

**ACORD**<sup>TM</sup>**CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)  
9/11/17

**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>	K & K Insurance Group, Inc. P.O. Box 2338 Fort Wayne, In 46801	<b>CONTACT NAME:</b> MOTORSPORTS	<b>PHONE (A/C, No. Ext):</b> 800-348-1839	<b>FAX (A/C, No):</b> 260-459-5118
		<b>E-MAIL ADDRESS:</b> KK.MOTORSPORTS@KANDKINSURANCE.COM	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b>	SPORTS CAR CLUB OF AMERICA, INC.; SCCA PRO RACING, LTD.; SCCA FOUNDATION, INC.; SCCA ENTERPRISES, INC.; DES MOINES VALLEY REGION,	<b>INSURER A:</b> NATIONWIDE LIFE INSURANCE COMP	66869	
		<b>INSURER B:</b> NATIONAL CASUALTY COMPANY	11991	
		<b>INSURER C:</b>		
		<b>INSURER D:</b>		
		<b>INSURER E:</b>		
		<b>INSURER F:</b>		

**COVERAGES****CERTIFICATE NUMBER:**

1913483

**REVISION NUMBER:**

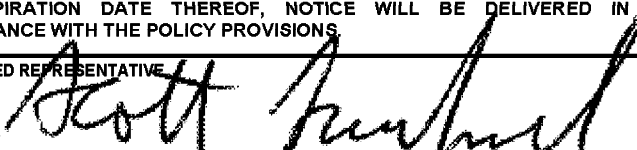
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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. NC=NOT COVERED

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR Owners & Contractors <input checked="" type="checkbox"/> \$250,000 E&O GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			KEO0006695600	12:01AM 1/01/17	12:01AM 1/01/18	EACH OCCURRENCE 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) 1000000 MED EXP (Any one person) NC PERSONAL & ADV INJURY 1000000 GENERAL AGGREGATE NONE PRODUCTS-COMP/OP AGG 5000000 Part Lgl Liab 1000000
	<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	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION			XKO0006695700	12:01AM 1/01/17	12:01AM 1/01/18	EACH OCCURRENCE 9000000 AGGREGATE 9000000
	<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			PER-STATUE OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
A	Participant Accident			KPX0027915400	12:01AM 1/01/17	12:01AM 1/01/18	AD&D 50000 Primary Medical NC Excess Medical 1000000 Weekly Indemnity 100 X 10

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

EVENT TYPE: TIME TRIAL/TRACK DAY 17-TDPDX-5276-S/17-TTCT-5277  
LOCATION: IOWA SPEEDWAY, NEWTON, IA EVENT DATE: OCTOBER 8, 2017  
\*\*PA MEMBER LIMITS SHOWN ABOVE SEE ADDENDUM FOR NON-MEMBER PA LIMITS\*\*

**CERTIFICATE HOLDER****CANCELLATION**

IOWA SPEEDWAY 3333 RUSTY WALLACE DRIVE NEWTON, IA ATTN: ERICH PFALZGRAF	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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AGENCY CUSTOMER ID: \_\_\_\_\_

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

CERTIFICATE: 1913483 DATE ISSUED: 9/11/17

**ACORD**<sup>TM</sup>

**ADDITIONAL REMARKS SCHEDULE**

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AGENCY K & K INSURANCE GROUP, INC.		NAMED INSURED SPORTS CAR CLUB OF AMERICA, INC.; SCCA PRO RACING, LTD.; SCCA FOUNDATION, INC.; SCCA ENTERPRISES, INC.; DES MOINES VALLEY REGION,
POLICY NUMBER GL KE00006695600 PA KPX0027915400 EX XK00006695700		
CARRIER SEE ACORD 25	NAIC CODE	EFFECTIVE DATE: SEE ACORD 25

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
FORM NUMBER: ACORD 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

PARTICIPANT ACCIDENT:  
CLASS 1 - NON-MEMBERS  
AD&D \$30,000  
MED X \$30,000  
WEEKLY INDEMNITY \$100 X 104 WEEKS

ADDITIONAL INSURED:

- A. ANY PERSON OR ORGANIZATION ENGAGED IN OPERATING, MANAGING, SANCTIONING, SPONSORING THE "COVERED PROGRAM", OR PROVIDING THE "PREMISES" FOR A "COVERED PROGRAM", INCLUDING OFFICIALS OF THE "COVERED PROGRAM".
- B. ANY "PARTICIPANT", "COMPETITION VEHICLE" OWNER AND "COMPETITION VEHICLE" SPONSOR.
- C. IOWA SPEEDWAY, LLC, ITS PARENT, THEIR SUBSIDIARIES, LIMITED LIABILITY AND AFFILIATED COMPANIES, AND THEIR RESPECTIVE SHAREHOLDERS, MEMBERS, DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, AND SPONSORS (COLLECTIVELY, THE "IMDEMNIFIED PARTIES") BUT ONLY WITH RESPECTS TO THE OPERATIONS OF THE NAMED INSURED.

EXCESS AGGREGATE EXISTS ONLY WHERE APPLICABLE.

SPORTS CAR CLUB OF AMERICA, INC. (SCCA); SCCA VENTURES, INC., AND ALL REGIONS, DIVISIONS AND CHAPTERS CHARTERED BY SCCA; ALL SCCA AND REGIONAL DIRECTORS, OFFICERS, OFFICIALS, MEMBERS, DRIVERS, CAR OWNERS, ENTRANTS, PIT CREWS AND ALL OTHER PARTICIPANTS BEARING SCCA AUTHORIZED CREDENTIALS, ALL SPONSORS/ADVERTISERS CONNECTED WITH A CAR OR AN SCCA OR SCCA VENTURES, INC. PRO RACING DIVISION SANCTIONED EVENT WHILE INVOLVED IN AND ACTING IN THEIR CAPACITY DURING THE PRESENTATION OR CONDUCT OF AN SCCA OR SCCA VENTURES, INC. PRO RACING DIVISION SANCTIONED EVENT. THIS INSURANCE IS PRIMARY AND NON-CONTRIBUTORY TO AN ANY OTHER INSURANCE AVAILABLE TO THE ADDITIONAL INSUREDS. A WAIVER OF SUBROGATION IS ALSO INCLUDED.