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

ACORD

CERTIFICATE OF LIABILITY INSURANCE

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		<u>in</u> lieu		ot		such	endorsement(s)	
PRODUCER XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				CONTACT NAME: PHONE (A/C, No, Ext): E-MAÎL ADDRESS:				
				INSURER(S) AFFORDING COVERAGE				
				INSURER A: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
INSURED XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				INSURER B:				
				INSURER C:				
				INSURER D:				
		INSURER E:						
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 SU	CH POLICIES. LIMITS	400000000000000000000000000000000000000	WN MAY	HAVE B	EEN REDUCED BY	PAID CLAIMS.	
INSR LTR TYPE OF INSURANCE	ADDL SUB INSR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A GENERAL LIABILITY	X X	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	(XXXX	XX/XX/XX	XX/XX/XX	EACH OCCURRENCE	5,00 0,000	
X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000	
CLAIMS-MADE X OCCUR	-					MED EXP (Any one person)	\$ 10,000	
						PERSONAL & ADV INJURY	\$ 5,000,000	
						GENERAL AGGREGATE	\$ 5,00 <mark>0,000</mark>	
GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	5,000,000	
POLICY PRO- JECT LOC							\$	
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
ANY AUTO ALL OWNED SCHEDULED						BODILY INJURY (Per person) BODILY INJURY (Per accident)	6	
AUTOS NON-OWNED						PROPERTY DAMAGE	9	
HIRED AUTOS AUTOS						(Per accident)	\$	
UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
DED RETENTION\$						WC STATU OTH	\$	
A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	1	XXXXXXXXXXXXXXXXXXXXXX	XXXX	XX/XX/XX	XX/XX/XX	WC STATU- X TORY LIMITS - ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A X					E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE S	\$ 5,000,000 \$ 5,000,000	
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		
Δ _		xxxxxxxxxxxxxxxxxxx	xxxx	XX/XX/XX	XX/XX/XX	\$15,000 (per Golf Cart)	2,000,000	
Property	X					4-1,000 (4-1-1-1-1)		
<u> </u>	1				1	I		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)								
As respects to golfcarts and all other operations by the named insured, SMISC Holdings, LLC, d/b/a SMI Properties; Atlanta Motor Speedway, LLC; Bristol Motor Speedway,								
LLC; Charlotte Motor Speedway, LLC; Nevada Speedway, LLC d/b/a Las Vegas Motor Speedway; New Hampshire Motor Speedway, Inc.; Speedway Sonoma, LLC a/k/a								
Infineon Raceway; Texas Motor Speedway, Inc.; Circuit of the Americas LLC; Speedway Children's Charities; Speedway Motorsports, LLC, Sonic Financial Corporation, Speedway Holdings I, LLC, Speedway Holdings II, LLC and/or its subsidiaries and affiliates and their respective shareholders, members, partners, officers, managers,								
directors, employees, and agents related to the operations are added as Additional Insured to the General Liability on a Primary basis and Loss Payee to the Property								
policy. A Waiver of Subrogation is provided under all policies as required by written contract and as allowed by state law.								
CERTIFICATE HOLDER				CANCELLATION				
SMISC Holdings LLC d/b/a SMI Properties								
5239 Z-MAX Blvd.				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Harrisburg, NC 28075								
Fax: 704-455-9319								
				AUTHORIZED REPRESENTATIVE				
© 1988-2010 ACORD CORPORATION. All rights res							II rights reserved	
				© 100	· · · · · · · · ·	John Jimiloiti A		