

ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)
5/07/26

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	K & K Insurance Group, Inc. P.O. Box 2338 Fort Wayne, In 46801	CONTACT NAME:	MOTORSPORTS	
		PHONE (A/C, No. Ext):	800-348-1839	FAX (A/C, No):
		E-MAIL ADDRESS:	KK.MOTORSPORTS@KANDKINSURANCE.COM	
		INSURER(S) AFFORDING COVERAGE	NAIC #	
		INSURER A:	MARKEL INSURANCE COMPANY	38970
		INSURER B:	MARKEL AMERICAN INSURANCE COMP	28932
		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		

COVERAGES**CERTIFICATE NUMBER:**

2144300

REVISION NUMBER:

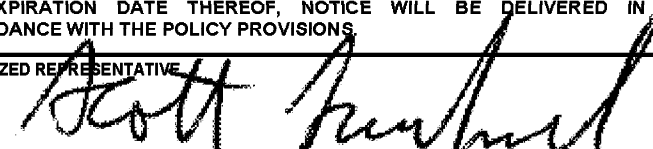
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR Owners & Contractors E&O \$250,000 GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PROJECT ☐ LOC ☒ OTHER: PER EVENT	Y	Y	MKM0500500204	12:01AM 1/01/26	12:01AM 1/01/27	EACH OCCURRENCE 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) 1000000 MED EXP (Any one person) NC PERSONAL & ADV INJURY 1000000 GENERAL AGGREGATE 5000000 PRODUCTS-COMP/OP AGG 5000000 BODILY INJ TO PART 1000000
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea Accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
B	☐ UMBRELLA LIAB ☒ OCCUR ☒ EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION			MKX0500500404	12:01AM 1/01/26	12:01AM 1/01/27	EACH OCCURRENCE 10000000 AGGREGATE 10000000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N ☐	N/A				PER-STATUE OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
A	Participant Accident			MKC0500500304	12:01AM 1/01/26	12:01AM 1/01/27	AD&D 75000 Primary Medical NONE Excess Medical 1000000 Weekly Indemnity 200 X 10

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

EVENT: SOLO DATE: 7/31-8/2/26 SANCTION# 26-SRG-67458
 LOCATION: LINCOLN AIRPARK, LINCOLN, NE
 ** PA MEMBER LIMITS SHOWN ABOVE SEE ADDENDUM FOR NON-MEMBER PA LIMITS **

CERTIFICATE HOLDER**CANCELLATION**

NEBRASKA REGION	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
-----------------	--

AGENCY CUSTOMER ID: _____

LOC # _____

CERTIFICATE: 2144300 DATE ISSUED: 5/07/26

ACORDTM**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY K & K INSURANCE GROUP, INC.		NAMED INSURED SPORTS CAR CLUB OF AMERICA, INC. D/B/A SCCA SCCA FOUNDATION, INC.; SCCA VENTURES, INC.; NEBRASKA REGION,
POLICY NUMBER GL MKM0500500204 EX MKX0500500404 PA MKC0500500304		
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

ADDITIONAL INSURED:

MED X \$30,000

WEEKLY INDEMNITY \$100 X 104 WEEKS

- A. ANY PERSON OR ORGANIZATION ENGAGED IN OPERATING, MANAGING, SANCTION 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. LINCOLN AIRPORT AUTHORITY; BUT ONLY WITH RESPECTS TO THE OPERATIONS OF THE NAMED INSURED.

THIS INSURANCE IS PRIMARY AND NON-CONTRIBUTORY TO ANY OTHER INSURANCE AVAILABLE TO THE ADDITIONAL INSURED. A WAIVER OF SUBROGATION IS ALSO INCLUDED. 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. ACCU-FIA AND NATIONAL MOTORSPORTS COALITION.