ACORD

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 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				CONTACT NAME:				
xxxxxxxxxxxxxxxxxxxxxxx				PHONE FAX (A/C, No, Ext): (A/C, No):				
			E-MAIL ADDRESS:					
				INSURER(S) AFFORDING COVERAGE NAIC #				
INSURED			INSURER B :					
*****			INSURER C :					
			INSURER D :					
-				INSURER E :				
COVERAGES CERTIFICATE NUMBER:				INSURER F : 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 TYPE OF INSURANCE INSR WVD				POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A GENERAL LIABILITY		*****	XXXX	XX/XX/XX	xx/xx/xx	DAMAGE TO DENTED	,000,000	
X COMMERCIAL GENERAL LIABILITY						PREMISES (Ea occurrence) \$ 3	00,000 ONE	
CLAIMS-MADE X OCCUR							,000,000	
							ONE	
GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$ 5	,000,000		
POLICY PRO- JECT LOC						\$ COMBINED SINGLE LIMIT		
A AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED SCHEDULED AUTOS		*****	xxx	XX XX/XX/XX	XX/XX/XX	(Ea accident) \$ BODILY INJURY (Per person) \$	5,000,000	
						BODILY INJURY (Per accident) \$		
HIRED AUTOS NON-OWNED						PROPERTY DAMAGE \$		
						\$		
UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$		
EXCESS LIAB CLAIMS-MADE						AGGREGATE \$		
A WORKERS COMPENSATION		 		xxx _{XX/XX/XX}	xx/xx/xx	X TORY LIMITS - ER		
AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under					~~/~~/~~		,000,000	
						E.L. DISEASE - EA EMPLOYEE \$ 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)								
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.								
L CERTIFICATE HOLDER				CANCELLATION				
Bristol Motor Speedway, LLC								
P.O. Box 3966				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN				
Bristol, TN 37625				ACCORDANCE WITH THE POLICY PROVISIONS.				
Attn: Julie Bennett				AUTHORIZED REPRESENTATIVE				
© 1988-2010 ACORD CORPORATION. All rights reserved.								