

CERTIFICATE OF LIABILITY INSURANCE

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

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 be endorsed. If SUBROGATION IS WAIVED, subject to

	e terms and conditions of the policy, ertificate holder in lieu of such endors						ement on th	is certificate does not confe	r rights to the	
PRODUCER					CONTACT NAME:					
VVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVV					PHONE FAX (A/C, No, Ext): (A/C, No):					
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					E-MAIL ADDRESS:					
					INSURER(S) AFFORDING COVERAGE NAIC #				NAIC #	
					INSURER A: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
INSURED					INSURER B:					
xxxxxxxxxxxxxxxxxxxxxx					INSURER C:					
					INSURER D:					
					INSURER E:					
COVERAGES CERTIFICATE AUTOER						INSURER F:				
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD										
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS										
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.										
INSR LTR				POLICY NUMBER	DEEN IN		POLICY EXP (MM/DD/YYYY)	LIMITS		
A	GENERAL LIABILITY		WVD	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	xxxx	XX/XX/XX	XX/XX/XX	EACH OCCURRENCE \$	5,000,000	
_	X COMMERCIAL GENERAL LIABILITY	Х				^^/^/	AN AN AN	B.114 OF TO BELITED	300,000	
	CLAIMS-MADE X OCCUR							PREIMISES (Ea OCCUITETICE)	NONE	
	OE WING IN IEE K GOOK							PERSONAL & ADV INJURY \$	5,000,000	
								-	NONE	
	GEN'L AGGREGATE LIMIT APPLIES PER:								5,000,000	
	POLICY PRO- JECT LOC							\$		
Α	AUTOMOBILE LIABILITY			xxxxxxxxxxxxxxxxxxxx	ххх	XX/XX/XX	XX/XX/XX	COMBINED SINGLE LIMIT (Ea accident) \$	5,000,000	
	X ANY AUTO							BODILY INJURY (Per person) \$		
	ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident) \$		
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident) \$		
								\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$		
	DED RETENTION\$							\$ WCSTATU- OTH		
A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		XX/XX/XX	XX/XX/XX	X TORY LIMITS - ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A							5,000,000	
	(Mandatory in NH) If yes, describe under								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)										
Prictal Mater Canadusy IIC Canadusy Metarcapete IIC Canis Financial Corneration Canadus										
	Bristol Motor Speedway, 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					
Bristol Motor Speedway, LLC					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
P.O. Box 3966										
Bristol, TN 37625					ACCORDANCE WITH THE POLICY PROVISIONS.					
					AUTHORIZED REPRESENTATIVE					
Attn: Marty Denton										