

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) XX/XX/XXXX

the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to certificate holder in lieu of such endorsement(s).  PRODUCER  P	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.										
Model:  Model	IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).										
A ATTOMORE LIMBUTY     A GENERAL LAGERGATE A SOUDOOD     A ATTOMINE LIMBUTY     A GENERAL LAGERGATE A SOUDOOD     A A						NAME:					
INSURER 0: INSURE 0: INSURER 0: INSURE 0: I	xxxxxxxxxxxxxxxxxxxxxxx					PHONE FAX (A/C, No, Ext): (A/C, No): E-MAIL					
INSURE A : XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						ADDRE		URER(S) AFFOR	DING COVERAGE	NAIC #	
AUTOWORDE LABILITY     AUTOWORDE LABILIT											
ADDRESS MUST MACH CONTRACT       INSURE D : INSURE P :       REVISION NUMBER:         COVERAGES       CERTIFICATE NUMBER:       REVISION NUMBER:         This IS TO CERTIFY THAT THE POLICES CO F INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURE POLICING TO ALL THE TEP COVERAGES AND CONDITIONS OF SUCH POLICIES. UNITS SHOWN MAY HAVE BEEN ISSUED TO THE INSURE ON ANTH RESPECT TO ALL THE TEP EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. UNITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TEP EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. UNITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TEP EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. UNITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICY ES DESCRIBED HEREIN IS SUBJECT TO ALL THE TEP EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. UNITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICY BY ALL CHAINS.         INFORMECIAL CENERAL LIABILITY       X       X       XXXXXXXX       XXXXXXXX       EACH OCCURRENCE \$ 5,000,000 EBECERTIFICATE AUXIMANCE         INFORMECIAL CENERAL LIABILITY       X       X       XXXXXXXXX       XXXXXXXXX       EACH OCCURRENCE \$ 5,000,000 EBECERTIFICATE AUXIMANCE       5,000,000 EBECERTIFICATE AUXIMANCE       5,000,000         INFORMECIAL CENERAL LIABILITY       X       X       XXXXXXXXXX       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	INSURED					INSURER B :					
ADDRESS MUST MATCH CONTRACT	****					INSURER C :					
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NER       TYPE OF INSURANCE       MORE WOD       POLICY NUMBER       POLICY NUMBER       POLICY REV       EACH OCCURRENCE       \$ 5,000,000         A       A       COMMERCIAL GENERAL LABULTY       X       X       XX/XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	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.										
A       GENERAL LUBBILITY       X       X       X       X       XX/XX/XX       XX/XX/XX       XX/XX/XX       EACH OCCURENCE       \$       5.000,000         GENERAL LUBBILITY       CLAIMS-MADE       X       X       XX/XX/XX       XX/XX/XX       XX/XX/XX       XX/XX/XX       XX/XX/XX       XX/XX/XX       EACH OCCURENCE       \$       5.000,000         GENERAL LUBBILITY       CALMS-MADE       X       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	INSR LTR	TYPE OF INSURANCE					POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
X       COMMERCIAL GENERAL LIABILITY       S 300,00         MADE EXP (ANY ORD PERSON & NONE         GENL AGGREGATE LIMIT APPLIES PER- POLICY       NONE         POLICY       PERSONAL & ADV INULRY       S .000,000         A NOTOBERICAL UBLITY       NONE         A AUTOMOBIC LIABILITY       S .000,000         A AUTOMOBIC LIABILITY       S .000,000         A AUTONG       SCHEDULED         ALTON       SCHEDULED         AUTONG       SCHEDULED         AUTONGERULABULITY <td></td> <td>GENERAL LIABILITY</td> <td></td> <td></td> <td></td> <td>xxxx</td> <td></td> <td></td> <td>EACH OCCURRENCE \$ 5,</td> <td>000,000</td>		GENERAL LIABILITY				xxxx			EACH OCCURRENCE \$ 5,	000,000	
A     CLAIMS-MADE     X     COCUR     CLAIMS-MADE     X     COCUR     CLAIMS-MADE     X     COCUR     CLAIMS-MADE     X		X COMMERCIAL GENERAL LIABILITY	-	-			,	,	PREMISES (Ea occurrence) \$ 30	0,000	
A       A		CLAIMS-MADE X OCCUR							MED EXP (Any one person) \$ N(		
GENULAGGREGATE LIMIT APPLIES PER:       POLICY       JECT       LOC       S         A       AUTOMOBILE LIABILITY       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX									PERSONAL & ADV INJURY \$		
A       AUTOMOBILE LABILITY       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX									GENERAL AGGREGATE \$		
A       POLICY       JECT       LDC       ComBINED SINGLE LIMIT       ComBINED SINGLE LIMIT       S.000,000         A       AUTON       SCHEDULED       AUTON       SCHEDULED       S.000,000       BODILY INJURY (Per secolent)       S         ALTON       AUTON       AUTON       SCHEDULED       AUTON       SCHEDULED       S         ALTONED       AUTON       AUTON       SCHEDULED       S       BODILY INJURY (Per secolent)       S         HIRED AUTOS       AUTON       AUTON       SCHEDULED       S       BODILY INJURY (Per secolent)       S         MUBRELIA LIAB       OCCUR       CLAIMS-MADE       S       AGGREGATE       S         DED       RETENTION \$       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		PRO-								000,000	
A       NO OUNCELL       NO AUTOR       SCHEDULED         ALL OWNED       SCHEDULED       AUTOS       AUTOS       SCHEDULED         HIRED AUTOS       AUTOS       AUTOS       SCHEDULED         HIRED AUTOS       AUTOS       AUTOS       SCHEDULED         HIRED AUTOS       AUTOS       AUTOS       SCHEDULED         MORENS COMPENSATION       AUTOS       SCHEDULED       S         DED       RETENTION \$       CALIMIS-MADE       AUTOS         MORENS COMPENSATION       SCHEDULED       SCHEDULED       S         MORENS COMPENSATION       NAMOR       S       S         MORENS COMPENSATION       N/A       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		POLICY JECT LOC									
Attool       Attool       Attool       BODILY INJURY (Per accident)       S         Autool       Autos       Autos       S       BODILY INJURY (Per accident)       S         HRED AUTOS       Autos       S       S       S       S         UMBRELLA LIAB       OCCUR       S       Autos       S       S         DED       RETENTION S       AUTOS       S       AGGREGATE       S         A WORKERS COMPENSATION       VIN       VIN       N/A       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Α				*****	XXX	XX/XX/XX	XX/XX/XX	(Ea accident) \$ 5	,000,000	
AUTOS       AUTOS       AUTOS       PROPERTY DAMAGE       \$         HIRED AUTOS       AUTOS       S       \$         UMBRELLA LIAB       OCCUR       CLAIMS-MADE       AGREGATE       \$         DED       RETENTION \$       KANS-MADE       AGREGATE       \$         MORERS COMPENSATION       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX											
Image: Note of the processing of the procesing of the processing of the processing of the		NON-OWNED							PROPERTY DAMAGE		
Image: state in the image: state in		AUTOS							(Per accident)		
EXCESS LIAB       CLAIMS-MADE         DED       RETENTION S         A       WORKERS COMPENSATION AND PRIPOPRIETORPARTMER/EXCUTIVE       Y/N         A       ANY PROPRIETORPARTMER/EXCUTIVE       Y/N         A       AVY PROPRIETORPARTMER/EXCUTIVE       Y/N         A       N/A       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX											
DED       RETENTION \$       \$         A       WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PATTMER/EXECUTIVE (Mandadary in MH) If yes, describe under DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)       XX/XX/XX       X									• • • • • • • • •		
A       WORKERS COMPENSATION AND EMPLOYERS' LIABILITY AND PROPRIETOR/PARTNER/EXECUTIVE (Mandaday in Mi) if yes, describe under DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)       XX/XX/XX       XX/XX/XX <td></td>											
ANY PROPRIETOR PARTNER/EXECUTIVE       V/N         OFFICERMEMBER EXCLUDED?       N/A         If yes, describe under       E.L. DISEASE - EA EMPLOYEE         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES       (Attach ACORD 101, Additional Remarks Schedule, if more space is required)         Atlanta Motor Speedway, LLC, Speedway Globe, LLC, Speedway Motorsports, LLC, Sonic Financial Corporation, Speedway Holdings I, LLC, Speedway Holdings II, LLC, Speedway Children's Charities, and/or each of their subsidiaries and affiliates and their respective officers, managers, directors, employees and agents are added as Additional Insured to the liability policies.         CERTIFICATE HOLDER       CANCELLATION         Atlanta Motor Speedway       Should ANY of THE ABOVE DESCRIBED POLICIES BE CANCELLED BEF	A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE				****	xxx	xx <sub>XX/XX/XX</sub>	xx/xx/xx	X TORY LIMITS - ER		
Mandatory in NH)       E.L. DISEASE - EA EMPLOYEE \$ 5.000.000         If yes, describe under       E.L. DISEASE - POLICY LIMIT       \$ 5.000.000         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)       Image: Content of the image: Content o			N / A						E.L. EACH ACCIDENT \$ 5.	000.000	
DESCRIPTION OF OPERATIONS below       E.L. DISEASE - POLICY LIMIT       \$ 5,000,000         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)       Atlanta Motor Speedway, LLC, Speedway Globe, LLC, Speedway Motorsports, LLC, Sonic Financial Corporation, Speedway Holdings I, LLC, Speedway Holdings II, LLC, Speedway Children's Charities, and/or each of their subsidiaries and affiliates and their respective officers, managers, directors, employees and agents are added as Additional Insured to the liability policies.         CERTIFICATE HOLDER       CANCELLATION         Atlanta Motor Speedway       Should Any of THE ABOVE DESCRIBED POLICIES BE CANCELLED BEF		(Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE \$ 5,	000,000	
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Should and of the above described folicies be cancelled ber	Atlanta Motor Speedway										
							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE				
ACCORDANCE WITH THE POLICY PROVISIONS	Hampton, GA 30228										
AUTHORIZED REPRESENTATIVE							AUTHORIZED REPRESENTATIVE				
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