

Development Services Department

Building | GIS | Planning & Zoning

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

Approved by: Land Use Authority

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.



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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



Development Services Department

Building | GIS | Planning & Zoning

				
Application: Special Event Permit			8000	1
Date Received: By: Receip	#: VM	(heck#:	\$75.00	
Event Information				
Event: Cache Valley Centure	y fide	Туре:	cling Tour	
Dates with starting/ending times: 8/27/2	22 8A	+M-SPM		
Agent/Contact Information				
Agent/Contact: Sammie Wacf Phone: 435 S12-096 Mailing Address:	al Email: _	Sammice	? Cgad ventives	.org
				8432
Name of Promoting Entity: Common	Groun	d Outdoo	· Adventues	
Acknowledgment				
In accordance with Title 8 Section 8.40 of the Conformation contained in this application is accur	ate and comple	ete to the best of m	y knowledge.	;
	Applic	Janus	ceft 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.



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 CacheValleyCentury.com Common Ground Outdoor Adventures Sammie Macfarlane, Executive Director 435-512-0966 335 N. 100 E. Logan, Utah 84321 www.cgadventures.org 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 with 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 1st 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 1st West and 2nd 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, 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.



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 (Men	idon) 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 	回然機器回
 \$65 8/15/22 - 8/27/22 	77.326.536

Registration Extra Lunches	# x \$15	\$ \$
Additional tax-ded		\$
Support cycling for	youths and adults	with disabilities.
ΤΟΤΔΙ		\$



***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

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.
- 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. 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.
- Release and Indemnification. Undersigned 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.

Participant's Signature

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.

OW, I HEREBY REPRESENT THAT I AM AT LEAST 18 YEARS OF AGE AND FULLY
SIGN THIS AGREEMENT ON MY OWN BEHALF.

Participant's Name (please print clearly)

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.

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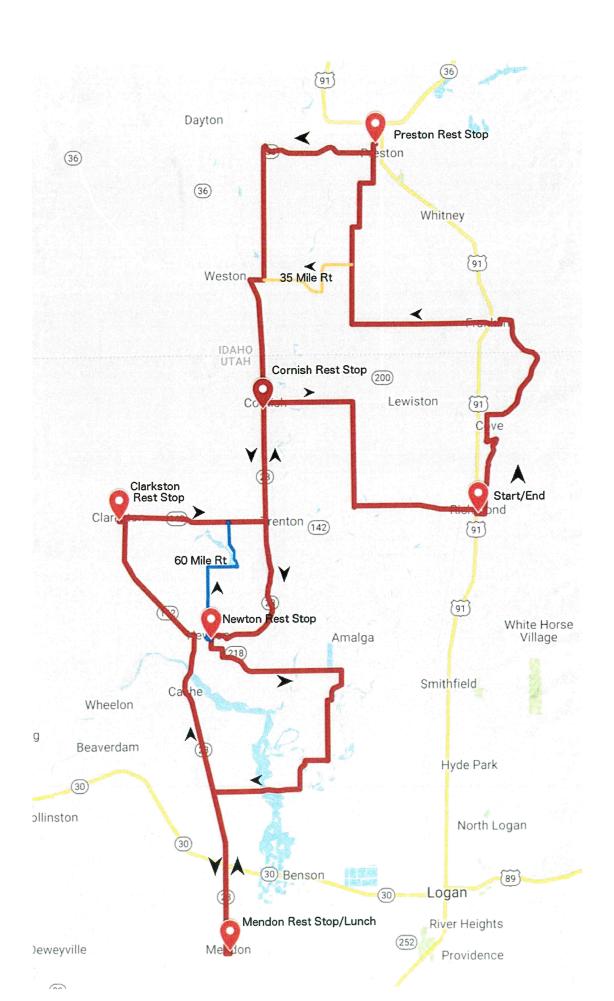
Date

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

		oses, television programs, and internet with	nout limitations or	r reservations.
Participant's Signature		Participant's Name (please print clearly)		Date
Undersigned parent, or legal guard behalf, but that he/she is also signin adult shall be bound by all the term representative of a minor, or legally also waiving rights on behalf of the	an, or legal representati g on behalf of the minor s of this Agreement. Ado / incapacitated adult, the minor or legally incapacit t that I am the parent, leg	HE AGE OF 18 OR LEGALLY INCAPACITATION or acknowledges that he/she is not only signary or legally incapacitated adult and that the residentially, by signing this Agreement as the perpanent, legal guardian, or legal representated adult that the minor or legally incapacitated adults and the minor or legally inc	gning this Agreem ninor or the legall parent, or legal gu ative understands itated adult other	y incapacitated ardian, or legal s that he/she is wise may have.





A BENEFIT RIDE FOR PEOPLE WITH DISABILITIES

MILE OPTIONS 35 • 60 • 100

Saturday, August 27th, 2022 Richmond, UT

www.cachevalleycentury.com





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.

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

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DESCRIPTION OF OPERATIONS / LOCATIONS										
This Voids and Replaces Prev	riously 1	ssue	ed Certificate Dated	06/22	/2022 WITE	I ID: W251	15025.			
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Program Start Date: 08/27/20 Program End Date: 08/27/2022										
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				AUTHOR	IZED REPRESEN	NTATIVE				
Cache County										
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Logan, UT 84321					//	/				

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Page 2 of 2

AGENCY Willis Towers Watson Northeast, Inc.		NAMED INSURED Move United 451 Hungerford Drive
POLICY NUMBER		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

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

ACORD 101 (2008/01)

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CERT: W25124551

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SR ID: 22740155

BATCH: 2571286



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)

II th	is certificate does not confer rights to	the	certi	ificate holder in lieu of su	ich end	dorsement(s)	-			
PRO	DUCER				CONTAC NAME:	CT Willis T	owers Watso	on Certificate	Center	:	
Wil:	lis Towers Watson Northeast, Inc.				PHONE (A/C, No. Ext). 1-877-945-7378 FAX (A/C, No.): 1-888-467-2378						-467-2378
	26 Century Blvd Box 305191				E-MAIL ADDRES	ss: certific	cates@willi	s.com			
	ville, TN 372305191 USA					INS	URER(S) AFFOR	DING COVERAGE			NAIC#
					INSURE	RA: Arch II	nsurance Co	mpany			11150
INSU					INSURE				-		
	United				INSURE	RC:					
	Hungerford Drive te 608				INSURE						
	cville, MD 20850				INSURE	RE:					
					INSURE	RF:			·		
CO	VERAGES CER	TIFIC	ATE	NUMBER: W25124544				REVISION NUM			
IN	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY FULLUSIONS AND CONDITIONS OF SUCH IS	QUIR	EME!	NT, TERM OR CONDITION ' THE INSURANCE AFFORDE	OF ANY	Y CONTRACT THE POLÍCIE: REDUCED BY I	OR OTHER L S DESCRIBED PAID CLAIMS.	JOGUMENI WILE	1 KESPE	יו וע	VICION INIO
INSR LTR			SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
LIK	COMMERCIAL GENERAL LIABILITY	11401	****					EACH OCCURRENC		\$	1,000,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTE PREMISES (Ea occu	:D irrence)	\$	1,000,000
A								MED EXP (Any one p	person)	\$	Excluded
		Y		SBCGL0408104		12/01/2021	12/01/2022	PERSONAL & ADV I	NJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	SATE	\$	5,000,000
	POLICY PRO- JECT LOC						•	PRODUCTS - COMP	P/OP AGG	\$	5,000,000
	X OTHER: CLUB							COMBINED SINGLE	TIMIT	\$	
	AUTOMOBILE LIABILITY							(Ea accident)		\$	
	ANY AUTO							BODILY INJURY (Pe	<u> </u>	\$	
	OWNED SCHEDULED AUTOS AUTOS AUTOS AUTOS							BODILY INJURY (Pe		\$	
	HIRED NON-OWNED AUTOS ONLY							(Per accident)		\$	
								EAGU 0001/255			
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	<u></u>	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$ WORKERS COMPENSATION							PER STATUTE	OTH- ER	Ψ	· · · · · · · · · · · · · · · · · · ·
	AND EMPLOYERS' LIABILITY Y/N							E.L. EACH ACCIDEN		\$	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA E			
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL			
	DESCRIPTION OF OPERATIONS below										
						'					
DES Thi	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL .s Voids and Replaces Previous	ES (A	CORD	o 101, Additional Remarks Schedul ed Certificate Dated	e, may b 06/23	e attached if mor	e space is require H ID: W251	ed) 14610.			
Сот	verage applies to the following	g ch	apte	er: Common Ground Out	tdoor	Adventure	s				
	ogram Start Date: 08/27/2022 ogram End Date: 08/27/2022										
CF	RTIFICATE HOLDER				CANO	CELLATION					
					THE	EXPIRATION	N DATE THE	ESCRIBED POLICE EREOF, NOTICE BY PROVISIONS.	CIES BE C	ANCELL BE DEI	ED BEFORE LIVERED IN
_	al a Tab Giba				AUTHO	RIZED REPRESE	NTATIVE				
	che Jct. City S. Center					flo	Ley				
Ne	wton, UT 84327					MI	-/-				

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AGENCY CUSTOMER ID:	
LOC #:	



Page _ 2 _ of _ 2

AGENCY Willis Towers Watson Northeast, Inc.		NAMED INSURED Move United 451 Hungerford Drive	Harmon Control
OLICY NUMBER			
· ele · Nember		Suite 608	
See Page 1		Rockville, MD 20850	
CARRIER	NAIC CODE		
See Page 1	0		
Dec rage 1	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: 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.

ACORD 101 (2008/01)

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CERT: W25124544

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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.

1f	PORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject	to th	e ter	rms and conditions of the	e polic	y, certain po	olicies may r	equire an endorsement	. Asta	atement on
th	s certificate does not confer rights to	the	certi	ificate holder in lieu of su	ich end	orsement(s).			
PROD	UCER				NAME: Willis Towers Watson Certificate Center					
	is Towers Watson Northeast, Inc. 26 Century Blvd				PHONE (A/C, No, Ext): 1-877-945-7378 E-MAIL ADDRESS: certificates@willis.com					201-2310
P.O.	Box 305191		ADDRES							
	ville, TN 372305191 USA					DING COVERAGE		NAIC# 11150		
						RA: Arch II	nsurance Co	mpany		11120
INSU					INSURE	RB:				
	United Hungerford Drive				INSURER C:					
	e 608	INSURER D:								
Rockville, MD 20850						INSURER E :				
						RF:				
COVERAGES CERTIFICATE NUMBER: W25123940 REVISION NUMBER:										
TH	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY I ICLUSIONS AND CONDITIONS OF SUCH	OF I QUIF PERT POLIC	NSUF REMEI AIN, CIES.	RANCE LISTED BELOW HAV NT, TERM OR CONDITION THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE	OF AN	THE POLICIE REDUCED BY	S DESCRIBED PAID CLAIMS.	HEREIN IS SUBJECT TO	ALL 1	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT		1 000 000
_···	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$	1,000,000
A								MED EXP (Any one person)	\$	Excluded
		Y		SBCGL0408104		12/01/2021	12/01/2022	PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	5,000,000
	POLICY PRO- LOC				1			PRODUCTS - COMP/OP AGG	\$	5,000,000
	X OTHER: CLUB								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ -	
	ANY AUTO							BODILY INJURY (Per person)	\$	1.
	OWNED SCHEDULED		İ					BODILY INJURY (Per accident)	\$	
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS ONLY AUTOS ONLY								\$	
<u> </u>	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
								AGGREGATE	\$	
								A LINE WAY	\$	
	DED RETENTION \$ WORKERS COMPENSATION	-	 					PER OTH- STATUTE ER		
1	AND EMPLOYERS' LIABILITY Y / N							E.L. EACH ACCIDENT	\$	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - POLICY LIMIT	\$	
<u> </u>	DESCRIPTION OF OPERATIONS below	<u> </u>	-					E.E. DIOLETOL 1 OLIO1 EIIVII	-	
		150	10000	D 404 Additional Bemarks Schodu	la may h	e attached if mo	re space is requir	ed)		
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.										
1001	erade abbites to the tottowin	, C1		,						
Pro	gram Start Date: 8/27/22									
	gram End Date: 8/27/22									
1 -										
CE	RTIFICATE HOLDER				CAN	CELLATION				
CERTIFICATE HOLDER					THE	EXPIRATIO	N DATE TH	ESCRIBED POLICIES BE C EREOF, NOTICE WILL Y PROVISIONS.	ANCEL BE DE	LED BEFORE LIVERED IN
1					AUTHO	RIZED REPRESE	NTATIVE			
Le	wiston City									
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l Le	wiston, UT 84320				Albley					

AGENCY CUSTOMER ID:		
1.00 #.	*	



Page 2 of 2

AGENCY Willis Towers Watson Northeast, Inc.		NAMED INSURED Move United 451 Hungerford Drive
POLICY NUMBER See Page 1		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: 50 S. Main, Richmond, Utah 84333
Certificate Holder is included as an Additional Insured as respects to General Liability.

SR ID: 22740171

BATCH: 2571152

CERT: W25123940



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.

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If	SUBROGATION IS WAIVED, subject nis certificate does not confer rights t	to the	he te	rms and conditions of th	e polic	cy, certain po dorsement(s	olicies may :).	require an endorsement	. As	tatement on
_	DUCER	<u> </u>	, 0011	initiate neighbor in new er er	CONTA NAME:	CT Willis T	owers Watso	on Certificate Center	=	
	lis Towers Watson Northeast, Inc.					o, Ext): 1-877				3-467-2378
	26 Century Blvd				E-MAIL	SS: certific	catee@willi			
	. Box 305191				ADDRE					NAIC#
Nas	hville, TN 372305191 USA				INICIIDE	RA: Arch I		RDING COVERAGE ompany		11150
INICI	JRED									
	e United				INSURE					
	Hungerford Drive				INSURE					
Suite 608 Rockville, MD 20850										
						RE:	-			
	VEDACES CEP	TIEI	CATE	E NUMBER: W25123958	INSURE	KF:		REVISION NUMBER:		<u> </u>
7	HIS IS TO CEPTIEN THAT THE DOLICIES	OF	INSH	PANCE LISTED BELOW HAV	/E BEE	N ISSUED TO	THE INSURE	D NAMED ABOVE FOR TH	HE POI	ICY PERIOD
11	IDICATED NOTWITHSTANDING ANY RE	OUIF	REME	NT TERM OR CONDITION	OF AN	Y CONTRACT	OR OTHER I	OOCUMENT WITH RESPEC		WHICH THIS
C	ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PERT	TAIN, CIES	THE INSURANCE AFFORD	ED BY BEEN F	THE POLICIE REDUCED BY	S DESCRIBEI PAID CLAIMS.	HEREIN IS SUBJECT TO) ALL	THE TERIVIS,
INSR LTR		ADDL	SUBR	l	DELIT	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(WIWI/DD/TTTT)	(MIMI/DD/11111)	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
A	CLAIMS-MADE OCCUR							MED EXP (Any one person)	\$	Excluded
A		Y		SBCGL0408104		12/01/2021	12/01/2022	PERSONAL & ADV INJURY	\$	1,000,000
								GENERAL AGGREGATE	\$	5,000,000
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	5,000,000
	POLICY JECT LOC OTHER: CLUB								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS ONLY AUTOS ONLY							(Fer accident)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE		1					AGGREGATE	\$	
	DED RETENTION\$								\$	
	WORKERS COMPENSATION							PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
	DESCRIPTION OF OPERATIONS BEIOW									
									i	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (/	ACORE) 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)		
Thi	s Voids and Replaces Previous	ly 1	ssue	ed Certificate Dated	06/2	2/2022 WIT	H ID: W251	15039.		
Cov	verage applies to the followin	g ch	apte	er: Common Ground Ou	tdoor	Adventure	s.			
_	0/27/22									
	ogram Start Date: 8/27/22									
PIC	ogram End Date: 8/27/22									
CF	RTIFICATE HOLDER				CAN	CELLATION				
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								ESCRIBED POLICIES BE CA		
								EREOF, NOTICE WILL E Y PROVISIONS.)C DE	TIAEVED IIA
_	unich Giba				AUTHO	RIZED REPRESE	NTATIVE			
CO	rnish City						_			

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13322 N 4400 W Richmond, UT 84333

AGENCY CUSTOMER ID:	
LOC #:	



Page 2 of 2

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

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FOR	DITIONAL REMARKS FORM IS A SCHEDULE 1	TO ACORD FORM
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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.

ACORD 101 (2008/01)

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SR ID: 22740162

BATCH: 2571166

CERT: W25123958



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

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			TC	ONTACT			-	
PRODUCER Willis Towers Watson Northeast, Inc.		CONTACT Willis Towers Watson Certificate Center						
c/o 26 Century Blvd	(A	PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378						
P.O. Box 305191	E. A	E-MAIL ADDRESS: certificates@willis.com						
Nashville, TN 372305191 USA				INS	SURER(S) AFFOR	DING COVERAGE		NAIC#
			IN	SURERA: Arch I	nsurance Co	mpany		11150
INSURED				ISURER B :				
Move United			IIS	ISURER C :				
451 Hungerford Drive Suite 608				ISURER D :				
Rockville, MD 20850				ISURER E :				
				ISURER F :				
COVERAGES CER	TIFIC	ΔΤΕ	NUMBER: W25123970	ISORLINI .		REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES	OF IN	VSUR	RANCE LISTED BELOW HAVE	BEEN ISSUED TO	THE INSURE	D NAMED ABOVE FOR TH	IE POL	ICY PERIOD
INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIRI PERT <i>A</i>	EME!	NT, TERM OR CONDITION OF THE INSURANCE AFFORDED	F ANY CONTRACT BY THE POLICIE EEN REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	OCUMENT WITH RESPE	י טו וכ	WHICH THIS
INSR LTR TYPE OF INSURANCE	ADDL S	SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
COMMERCIAL GENERAL LIABILITY	INSU	VVVD	T OZIOT HOMBER	(Ming St. 1 1 1)	(EACH OCCURRENCE	\$	1,000,000
CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
A CEANNIS-WADE TO COOK						MED EXP (Any one person)	\$	Excluded
	Y		SBCGL0408104	12/01/2021	12/01/2022	PERSONAL & ADV INJURY	\$	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	5,000,000
PRO-						PRODUCTS - COMP/OP AGG	\$	5,000,000
POLICY JECT LOC * OTHER: CLUB							\$	
AUTOMOBILE LIABILITY		_				COMBINED SINGLE LIMIT (Ea accident)	\$	
ANY AUTO						BODILY INJURY (Per person)	\$	
OWNED SCHEDULED						BODILY INJURY (Per accident)	\$	
AUTOS ONLY AUTOS NON-OWNED						PROPERTY DAMAGE (Per accident)	\$	
AUTOS ONLY AUTOS ONLY				-		(Fer accident)	\$	
UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE		-				AGGREGATE	\$	
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DED RETENTION \$ WORKERS COMPENSATION						PER OTH-		
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$	
OFFICER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE		
If yes, describe under						E.L. DISEASE - POLICY LIMIT	\$	
DESCRIPTION OF OPERATIONS below	\vdash							
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES /A	CORD	101 Additional Remarks Schedule	may be attached if mor	e space is require	ed)		
This Voids and Replaces Previous	ly Is	ssue	ed Certificate Dated 0	6/22/2022 WIT	H ID: W251	15050.		
•	-							
Coverage applies to the followin	g cha	apte	r: Common Ground Outd	oor Adventure	s.			
Program Start 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.
Trenton City	AUTHORIZED REPRESENTATIVE
Mendon City	
15 N. Main,	Il Hey
Mendon, UT 84325	//4 v -/

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Program End Date: 8/27/22

AGENCY CUSTOMER ID:	
LOC#	



ADDITIONAL REMARKS SCHEDULE Page 2 of 2

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

	Live BALL Bee Fage 1
ADDITIONAL REMARKS	
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACO	ORD FORM,
FORM NUMBER:25 FORM TITLE: Certificate of	Liability Insurance
stops fully stocked at safe intervals, first aid	t or Precautions: helmets and other safety equipment required, rest stations, food and water provided throughout the ride, sag vehicles id, 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 I	Insured as respects to General Liability.

CERT: W25123970



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.

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

If SUBROGATION IS WAIVED, subject this certificate does not confer rights to	to th	e tei	ms and conditions of th	e polic	cy, certain pe dorsement(s	olicies may ı).	require an end	lorsemen	t. As	tatement on
PRODUCER				CONTAI NAME:	CT Willis T	owers Watso	on Certificat	te Cente	2	
Willis Towers Watson Northeast, Inc.		PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378								
c/o 26 Century Blvd P.O. Box 305191				E-MAIL	ec certifi	cates@willi	s.com	1 (0.2.2)	-	
Nashville, TN 372305191 USA			INSURER(S) AFFORDING COVERAGE						NAIC#	
Musinville, in Discours com				INCUDE		nsurance Co				11150
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INSURED Move United				INSURE						1 5
451 Hungerford Drive				INSURE						1
Suite 608 Rockville, MD 20850				INSURE						
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			W25124144	INSURE	RF:		DEVISION NU	MDED.		
COVERAGES CER THIS IS TO CERTIFY THAT THE POLICIES	TIFIC	AIL	NUMBER: W25124144	/E DEE	N ISSUED TO		REVISION NU		JE DO	LICY PERIOD
INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY I EXCLUSIONS AND CONDITIONS OF SUCH	QUIRI PERTA POLIC	EME! AIN, IES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WIT	TH RESPE	CT TO	WHICH THIS
INSR LTR TYPE OF INSURANCE	ADDL S INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
COMMERCIAL GENERAL LIABILITY							EACH OCCURREN		\$	1,000,000
CLAIMS-MADE X OCCUR							DAMAGE TO REN PREMISES (Ea oc		\$	1,000,000
A							MED EXP (Any one	e person)	\$	Excluded
	Y		SBCGL0408104		12/01/2021	12/01/2022	PERSONAL & AD\	/ INJURY	\$	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGRE	GATE	\$	5,000,000	
POLICY PRO- LOC							PRODUCTS - COM	/IP/OP AGG	\$	5,000,000
AUTOMOBILE LIABILITY							COMBINED SINGL	E LIMIT	\$	
							(Ea accident) BODILY INJURY (I	Per nerson)	\$	
ANY AUTO OWNED SCHEDULED							BODILY INJURY (I		\$	
AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMA		\$	
AUTOS ONLY AUTOS ONLY							(Per accident)		\$	
UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$	
EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
DED RETENTION \$							PER	OTH-	\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							STATUTE	ĔŔ		
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDI	ENT	\$	
(Mandatory in NH)							E.L. DISEASE - EA	EMPLOYEE	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL This Voids and Replaces Previous	ES (AG	cord	101, Additional Remarks Scheduled Certificate Dated	le, may be 06/22	e attached if more	e space is require H ID: W251	ed) 15026.			
Coverage applies to the following	g cha	apte	r: Common Ground Out	tdoor	Adventure	s				
Program Start Date: 8/27/22										
Program End Date: 8/27/22										
CERTIFICATE HOLDER				CANC	ELLATION					
				THE	EXPIRATION	N DATE THE	ESCRIBED POLI EREOF, NOTICI Y PROVISIONS.			
				AUTHO	RIZED REPRESE	NTATIVE				
Clarkston City 50 S. Main					,00	J.				

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Clarkston, UT 84305

AGENCY CUSTOMER ID:	
LOC #·	



Page 2 of 2

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

ADDITIONAL REMARKS
ADDITIONAL REWARKS
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.

ACORD 101 (2008/01)

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SR ID: 22740169 BATCH: 2571212 CERT: W25124144



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 th	SUBROGATION IS WAIVED, subject to is certificate does not confer rights to	o the	e tern certif	ficate holder in lieu of su	icn end	orsement(s)				асешент оп
PROI	DUCER				NAME:	' Willis To	owers Watso	n Certificate Center	1 00-	467 0070
Will	lis Towers Watson Northeast, Inc.				PHONE (A/C, No	, Ext): 1-877-	945-7378		T-888	-467-2378
	26 Century Blvd . Box 305191				E-MAIL ADDRES	Ss: certific	cates@willi:	s.com		
	. Box 305191 hville, TN 372305191 USA					INS	URER(S) AFFORI	DING COVERAGE		NAIC#
			_		INSURE	RA: Arch Ir.	nsurance Co	mpany		11150
INSU					INSURE	RB:				
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	Hungerford Drive te 608				INSURE					
	kville, MD 20850				INSURE	RE:				
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ÇO	VERAGES CERT	TFIC	ATE	NUMBER: W25124537				REVISION NUMBER:	E 50:	IOV DEDICE
TI IN CI E	HIS IS TO CERTIFY THAT THE POLICIES OF ADMINISTRATION OF STREET OF MAY PERFORMED OF MAY PACLUSIONS AND CONDITIONS OF SUCH PROCESS.	OF IN QUIRI PERTA POLIC	NSUR/ EMEN AIN, T CIES. L	ANCE LISTED BELOW HAV IT, TERM OR CONDITION (THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE (OF AIN	THE POLICIES REDUCED BY F	S DESCRIBED PAID CLAIMS.	HEREIN IS SUBJECT TO	ALL T	
INSR LTR		NSD.	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		1,000,000
	★ COMMERCIAL GENERAL LIABILITY		1					DAMAGE TO RENTED	\$	1,000,000
	CLAIMS-MADE X OCCUR		1					PREMISES (Ea occurrence)	\$	Excluded
A		, l	1			12/01/2021	12/01/2022	MED EXP (Any one person)	\$	1,000,000
		Y		SBCGL0408104		12/01/2021	12/01/2022	PERSONAL & ADV INJURY GENERAL AGGREGATE	\$	5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$	5,000,000
	POLICY PRO- JECT LOC							THOUSE TO FOOM TOP AGG	\$	
	X OTHER: CLUB		\vdash					COMBINED SINGLE LIMIT	\$	
	AUTOMOBILE LIABILITY	}						(Ea accident) BODILY INJURY (Per person)	\$	
	ANY AUTO OWNED SCHEDULED								\$	
	AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
	IMPRELIATION		\vdash					EACH OCCURRENCE	\$	
	UMBRELLA LIAB OCCUR			,				AGGREGATE	\$	
	EXCESS LIAB CLAIMS-MADE								\$	
	DED RETENTION \$ WORKERS COMPENSATION		-					PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABILITY Y / N							E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED:	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - POLICY LIMIT	\$	
	DESCRIPTION OF OPERATIONS below		+							
DEC	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES /A	\CORD	101, Additional Remarks Schedu	le, may b	e attached if mor	e space is require	ed)		
Th	is Voids and Replaces Previousl	ly I	[ssue	ed Certificate Dated	. 06/2	2/2022 WIT	H ID: W251	15035.		
Co.	verage applies to the following	g ch	apte	er: Common Ground Ou	tdoor	Adventure	s			
	ogram Start Date: 08/27/2022 ogram End Date: 08/27/2022									
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CE	ERTIFICATE HOLDER				T T					. FD D=====
					I THE	= EXPIRATIO	N DATE THI	DESCRIBED POLICIES BE C EREOF, NOTICE WILL I CY PROVISIONS.	ANCEL BE DI	LED BEFORE ELIVERED IN
					AUTHO	ORIZED REPRESE	NTATIVE			

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Newton City 51 S. Center Newton, UT 84327

AGENCY CUSTOMER ID:	
LOC #	



Page 2 of 2

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

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.

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SR ID: 22740157

BATCH: 2571274

CERT: W25124537



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

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

IMPORTANT: If the certificate holder in If SUBROGATION IS WAIVED, subject this certificate does not confer rights to	to th	e teri	ms and conditions of the	e policy, certain po	olicies may r	equire an endorsement.	A sta	tement on	
	tne	certi	incate indicer in neu di su	CONTACT Willis To	owers Watso	n Certificate Center			
PRODUCER Willis Towers Watson Northeast, Inc.			-	CONTACT Willis Towers Watson Certificate Center NAME: PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No, Ext): 1-888-467-2378					
c/o 26 Century Blvd				(A/C, No. Ext): 1-8/7-945-7376 (A/C, No):					
P.O. Box 305191						NAIC#			
Nashville, TN 372305191 USA						DING COVERAGE		NAIC# 11150	
				INSURERA: Arch In	nsurance Co	mpany			
INSURED				INSURER B :					
Move United				INSURER C :					
451 Hungerford Drive Suite 608				INSURER D :					
Rockville, MD 20850				INSURER E :					
				INSURER F :					
	TIEIO	A TE	NUMBER: W25124713	INSURENT.		REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	OF II QUIR PERTA POLIC	NSUR EMEN AIN, 1 CIES. I	ANCE LISTED BELOW HAV NT, TERM OR CONDITION THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE	ED BY THE POLICIE BEEN REDUCED BY	THE INSURE OR OTHER I S DESCRIBEI PAID CLAIMS.	D NAMED ABOVE FOR TH DOCUMENT WITH RESPEC D HEREIN IS SUBJECT TO	ALL T	CY PERIOD VHICH THIS HE TERMS,	
INSR LTR TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	S	1 222 222	
COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000	
CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
05/11110 113/15						MED EXP (Any one person)	\$	Excluded	
A	Y		SBCGL0408104	12/01/2021	12/01/2022	PERSONAL & ADV INJURY	\$	1,000,000	
						GENERAL AGGREGATE	\$	5,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	5,000,000	
POLICY PRO- JECT LOC						PRODUCTS - COMPTOF ACC	\$		
X OTHER: CLUB						COMBINED SINGLE LIMIT	\$		
AUTOMOBILE LIABILITY						(Ea accident)			
ANY AUTO						BODILY INJURY (Per person)	\$		
OWNED SCHEDULED						BODILY INJURY (Per accident)	\$		
AUTOS ONLY AUTOS NON-OWNED						PROPERTY DAMAGE (Per accident)	\$		
AUTOS ONLY AUTOS ONLY							\$		
	-					EACH OCCURRENCE	\$		
UMBRELLA LIAB OCCUR						AGGREGATE	\$		
EXCESS LIAB CLAIMS-MADE	1					AGGREGATE	\$		
DED RETENTION \$						PER OTH-	ð.		
WORKERS COMPENSATION									
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$		
DESCRIPTION OF OPERATIONS below	-								
	<u> </u>				na angga je raguji	ad)	L		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORE) 101, Additional Remarks Schedu	ile, may be attached if mo	re space is requii iローロ・ロントロント1	eu) 15038			
This Voids and Replaces Previous	ly I	ssue	ed Certificate Dated	. 06/22/2022 WII	.H ID. W231	.13030.			
			10-		. ~				
Coverage applies to the following	g ch	apte	er: Common Ground Ou	tdoor Adventure	:5				
Program Start Date: 08/27/2022									
Program End Date: 08/27/2022									
				CANADA ATION					
CERTIFICATE HOLDER				CANCELLATION					
				OUGUED ANY OF	THE ABOVE I	DESCRIBED POLICIES BE C	ANCEL	LED BEFORE	
				THE EXPIRATIO	N DATE TH	EREOF, NOTICE WILL	BE DE	LIVERED IN	
				AUTHORIZED REPRES	ENTATIVE				
Petersboro City									
15 N main				1 ,01	Hey				
Richmond, UT 84333				MA	7				

AGENCY CUSTOMER ID:	
LOC#	



Page 2 of 2

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

ADDITIONAL REMARKS

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.

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SR ID: 22740158

BATCH: 2571370

CERT: W25124713



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

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REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

If	SUI	RTANT: If the certificate holder BROGATION IS WAIVED, subject certificate does not confer rights t	to the	he te	rms and conditions of th	ie polic uch en	cy, certain p dorsement(s	olicies may :).	require an endors	sement	. A s	pe endorsed. Statement on
	DUCE					CONTA NAME:	^{CT} Willis T	owers Watso	on Certificate	Center		
Willis Towers Watson Northeast, Inc. c/o 26 Century Blvd					PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378					8-467-2378		
		ox 305191				E-MAIL ADDRE	ss: certifi	cates@willi	.s.com			
		lle, TN 372305191 USA					INS	SURER(S) AFFOR	RDING COVERAGE			NAIC#
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		le, MD 20850				INSURER D : INSURER E :						
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INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3	
	×	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED		\$	1,000,000
		CLAIMS-MADE X OCCUR							PREMISES (Ea occurr	0.1.007	\$	Excluded
A			Y				10 (01 (0001	70 (01 (0000	MED EXP (Any one pe		\$	
			1		SBCGL0408104		12/01/2021	12/01/2022	PERSONAL & ADV IN	JURY	\$	1,000,000
	GEI	N'L AGGREGATE LIMIT AP <u>PLIE</u> S PER:							GENERAL AGGREGA	TE	\$	5,000,000
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	×										\$	
	ΑU	TOMOBILE LIABILITY							COMBINED SINGLE L (Ea accident)	IMIT	\$	
		ANY AUTO							BODILY INJURY (Per	person)	\$	
		OWNED SCHEDULED							BODILY INJURY (Per	accident)	\$	
	-	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE (Per accident)		\$	
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	AND	EMPLOYERS' LIABILITY Y/N									\$	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT			
	(Mai	ndatory in NH)							E.L. DISEASE - EA EM			
	DÉS	SCRIPTION OF OPERATIONS below		-					E.L. DISEASE - POLIC	YLIMIT	\$	
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DES	CRID.	TION OF OPERATIONS / LOCATIONS / VEHIC	LES /	ACORD) 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is require	ed)			
Thi	Ls V	Voids and Replaces Previous	ly l	[ssue	ed Certificate Dated	06/2	2/2022 WIT	H ID: W251	15040.			
Cov	era	age applies to the followin	g ch	napte	er: Common Ground Ou	tdoor	Adventure	s				
Pro	gra	am Start Date: 08/27/2022										
Pro	gra	am End Date: 08/27/2022										
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					

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

AGENCY CUSTOMER ID:	
LOC #:	



Page 2 of 2

A D D ITION LA DELLA DICO					
See Page 1	EFFECTIVE DATE: See Page 1				
See Page 1					
CARRIER					
See Page 1	Rockville, MD 20850				
	Suite 608				
POLICY NUMBER	1				
		451 Hungerford Drive			
Willis Towers Watson Northeast, Inc.		Move United			
AGENCY	NAMED INSURED				

ADDITIONAL REMARKS

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.

ACORD 101 (2008/01)

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SR ID: 22740159

BATCH: 2571669

CERT: W25127812



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

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REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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	DDUCER				CONTA	CT Willis T	owers Watso	on Certificat	e Center	:	
Willis Towers Watson Northeast, Inc.					CONTACT Willis Towers Watson Certificate Center NAME: PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378					3-467-2378	
•	26 Century Blvd					U, EXI).		s com	1 (700, 110)		
•	D. Box 305191				ADDRE						NAIC#
Nas	shville, TN 372305191 USA							RDING COVERAGE			NAIC# 11150
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	ve United L Hungerford Drive				INSUR	ERC:					
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Roo	ckville, MD 20850				INSUR	ER E :					
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INSI	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT		4 000 000
	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENT		\$	1,000,000
	CLAIMS-MADE X OCCUR							PREMISES (Ea oc	currence)	\$	1,000,000
A								MED EXP (Any one	e person)	\$	Excluded
l		Y		SBCGL0408104		12/01/2021	12/01/2022	PERSONAL & ADV	'INJURY	\$	1,000,000
	OFFICE A CORPORATE LIMIT APPLIES PER							GENERAL AGGRE	GATE	\$	5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							PRODUCTS - CON		\$	5,000,000
								11(050010 00)		\$	
	X OTHER: CLUB		-			 		COMBINED SINGL	E LIMIT	\$	
	AUTOMOBILE LIABILITY							(Ea accident) BODILY INJURY (F	Por porcon)	\$	
	ANY AUTO										
1	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (F		\$	
1	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	.GE	\$	
	AGTOG GNET									\$	
一	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
l	OLY MINO WIND	1								\$	
<u> </u>	DED RETENTION \$ WORKERS COMPENSATION	-	-					PER STATUTE	OTH- ER		
	AND EMPLOYERS' LIABILITY Y / N									•	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	.					E.L. EACH ACCIDE		\$	
	(Mandatory in NH)							E.L. DISEASE - EA	EMPLOYEE		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PC	LICY LIMIT	\$	
			l								
1				1				į			
DE:	SCRIPTION OF OPERATIONS / LOCATIONS / VEHIC is Voids and Replaces Previous	LES (ACORE	D 101, Additional Remarks Schedu ed Certificate Dated	le, may b 06/2	pe attached if more	e space is requir H ID: W251	ed) 15043.			
Co	verage applies to the followin	g cl	napte	er: Common Ground Ou	tdoor	Adventure	s				
I_											
	ogram Start Date: 8/27/22										
Pr	ogram End Date: 8/27/22										
					<u> </u>	OFLI ATION					
CE	RTIFICATE HOLDER				CAN	CELLATION			· · · · · · · · · · · · · · · · · · ·		
					THE	EXPIRATION	N DATE THE	ESCRIBED POLI EREOF, NOTICI Y PROVISIONS.	CIES BE C	ANCEL BE DE	LED BEFORE LIVERED IN
_	to a gitter	AUTHORIZED REPRESENTATIVE									
	Trenton City					10.0					
1 1	7 E. Main	Modern									

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Richmond, UT 84333

AGENCY CUSTOMER ID: _	
LOC #·	



Page 2 of 2

POLICY NUMBER See Page 1	451 Hungerford Drive Suite 608 Rockville, MD 20850				
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

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

ACORD 101 (2008/01)

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SR ID: 22740170

BATCH: 2571609

CERT: W25127117

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

07/18/2022 3:48 PM



Angie Zetterquist <angie.zetterquist@cachecounty.org>

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

Matt Phillips <matt.phillips@cachecounty.org> To: Angie Zetterquist <angie.zetterquist@cachecounty.org>

Tue, Aug 2, 2022 at 1:58 PM

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> 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



Angie Zetterquist <angie.zetterquist@cachecounty.org>

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

Joel Merritt < joel.merritt@cachecounty.org> To: Angie Zetterquist < Angie. Zetterquist@cachecounty.org>

Tue, Aug 2, 2022 at 6:56 PM

I see no issues.

Sent from my iPhone

On Jul 27, 2022, at 9:45 AM, Angie Zetterquist Angie.Zetterquist@cachecounty.org wrote:

[Quoted text hidden]

2 attachments



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

Mon, Aug 1, 2022 at 9:02 AM

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]



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