, and its affiliated Chapters ("Released Parties") are non-commercial, not for profit activity providers. "Released Parties" include Move United, Common Ground Outdoor Adventures and their affiliates, successors, predecessors, parents, subsidiaries, owners, representatives, administrators, directors, officers, agents, coaches, employees, contractors, assigns, and volunteers; other participants, sponsoring agencies, sponsors, and advertisers; and, if applicable, the owners, operators, and lessors of premises on which the activities or events take place.

### MEDIA RELEASE FORM

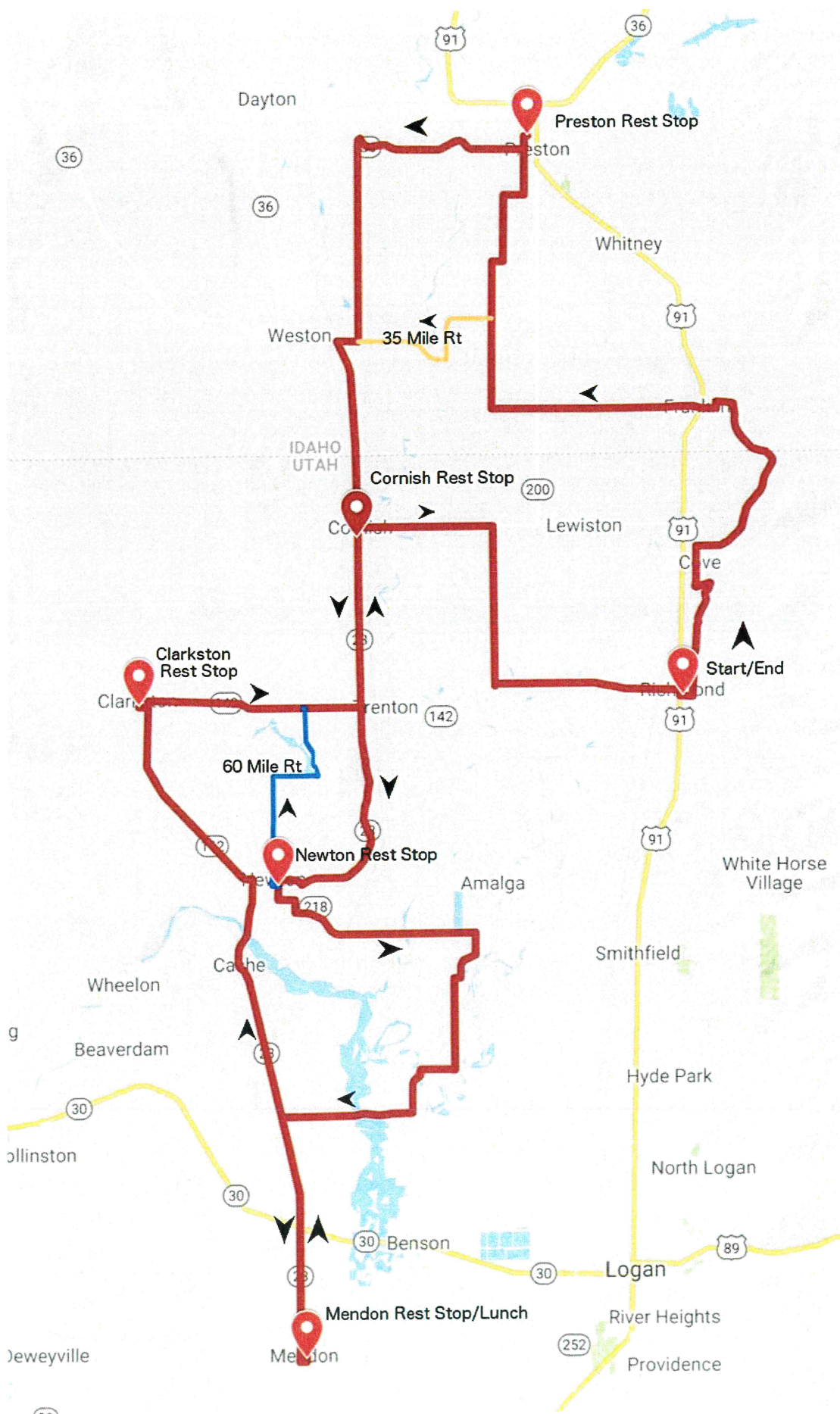
**MEDIA/PHOTO WAIVER:** Undersigned authorizes and gives full consent to Released Parties to copyright and/or publish for public view any and all photographs, digital recordings, videotapes, and/or film in which Participant appears. Undersigned agrees that Released Parties may transfer, use, or cause to be used, these digital recordings, photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, television programs, and internet without limitations or reservations.

Participant's Signature	Participant's Name (please print clearly)	Date

### FOR PARTICIPANTS UNDER THE AGE OF 18 OR LEGALLY INCAPACITATED

Undersigned parent, or legal guardian, or legal representative acknowledges that he/she is not only signing this Agreement on his/her behalf, but that he/she is also signing on behalf of the minor or legally incapacitated adult and that the minor or the legally incapacitated adult shall be bound by all the terms of this Agreement. Additionally, by signing this Agreement as the parent, or legal guardian, or legal representative of a minor, or legally incapacitated adult, the parent, legal guardian, or legal representative understands that he/she is also waiving rights on behalf of the minor or legally incapacitated adult that the minor or legally incapacitated adult otherwise may have. By signing below, I hereby represent that I am the parent, legal guardian, or legal representative of a minor, or legally incapacitated adult Participant and that I have the authority to sign on the Participant's behalf.

Minor's DOB	Parent/Legal Guardian or Representative Signature	Parent/Legal Guardian or Representative Name	Relationship	Date





# CACHE VALLEY CENTURY

COMMON GROUND OUTDOOR ADVENTURES

A BENEFIT RIDE FOR PEOPLE WITH DISABILITIES

**MILE OPTIONS**

**35 • 60 • 100**

Saturday,  
August 27th, 2022  
Richmond, UT

[www.cachevalleycentury.com](http://www.cachevalleycentury.com)





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/23/2022

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).

<b>PRODUCER</b> Willis Towers Watson Northeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA		<b>CONTACT NAME:</b> Willis Towers Watson Certificate Center <b>PHONE (A/C, No, Ext):</b> 1-877-945-7378 <b>FAX (A/C, No):</b> 1-888-467-2378 <b>E-MAIL ADDRESS:</b> certificates@willis.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
		<b>INSURER A:</b> Arch Insurance Company	11150
<b>INSURED</b> Move United 451 Hungerford Drive Suite 608 Rockville, MD 20850		<b>INSURER B:</b>	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** W25124551      **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY  <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: CLUB	Y		SBCGL0408104	12/01/2021	12/01/2022	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
							MED EXP (Any one person) \$ Excluded
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 5,000,000
							PRODUCTS - COMP/OP AGG \$ 5,000,000
	<b>AUTOMOBILE LIABILITY</b>  <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> OCCUR <b>EXCESS LIAB</b> CLAIMS-MADE  DED    RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in Nh) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**This Voids and Replaces Previously Issued Certificate Dated 06/22/2022 WITH ID: W25115025.**

Coverage applies to the following chapter: Common Ground Outdoor Adventures  
Program Start Date: 08/27/2022  
Program End Date: 08/27/2022

<b>CERTIFICATE HOLDER</b>  Cache County 179 N. Main Logan, UT 84321	<b>CANCELLATION</b>  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 
---	--

AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



**ADDITIONAL REMARKS SCHEDULE**

<b>AGENCY</b> Willis Towers Watson Northeast, Inc.		<b>NAMED INSURED</b> Move United 451 Hungerford Drive Suite 608 Rockville, MD 20850
<b>POLICY NUMBER</b> See Page 1		
<b>CARRIER</b> See Page 1	<b>NAIC CODE</b> See Page 1	<b>EFFECTIVE DATE:</b> See Page 1

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** 25 **FORM TITLE:** Certificate of Liability Insurance

Name of Program/Event: Cache Valley Century Ride  
 Type of Program/Event: Cycling Tour/Fundraiser  
 Safety Equipment or Precautions: Safety Equipment or Precautions: helmets and other safety equipment required, rest stops fully stocked at safe intervals, first aid stations, food and water provided throughout the ride, sag vehicles checking for anyone in need of repair or first aid, volunteers with radios and cell phones stationed throughout the ride.  
 Event Address: 17 E. Main  
 Richmond, Utah 84333

Cache County is included as Additional Insured as respects to General Liability.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/23/2022
---------------------------------

**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).**

<b>PRODUCER</b> Willis Towers Watson Northeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	<b>CONTACT NAME:</b> Willis Towers Watson Certificate Center <b>PHONE (A/C, No. Ext):</b> 1-877-945-7378 <b>FAX (A/C, No.):</b> 1-888-467-2378 <b>E-MAIL ADDRESS:</b> certificates@willis.com <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><b>INSURER(S) AFFORDING COVERAGE</b></td> <td style="text-align: center;"><b>NAIC #</b></td> </tr> <tr> <td><b>INSURER A:</b> Arch Insurance Company</td> <td style="text-align: center;">11150</td> </tr> <tr> <td><b>INSURER B:</b></td> <td></td> </tr> <tr> <td><b>INSURER C:</b></td> <td></td> </tr> <tr> <td><b>INSURER D:</b></td> <td></td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </table>	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>	<b>INSURER A:</b> Arch Insurance Company	11150	<b>INSURER B:</b>		<b>INSURER C:</b>		<b>INSURER D:</b>		<b>INSURER E:</b>		<b>INSURER F:</b>	
<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>														
<b>INSURER A:</b> Arch Insurance Company	11150														
<b>INSURER B:</b>															
<b>INSURER C:</b>															
<b>INSURER D:</b>															
<b>INSURER E:</b>															
<b>INSURER F:</b>															
<b>INSURED</b> Move United 451 Hungerford Drive Suite 608 Rockville, MD 20850															

**COVERAGES** **CERTIFICATE NUMBER:** W25124544 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> CLAIMS-MADE</td> <td><input checked="" type="checkbox"/> OCCUR</td> </tr> </table> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: CLUB	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR			SBCGL0408104	12/01/2021	12/01/2022	<table style="width: 100%; border-collapse: collapse;"> <tr> <td>EACH OCCURRENCE</td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td>MED EXP (Any one person)</td> <td style="text-align: right;">\$ Excluded</td> </tr> <tr> <td>PERSONAL &amp; ADV INJURY</td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td>GENERAL AGGREGATE</td> <td style="text-align: right;">\$ 5,000,000</td> </tr> <tr> <td>PRODUCTS - COMP/OP AGG</td> <td style="text-align: right;">\$ 5,000,000</td> </tr> <tr> <td></td> <td style="text-align: right;">\$</td> </tr> </table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	MED EXP (Any one person)	\$ Excluded	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 5,000,000	PRODUCTS - COMP/OP AGG	\$ 5,000,000		\$
<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR																						
EACH OCCURRENCE	\$ 1,000,000																						
DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000																						
MED EXP (Any one person)	\$ Excluded																						
PERSONAL & ADV INJURY	\$ 1,000,000																						
GENERAL AGGREGATE	\$ 5,000,000																						
PRODUCTS - COMP/OP AGG	\$ 5,000,000																						
	\$																						
	<b>AUTOMOBILE LIABILITY</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> ANY AUTO</td> <td></td> </tr> <tr> <td><input type="checkbox"/> OWNED AUTOS ONLY</td> <td><input type="checkbox"/> SCHEDULED AUTOS</td> </tr> <tr> <td><input type="checkbox"/> HIRED AUTOS ONLY</td> <td><input type="checkbox"/> NON-OWNED AUTOS ONLY</td> </tr> </table>	<input type="checkbox"/> ANY AUTO		<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY						<table style="width: 100%; border-collapse: collapse;"> <tr> <td>COMBINED SINGLE LIMIT (Ea accident)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>BODILY INJURY (Per person)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>BODILY INJURY (Per accident)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>PROPERTY DAMAGE (Per accident)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td></td> <td style="text-align: right;">\$</td> </tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$
<input type="checkbox"/> ANY AUTO																							
<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS																						
<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY																						
COMBINED SINGLE LIMIT (Ea accident)	\$																						
BODILY INJURY (Per person)	\$																						
BODILY INJURY (Per accident)	\$																						
PROPERTY DAMAGE (Per accident)	\$																						
	\$																						
	<b>UMBRELLA LIAB</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> EXCESS LIAB</td> <td><input type="checkbox"/> OCCUR</td> </tr> </table> <table style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> DED</td> <td><input type="checkbox"/> RETENTION \$</td> </tr> </table>	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR	<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$						<table style="width: 100%; border-collapse: collapse;"> <tr> <td>EACH OCCURRENCE</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>AGGREGATE</td> <td style="text-align: right;">\$</td> </tr> <tr> <td></td> <td style="text-align: right;">\$</td> </tr> </table>	EACH OCCURRENCE	\$	AGGREGATE	\$		\$						
<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR																						
<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$																						
EACH OCCURRENCE	\$																						
AGGREGATE	\$																						
	\$																						
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A				<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td><input type="checkbox"/> PER STATUTE</td> <td><input type="checkbox"/> OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td colspan="2" style="text-align: right;">\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td colspan="2" style="text-align: right;">\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td colspan="2" style="text-align: right;">\$</td> </tr> </table>		<input type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTHER	E.L. EACH ACCIDENT	\$		E.L. DISEASE - EA EMPLOYEE	\$		E.L. DISEASE - POLICY LIMIT	\$					
	<input type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTHER																					
E.L. EACH ACCIDENT	\$																						
E.L. DISEASE - EA EMPLOYEE	\$																						
E.L. DISEASE - POLICY LIMIT	\$																						

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
**This Voids and Replaces Previously Issued Certificate Dated 06/21/2022 WITH ID: W25114610.**

**Coverage applies to the following chapter: Common Ground Outdoor Adventures**

Program Start Date: 08/27/2022  
 Program End Date: 08/27/2022

<b>CERTIFICATE HOLDER</b>  Cache Jct. City 51 S. Center Newton, UT 84327	<b>CANCELLATION</b>  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 
--	--





**ADDITIONAL REMARKS SCHEDULE**

AGENCY Willis Towers Watson Northeast, Inc.		NAMED INSURED Move United 451 Hungerford Drive Suite 608 Rockville, MD 20850	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Name of Program/Event: Cache Valley Century Ride  
 Type of Program/Event: Cycling Tour Fundraiser  
 Safety Equipment or Precautions: helmets and other safety equipment required, rest stops fully stocked at safe intervals, first aid stations, food and water provided throughout the ride, sag vehicles checking for anyone in need of repair or first aid, volunteers with radios and cell phones stationed throughout the ride.

Event Address: 17 E. Main, Richmond, UT 84333

Certificate Holder is included as an Additional Insured as respects to General Liability.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/23/2022

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).

<b>PRODUCER</b> Willis Towers Watson Northeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	<b>CONTACT NAME:</b> Willis Towers Watson Certificate Center <b>PHONE (A/C, No, Ext):</b> 1-877-945-7378 <b>FAX (A/C, No):</b> 1-888-467-2378 <b>E-MAIL ADDRESS:</b> certificates@willis.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Arch Insurance Company	<b>NAIC#</b> 11150
<b>INSURED</b> Move United 451 Hungerford Drive Suite 608 Rockville, MD 20850	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	
	<b>INSURER G:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** W25123940      **REVISION NUMBER:**

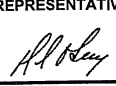
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y		SBCGL0408104	12/01/2021	12/01/2022	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	\$ Excluded
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 1,000,000
	<input checked="" type="checkbox"/> OTHER: CLUB						GENERAL AGGREGATE	\$ 5,000,000
	<b>AUTOMOBILE LIABILITY</b>						PRODUCTS - COMP/OP AGG	\$ 5,000,000
	<input type="checkbox"/> ANY AUTO							\$
	<input type="checkbox"/> OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> UMBRELLA LIAB							\$
	<input type="checkbox"/> EXCESS LIAB						EACH OCCURRENCE	\$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						AGGREGATE	\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>							\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				PER STATUTE	OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 This Voids and Replaces Previously Issued Certificate Dated 06/22/2022 WITH ID: W25115045.

Coverage applies to the following chapter: Common Ground Outdoor Adventures.

Program Start Date: 8/27/22  
 Program End Date: 8/27/22

<b>CERTIFICATE HOLDER</b>  Lewiston City 29 S. Main Lewiston, UT 84320	<b>CANCELLATION</b>  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  

AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



### ADDITIONAL REMARKS SCHEDULE

AGENCY Willis Towers Watson Northeast, Inc.		NAMED INSURED Move United	
POLICY NUMBER See Page 1		451 Hungerford Drive	
CARRIER See Page 1		NAIC CODE See Page 1	Suite 608
		Rockville, MD 20850	
		EFFECTIVE DATE: See Page 1	

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance**

Name of Program/Event: Cache Valley Century Ride.  
 Type of Program/Event: Cycling Tour/fundraiser.  
 Safety Equipment or Precautions: Safety Equipment or Precautions: helmets and other safety equipment required, rest stops fully stocked at safe intervals, first aid stations, food and water provided throughout the ride, sag vehicles checking for anyone in need of repair or first aid, volunteers with radios and cell phones stationed throughout the ride.  
 Event Address: 50 S. Main, Richmond, Utah 84333

Certificate Holder is included as an Additional Insured as respects to General Liability.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/23/2022

**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).**

<b>PRODUCER</b> Willis Towers Watson Northeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	<b>CONTACT NAME:</b> Willis Towers Watson Certificate Center <b>PHONE (A/C, No, Ext):</b> 1-877-945-7378 <b>FAX (A/C, No):</b> 1-888-467-2378 <b>E-MAIL ADDRESS:</b> certificates@willis.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Move United 451 Hungerford Drive Suite 608 Rockville, MD 20850	<b>INSURER A:</b> Arch Insurance Company <b>NAIC #</b> 11150	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** W25123958      **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: CLUB	Y		SBCGL0408104	12/01/2021	12/01/2022	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ Excluded
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 5,000,000
							PRODUCTS - COMP/OP AGG	\$ 5,000,000
								\$
								\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 This Voids and Replaces Previously Issued Certificate Dated 06/22/2022 WITH ID: W25115039.

Coverage applies to the following chapter: Common Ground Outdoor Adventures.

Program Start Date: 8/27/22  
 Program End Date: 8/27/22

**CERTIFICATE HOLDER**      **CANCELLATION**

Cornish City 13322 N 4400 W Richmond, UT 84333	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 

AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Willis Towers Watson Northeast, Inc.		NAMED INSURED Move United 451 Hungerford Drive Suite 608 Rockville, MD 20850	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Name of Program/Event: Cache Valley Century Ride.

Type of Program/Event: Cycling Tour.

Safety Equipment or Precautions: Safety Equipment or Precautions: helmets and other safety equipment required, rest stops fully stocked at safe intervals, first aid stations, food and water provided throughout the ride, sag vehicles checking for anyone in need of repair or first aid, volunteers with radios and cell phones stationed throughout the ride.

Event Address: 17 E. Main, Richmond, Utah 84333

Certificate Holder is included as an Additional Insured as respects to General Liability.



AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Willis Towers Watson Northeast, Inc.		NAMED INSURED Move United 451 Hungerford Drive Suite 608 Rockville, MD 20850	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance**

Name of Program/Event: Cache Valley Century Ride.  
 Type of Program/Event: Cycling Tour/Fundraiser.  
 Safety Equipment or Precautions: Safety Equipment or Precautions: helmets and other safety equipment required, rest stops fully stocked at safe intervals, first aid stations, food and water provided throughout the ride, sag vehicles checking for anyone in need of repair or first aid, volunteers with radios and cell phones stationed throughout the ride.  
 Event Address: 17 E. Main, Richmond, Utah 84333

Certificate Holder is included as an Additional Insured as respects to General Liability.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/23/2022

**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).**

<b>PRODUCER</b> Willis Towers Watson Northeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	<b>CONTACT NAME:</b> Willis Towers Watson Certificate Center <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><b>PHONE (A/C, No, Ext):</b> 1-877-945-7378</td> <td style="padding: 2px;"><b>FAX (A/C, No):</b> 1-888-467-2378</td> </tr> <tr> <td colspan="2" style="padding: 2px;"><b>E-MAIL ADDRESS:</b> certificates@willis.com</td> </tr> </table>	<b>PHONE (A/C, No, Ext):</b> 1-877-945-7378	<b>FAX (A/C, No):</b> 1-888-467-2378	<b>E-MAIL ADDRESS:</b> certificates@willis.com	
<b>PHONE (A/C, No, Ext):</b> 1-877-945-7378	<b>FAX (A/C, No):</b> 1-888-467-2378				
<b>E-MAIL ADDRESS:</b> certificates@willis.com					
<b>INSURER(S) AFFORDING COVERAGE</b>					
<b>INSURER A:</b> Arch Insurance Company	<b>NAIC #</b> 11150				
<b>INSURED</b> Move United 451 Hungerford Drive Suite 608 Rockville, MD 20850					
<b>INSURER B:</b>					
<b>INSURER C:</b>					
<b>INSURER D:</b>					
<b>INSURER E:</b>					
<b>INSURER F:</b>					

**COVERAGES                                  CERTIFICATE NUMBER:** W25124144                                  **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																						
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%;"><input type="checkbox"/> CLAIMS-MADE</td> <td><input checked="" type="checkbox"/> OCCUR</td> </tr> </table> <p style="margin-top: 5px; font-size: small;">GEN'L AGGREGATE LIMIT APPLIES PER:  <table style="margin: 0;"> <tr> <td><input type="checkbox"/> POLICY</td> <td><input type="checkbox"/> PRO-JECT</td> <td><input type="checkbox"/> LOC</td> </tr> <tr> <td colspan="3"><input checked="" type="checkbox"/> OTHER: CLUB</td> </tr> </table> </p>	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR	<input type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC	<input checked="" type="checkbox"/> OTHER: CLUB			Y		SBCGL0408104	12/01/2021	12/01/2022	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$ Excluded</td></tr> <tr><td>PERSONAL &amp; ADV INJURY</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 5,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$ 5,000,000</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	MED EXP (Any one person)	\$ Excluded	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 5,000,000	PRODUCTS - COMP/OP AGG	\$ 5,000,000		\$
<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR																												
<input type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC																											
<input checked="" type="checkbox"/> OTHER: CLUB																													
EACH OCCURRENCE	\$ 1,000,000																												
DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000																												
MED EXP (Any one person)	\$ Excluded																												
PERSONAL & ADV INJURY	\$ 1,000,000																												
GENERAL AGGREGATE	\$ 5,000,000																												
PRODUCTS - COMP/OP AGG	\$ 5,000,000																												
	\$																												
	<b>AUTOMOBILE LIABILITY</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td><input type="checkbox"/> ANY AUTO</td></tr> <tr><td><input type="checkbox"/> OWNED AUTOS ONLY</td><td><input type="checkbox"/> SCHEDULED AUTOS</td></tr> <tr><td><input type="checkbox"/> HIRED AUTOS ONLY</td><td><input type="checkbox"/> NON-OWNED AUTOS ONLY</td></tr> </table>	<input type="checkbox"/> ANY AUTO	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY						<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per person)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$							
<input type="checkbox"/> ANY AUTO																													
<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS																												
<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY																												
COMBINED SINGLE LIMIT (Ea accident)	\$																												
BODILY INJURY (Per person)	\$																												
BODILY INJURY (Per accident)	\$																												
PROPERTY DAMAGE (Per accident)	\$																												
	\$																												
	<table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td><input type="checkbox"/> UMBRELLA LIAB</td><td><input type="checkbox"/> OCCUR</td></tr> <tr><td><input type="checkbox"/> EXCESS LIAB</td><td><input type="checkbox"/> CLAIMS-MADE</td></tr> <tr><td><input type="checkbox"/> DED</td><td><input type="checkbox"/> RETENTION \$</td></tr> </table>	<input type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/> OCCUR	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE	<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$						<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$</td></tr> <tr><td>AGGREGATE</td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$	AGGREGATE	\$		\$										
<input type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/> OCCUR																												
<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE																												
<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$																												
EACH OCCURRENCE	\$																												
AGGREGATE	\$																												
	\$																												
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> PER STATUTE</td> <td style="width: 50%;"><input type="checkbox"/> OTH-ER</td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td style="text-align: right;">\$</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td style="text-align: right;">\$</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td style="text-align: right;">\$</td></tr> </table>	<input type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$														
<input type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER																												
E.L. EACH ACCIDENT	\$																												
E.L. DISEASE - EA EMPLOYEE	\$																												
E.L. DISEASE - POLICY LIMIT	\$																												

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**This Voids and Replaces Previously Issued Certificate Dated 06/22/2022 WITH ID: W25115026.**

Coverage applies to the following chapter: **Common Ground Outdoor Adventures**

Program Start Date: 8/27/22  
Program End Date: 8/27/22

**CERTIFICATE HOLDER                                  CANCELLATION**

Clarkston City 50 S. Main Clarkston, UT 84305	<p style="text-align: center; font-weight: bold;">SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p style="text-align: center; font-size: small;">AUTHORIZED REPRESENTATIVE</p> <div style="text-align: center;"> </div>
---	--

© 1988-2016 ACORD CORPORATION. All rights reserved.



AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



### ADDITIONAL REMARKS SCHEDULE

AGENCY Willis Towers Watson Northeast, Inc.		NAMED INSURED Move United	
POLICY NUMBER See Page 1		451 Hungerford Drive	
CARRIER See Page 1		NAIC CODE See Page 1	Suite 608
		Rockville, MD 20850	
		EFFECTIVE DATE: See Page 1	

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Name of Program/Event: Cache Valley Century Ride  
 Type of Program/Event: Cycling Tour/ Fundraiser  
 Safety Equipment or Precautions: Safety Equipment or Precautions: helmets and other safety equipment required, rest stops fully stocked at safe intervals, first aid stations, food and water provided throughout the ride, sag vehicles checking for anyone in need of repair or first aid, volunteers with radios and cell phones stationed throughout the ride.  
 Event Address: 17 E. Main, Richmond, Utah 84333

Clarkston City is included as Additional Insured as respects to General Liability.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/23/2022

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).

<b>PRODUCER</b> Willis Towers Watson Northeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	<b>CONTACT NAME:</b> Willis Towers Watson Certificate Center <b>PHONE (A/C No. Ext):</b> 1-877-945-7378 <b>FAX (A/C No.):</b> 1-888-467-2378 <b>E-MAIL ADDRESS:</b> certificates@willis.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Arch Insurance Company	<b>NAIC #</b> 11150
<b>INSURED</b> Move United 451 Hungerford Drive Suite 608 Rockville, MD 20850	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** W25124537      **REVISION NUMBER:**

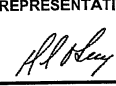
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: CLUB	Y		SBCGL0408104	12/01/2021	12/01/2022	EACH OCCURRENCE	\$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence)		\$ 1,000,000					
							MED EXP (Any one person)	\$ Excluded
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 5,000,000
							PRODUCTS - COMP/OP AGG	\$ 5,000,000
								\$
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
This Voids and Replaces Previously Issued Certificate Dated 06/22/2022 WITH ID: W25115035.

Coverage applies to the following chapter: Common Ground Outdoor Adventures

Program Start Date: 08/27/2022  
Program End Date: 08/27/2022

<b>CERTIFICATE HOLDER</b>  Newton City 51 S. Center Newton, UT 84327	<b>CANCELLATION</b>  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  

AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Willis Towers Watson Northeast, Inc.		NAMED INSURED Move United	
POLICY NUMBER See Page 1		451 Hungerford Drive Suite 608 Rockville, MD 20850	
CARRIER See Page 1	NAIC CODE See Page 1	EFFECTIVE DATE: See Page 1	

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Name of Program/Event: Cache Valley Century Ride

Type of Program/Event: Cycling Tour/ Fundraiser

Safety Equipment or Precautions: Safety Equipment or Precautions: helmets and other safety equipment required, rest stops fully stocked at safe intervals, first aid stations, food and water provided throughout the ride, sag vehicles checking for anyone in need of repair or first aid, volunteers with radios and cell phones stationed throughout the ride.

Event Address: 17 E. Main

Richmond, Utah 84333

Newton City is included as Additional Insured as respects to General Liability.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/23/2022

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).

<b>PRODUCER</b> Willis Towers Watson Northeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	<b>CONTACT</b> Willis Towers Watson Certificate Center <b>NAME:</b> <b>PHONE</b> (A/C No. Ext): 1-877-945-7378 <b>FAX</b> (A/C No.): 1-888-467-2378 <b>E-MAIL ADDRESS:</b> certificates@willis.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b> <b>INSURER A:</b> Arch Insurance Company      11150 <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

<b>INSURED</b> Move United 451 Hungerford Drive Suite 608 Rockville, MD 20850
---

**COVERAGES**      **CERTIFICATE NUMBER:** W25124713      **REVISION NUMBER:**

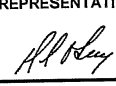
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: CLUB			SBCGL0408104	12/01/2021	12/01/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 This Voids and Replaces Previously Issued Certificate Dated 06/22/2022 WITH ID: W25115038.

Coverage applies to the following chapter: Common Ground Outdoor Adventures

Program Start Date: 08/27/2022  
 Program End Date: 08/27/2022

<b>CERTIFICATE HOLDER</b>  Petersboro City 15 N main Richmond, UT 84333	<b>CANCELLATION</b>  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  

AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Willis Towers Watson Northeast, Inc.		NAMED INSURED Move United 451 Hungerford Drive Suite 608 Rockville, MD 20850	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance**

Name of Program/Event: Cache Valley Century Ride  
 Type of Program/Event: Cycling Tour/Fundraiser  
 Safety Equipment or Precautions: Safety Equipment or Precautions: helmets and other safety equipment required, rest stops fully stocked at safe intervals, first aid stations, food and water provided throughout the ride, sag vehicles checking for anyone in need of repair or first aid, volunteers with radios and cell phones stationed throughout the ride.  
 Event Address: 17 E. Main  
 Richmond, Utah 84333

Petersboro City is included as Additional Insured as respects to General Liability.



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/23/2022

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).

PRODUCER Willis Towers Watson Northeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: Willis Towers Watson Certificate Center PHONE (A/C, No, Ext): 1-877-945-7378      FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com														
INSURED Move United 451 Hungerford Drive Suite 608 Rockville, MD 20850	<table style="width: 100%;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: Arch Insurance Company</td> <td style="text-align: center;">11150</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: Arch Insurance Company	11150	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Arch Insurance Company	11150														
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

**COVERAGES** **CERTIFICATE NUMBER:** W25127812 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="checked" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="checked" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="checked" type="checkbox"/> OTHER: CLUB	Y		SBCGL0408104	12/01/2021	12/01/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 This Voids and Replaces Previously Issued Certificate Dated 06/22/2022 WITH ID: W25115040.  
 Coverage applies to the following chapter: Common Ground Outdoor Adventures  
 Program Start Date: 08/27/2022  
 Program End Date: 08/27/2022

**CERTIFICATE HOLDER**

**CANCELLATION**

Richmond City  
 90 S. 100 W.  
 Richmond, UT 84333

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

*[Signature]*

© 1988-2016 ACORD CORPORATION. All rights reserved.

AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



**ADDITIONAL REMARKS SCHEDULE**

Page 2 of 2

<b>AGENCY</b> Willis Towers Watson Northeast, Inc.		<b>NAMED INSURED</b> Move United 451 Hungerford Drive Suite 608 Rockville, MD 20850	
<b>POLICY NUMBER</b> See Page 1		<b>EFFECTIVE DATE:</b> See Page 1	
<b>CARRIER</b> See Page 1	<b>NAIC CODE</b> See Page 1		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** 25 **FORM TITLE:** Certificate of Liability Insurance

Name of Program/Event: Cache Valley Century Ride  
 Type of Program/Event: Cycling Tour/Fundraiser  
 Safety Equipment or Precautions: Safety Equipment or Precautions: helmets and other safety equipment required, rest stops fully stocked at safe intervals, first aid stations, food and water provided throughout the ride, sag vehicles checking for anyone in need of repair or first aid, volunteers with radios and cell phones stationed throughout the ride.  
 Event Address: 17 E. Main  
 Richmond, Utah 84333

Richmond City is included as Additional Insured as respects to General Liability.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/23/2022

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).

<b>PRODUCER</b> Willis Towers Watson Northeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	<b>CONTACT NAME:</b> Willis Towers Watson Certificate Center <b>PHONE (A/C, No, Ext):</b> 1-877-945-7378 <b>FAX (A/C, No):</b> 1-888-467-2378 <b>E-MAIL ADDRESS:</b> certificates@willis.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>	
<b>INSURED</b> Move United 451 Hungerford Drive Suite 608 Rockville, MD 20850	<b>INSURER A:</b> Arch Insurance Company      11150	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**

**CERTIFICATE NUMBER:** W25127117

**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: CLUB		Y	SBCGL0408104	12/01/2021	12/01/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED \$      RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE      OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
This Voids and Replaces Previously Issued Certificate Dated 06/22/2022 WITH ID: W25115043.

Coverage applies to the following chapter: Common Ground Outdoor Adventures

Program Start Date: 8/27/22  
Program End Date: 8/27/22

**CERTIFICATE HOLDER**

**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

Trenton City  
17 E. Main  
Richmond, UT 84333

© 1988-2016 ACORD CORPORATION. All rights reserved.



AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



### ADDITIONAL REMARKS SCHEDULE

AGENCY Willis Towers Watson Northeast, Inc.		NAMED INSURED Move United 451 Hungerford Drive Suite 608 Rockville, MD 20850	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

#### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Name of Program/Event: Cache Valley Century Ride  
 Type of Program/Event: Cycling Tour/Fundraiser  
 Safety Equipment or Precautions: Safety Equipment or Precautions: helmets and other safety equipment required, rest stops fully stocked at safe intervals, first aid stations, food and water provided throughout the ride, sag vehicles checking for anyone in need of repair or first aid, volunteers with radios and cell phones stationed throughout the ride.  
 Event Address: 17 E. Main  
 Richmond, Utah 84333

Trenton City is included as Additional Insured as respects to General Liability.

CACHE COUNTY GOVERNMENT  
179 NORTH MAIN  
LOGAN UT 84321

435-755-1700

Receipt No: 5.017238

Jul 18, 2022

COMMON GROUND OUTDOOR ADVENTURES

Previous Balance:	.00
CHARGES FOR SERVICES - ZONING & SUBDIVISION FEES	75.00
200-32-13000 ZONING & SUBDIVISION	
<hr/>	
Total:	75.00
<hr/>	
CHECK-ZIONS BANK      Check No: 9239	75.00
Payor: COMMON GROUND OUTDOOR ADVENT	
Total Applied:	75.00
<hr/>	
Change Tendered:	.00
<hr/>	

07/18/2022 3:48 PM



Angie Zetterquist <[angie.zetterquist@cachecounty.org](mailto:angie.zetterquist@cachecounty.org)>

---

## Special Event Permits - August 2022 - comments due by August 5th

---

**Matt Phillips** <[matt.phillips@cachecounty.org](mailto:matt.phillips@cachecounty.org)>

Tue, Aug 2, 2022 at 1:58 PM

To: Angie Zetterquist <[angie.zetterquist@cachecounty.org](mailto:angie.zetterquist@cachecounty.org)>

Angie,

I have no issues with the Cache Valley Century.

I did not see any mention of traffic control for the TOU,

I would like to know what their plans are for the roads - are they planning on closing any roads, will they have law enforcement directing traffic, and/or will they be putting up any signs to warn motorists about the race?

On Wed, Jul 27, 2022 at 9:45 AM Angie Zetterquist <[angie.zetterquist@cachecounty.org](mailto:angie.zetterquist@cachecounty.org)> wrote:

[Quoted text hidden]

--

**Matt Phillips, P.E., CFM**

**Public Works Director**

Cache County

179 North Main St, Suite 305

Logan UT, 84321

435-755-1640

[matt.phillips@cachecounty.org](mailto:matt.phillips@cachecounty.org)



Angie Zetterquist <angie.zetterquist@cachecounty.org>

---

## Special Event Permits - August 2022 - comments due by August 5th

---

Joel Merritt <joel.merritt@cachecounty.org>

Tue, Aug 2, 2022 at 6:56 PM

To: Angie Zetterquist <Angie.Zetterquist@cachecounty.org>

I see no issues.

Sent from my iPhone

On Jul 27, 2022, at 9:45 AM, Angie Zetterquist <[Angie.Zetterquist@cachecounty.org](mailto:Angie.Zetterquist@cachecounty.org)> wrote:

[Quoted text hidden]

---

### 2 attachments

 **TOU Half Marathon\_Application\_2022-13.pdf**  
3947K

 **Cache Valley Century Ride\_Application\_2022-12.pdf**  
6779K



## CACHE COUNTY FIRE DISTRICT

600 North 1020 East  
Hyrum, Utah 84319  
(435) 755-1670

To: Angie Zetterquist  
From: Troy Fredrickson  
Re: Top of Utah Marathon

07/27/2022

No issues from Cache County Fire District.

Concerns on road closures and emergency response to citizens in the area of the Cache Valley Century Ride. Cyclist should be reminded to yield to emergency vehicles when they are responding to an emergency. We are in an active fire season. Road closures are possible as well as evacuations due to a fire.



## CACHE COUNTY FIRE DISTRICT

600 North 1020 East  
Hyrum, Utah 84319  
(435) 755-1670

---

Rod Hammer  
Fire Chief

Jason Winn  
Deputy Chief

Rod Kearl  
Asst. Chief

Craig Buttars  
Fire Board

Gordon Zillies  
Fire Board

Dave Erickson  
Fire Board



Angie Zetterquist <angie.zetterquist@cachecounty.org>

---

## Special Event Permits - August 2022 - comments due by August 5th

---

Jacquelynn Shelton <jshelton@brhd.org>

Mon, Aug 1, 2022 at 9:02 AM

To: Angie Zetterquist <angie.zetterquist@cachecounty.org>

Good morning,

Neither of those events will require a mass gathering permit given they don't reach the minimum requirement of 1000 people for 2 or more hours at a facility not designed for that capacity.

[Quoted text hidden]



# CACHE COUNTY SHERIFF'S OFFICE

D. CHAD JENSEN, SHERIFF

Matt Bilodeau, Chief Deputy

Doyle Peck, Lieutenant

Mikelshan Bartschi, Lieutenant

Roy Hall, Lieutenant

EMPATHY

FAIRNESS

INTEGRITY

PROFESSIONALISM

RESPECT

RESPONSIBILITY

TRUSTWORTHINESS

To: Cache County

From: Sgt. Reed Tanner

Date: Aug 3rd, 2022

Re: Cache Valley Century Ride

The Cache County Sheriff's Office has reviewed this special event request for the "Cache Valley Century Ride" scheduled for August 27, 2022 and has determined that the Sheriff's Office will not staff deputies for this event. Participant safety will be handled by the event provider via support vehicles as outlined in the application submitted by the event sponsor. The permit can be granted as far as the Sheriff's Office is concerned.

Sincerely,

Sgt. Reed Tanner