



MEMBER CERTIFICATE

CERTIFICATE NUMBER: CL2612868745

DATE: 1/28/2026

THIS CERTIFICATE REPRESENTS INSURANCE PROVIDED IN ACCORDANCE WITH THE FOLLOWING MASTER POLICY NUMBER: 3607AH010099-8

FIRST NAMED INSURED (MASTER POLICY HOLDER):

Silent Sports Association, Inc.

IN RETURN FOR THE PAYMENT OF THE PREMIUM AND SUBJECT TO ALL THE TERMS OF THE MASTER POLICY, WE AGREE TO PROVIDE THE INSURANCE AS STATED IN THIS CERTIFICATE.

NAMED INSURED (CERTIFICATE HOLDER)

Name and Mailing Address (No., Street, Town or City, County, State, Zip Code):

North Shore Cyclists, Inc.
194 Pearl St
Reading, PA 01867

Phone Number: 781-929-9085

Effective Date: 2/1/2026 at 12:01 a.m. Standard Time at your mailing address shown above.

Expiration Date: 2/1/2027

This replaces prior Member Certificate dated: None

Plan Administered By

RPS Bollinger, Inc.
150 JFK Parkway, 4th Floor
Short Hills, NJ 07078

Contact Information

Name: Scott Ziller
McKay Insurance Agency, Inc.
Phone: 800-942-0283
Fax: 641-828-2013
Email: sports@mckayinsagency.com

Insurer

Evanston Insurance Company
10 Parkway North
Deerfield, IL 60015

Producer Name And Mailing Address

McKay Insurance Agency, Inc.
106 East Main Street
P.O. Box 151
Knoxville, IA 50138

To Report A Claim

By Phone: 800-942-0283
By Fax: 641 828-2013
By E-mail: sports@mckayinsagency.com
By Mail: McKay Insurance Agency, Inc.
P.O. Box 151
Knoxville, IA 50138

Form Of Business

Form Of Business: [] Individual [] Partnership [] Joint Venture [] Limited Liability Company
[X] Organization, including a corporation (Other than partnership, joint venture or limited liability company)

Premises And Operations		
Location No.	Address	Operations
N/A	N/A	Club Coverage: 2/1/2026 – 2/1/2027

Limits Of Insurance		
Commercial General Liability		
General Aggregate:	\$3,000,000	
Products/Completed Operations Aggregate:	\$2,000,000	
Personal And Advertising Injury:	\$1,000,000	Any One Person Or Organization
Each Occurrence:	\$1,000,000	
Damage To Premises Rented To You:	\$300,000	Any One Premises
Medical Expense:	\$ EXCLUDED	Any One Person

Optional Coverages		
The following Optional Coverages apply to this Member Certificate only if indicated by an "X" in the checkbox(es) below:		
<input type="checkbox"/> Abuse Or Molestation Coverage:	\$	Each Person Limit
	\$	Aggregate Limit
<input type="checkbox"/> Additional Insured – Medical Personnel:	<input type="checkbox"/> Annual	
	<input type="checkbox"/> Single Event	Covered Event:
<input checked="" type="checkbox"/> Boats	Description Of Watercraft	Canoes, Kayaks, Stand-Up Paddle Boards, Dragon Boats – if applicable to the Named Insured's operations described above.
<input type="checkbox"/> Certified Trainers Professional Liability:	\$	Each Wrongful Act Limit
	\$	Each Wrongful Act Deductible
<input type="checkbox"/> Detached Trailer Coverage:	<input type="checkbox"/> Annual	
	<input type="checkbox"/> Single Event	Covered Event:
<input type="checkbox"/> Event Property Damage Limited Coverage:	<input type="checkbox"/> Annual	
	<input type="checkbox"/> Single Event	Covered Event:
	\$	Each Occurrence Limit
	\$	Aggregate Limit
	\$	Each Occurrence Deductible
<input type="checkbox"/> Non-Owned And Hired Automobile Liability Coverage:	\$	Each Occurrence Limit
<input type="checkbox"/> Waiver Of Transfer Of Rights Of Recovery (when required by written contract)		

Endorsements
Forms and endorsements applying to this Member Certificate and made part of this policy at time of issue: See MDIL 1001 Forms Schedule in the Master Policy

This Member Certificate, together with the Coverage Form and any Endorsement(s) attached to the Master Policy, complete the above numbered certificate. Coverage is subject to all terms, conditions, limitations, exclusions, and other provisions contained therein.

Member Certificate Annual Premium
Commercial General Liability Premium \$ 1,141.00
Taxes and Surcharges \$ 10.84
Total \$ 1,151.84

To review the Master Policy: Call 800-942-0283

Countersigned: September 22, 2025
Date

By: 
AUTHORIZED REPRESENTATIVE