





# ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)  
3/3/2014

AGENCY		CARRIER United States Fire Insurance Company		NAIC CODE 21113
POLICY NUMBER SRPGAPM-101-0413/USP140651		EFFECTIVE DATE 03/01/2014 12:01 AM	NAMED INSURED(S) Southern Off-Road Bicycle Association Club	

**ADDITIONAL INTEREST (Not all fields apply to all scenarios – provide only the necessary data)**

INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		Trips for Kids 610 4th Street San Rafael, CA 94901							LOCATION:
		REFERENCE / LOAN #:		INTEREST END DATE:				VEHICLE:	BOAT:
		LIEN AMOUNT:		PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:
								ITEM CLASS:	ITEM:
								ITEM DESCRIPTION	
REASON FOR INTEREST:				E-MAIL ADDRESS:				FAX (A/C, No):	

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		Appalachian Mountain Bike Club (AMBC) 132 S. Gay St. Knoxville, TN 37902							LOCATION:
		REFERENCE / LOAN #:		INTEREST END DATE:				VEHICLE:	BOAT:
		LIEN AMOUNT:		PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:
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		Birmingham Urban Mountain Pedalers (BUMP) PO Box 590061 Birmingham, AL 35259							LOCATION:
		REFERENCE / LOAN #:		INTEREST END DATE:				VEHICLE:	BOAT:
		LIEN AMOUNT:		PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:
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		Cape Fear SORBA 206 Scott Rd. Rocky Pt, NC 28457							LOCATION:
		REFERENCE / LOAN #:		INTEREST END DATE:				VEHICLE:	BOAT:
		LIEN AMOUNT:		PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:
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		Central Alabama Mountain Pedalers (CAMP) 444 Belmonte Dr. Auburn, AL 63830							LOCATION:
		REFERENCE / LOAN #:		INTEREST END DATE:				VEHICLE:	BOAT:
		LIEN AMOUNT:		PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:
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		Central Savannah River Area ( CSRA) PO Box 1351 Evans, GA 30809							LOCATION:
		REFERENCE / LOAN #:		INTEREST END DATE:				VEHICLE:	BOAT:
		LIEN AMOUNT:		PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:
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		Chattahoochee Valley Area SORBA (CVA) 1715 N. Dixon Dr. Columbus, GA 31906							LOCATION:
		REFERENCE / LOAN #:		INTEREST END DATE:				VEHICLE:	BOAT:
		LIEN AMOUNT:		PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:
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		Ellijay Mountain Bike Association (EMBA) 123 N. Main St. Ellijay, GA 30540							LOCATION:
		REFERENCE / LOAN #:		INTEREST END DATE:				VEHICLE:	BOAT:
		LIEN AMOUNT:		PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:
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		Flagler Area Biking SORBA 34 Uphire Path Palm Coast, FL 32164							LOCATION:
		REFERENCE / LOAN #:		INTEREST END DATE:				VEHICLE:	BOAT:
		LIEN AMOUNT:		PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:
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		Northeast GA - SORBA 2125 Elachee Dr. Gainesville, GA 30504							LOCATION:
		REFERENCE / LOAN #:		INTEREST END DATE:				VEHICLE:	BOAT:
		LIEN AMOUNT:		PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:
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		Greensboro Fat Tire Society (GFTS) 4601 Norsaw Ct Greensboro, NC 27410		LOCATION:	BUILDING:	VEHICLE:	BOAT:	AIRPORT:	AIRCRAFT:
		REFERENCE / LOAN #:	INTEREST END DATE:				ITEM DESCRIPTION		
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		Gwinnett Area Trail Riders (GATR) 805 Tribble Cove Dr. Lawrenceville, GA 30045		LOCATION:	BUILDING:	VEHICLE:	BOAT:	AIRPORT:	AIRCRAFT:
		REFERENCE / LOAN #:	INTEREST END DATE:				ITEM DESCRIPTION		
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		Midlands SORBA 543 Jake Meetze Rd Chapin, SC 29036		LOCATION:	BUILDING:	VEHICLE:	BOAT:	AIRPORT:	AIRCRAFT:
		REFERENCE / LOAN #:	INTEREST END DATE:				ITEM DESCRIPTION		
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		Nantahala Area SORBA 196 Blanton Branch Rd Sylva, NC 28779		LOCATION:	BUILDING:	VEHICLE:	BOAT:	AIRPORT:	AIRCRAFT:
		REFERENCE / LOAN #:	INTEREST END DATE:				ITEM DESCRIPTION		
		LIEN AMOUNT:	PHONE (A/C, No, Ex):		FAX (A/C, No):				
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		Northeast Alabama Bicycle Association (NEABA) PO Box 2414 Anniston, AL 36202		LOCATION:	BUILDING:	VEHICLE:	BOAT:	AIRPORT:	AIRCRAFT:
		REFERENCE / LOAN #:	INTEREST END DATE:				ITEM DESCRIPTION		
		LIEN AMOUNT:	PHONE (A/C, No, Ex):		FAX (A/C, No):				
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		Northwest Georgia SORBA 821 Brent Lane Dalton, GA 30720							LOCATION:
		REFERENCE / LOAN #:		INTEREST END DATE:				VEHICLE:	BOAT:
		LIEN AMOUNT:		PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:
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		Ocmulgee Mountain Bike Association (OMBA) 2368 Kingsley Dr Macon, GA 31204							LOCATION:
		REFERENCE / LOAN #:		INTEREST END DATE:				VEHICLE:	BOAT:
		LIEN AMOUNT:		PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:
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		Paulding SORBA dba SORBA West Georgia 350 Sinyard Circle Hiram, GA 30141							LOCATION:
		REFERENCE / LOAN #:		INTEREST END DATE:				VEHICLE:	BOAT:
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		Pisgah Area SORBA (PAS) PO Box 61 Asheville, NC 28776							LOCATION:
		REFERENCE / LOAN #:		INTEREST END DATE:				VEHICLE:	BOAT:
		LIEN AMOUNT:		PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:
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		Roswell Alpharetta Mountain Biking Organization (RAMBO) 250 Sea Holly Roswell, GA 30076							LOCATION:
		REFERENCE / LOAN #:		INTEREST END DATE:				VEHICLE:	BOAT:
		LIEN AMOUNT:		PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:
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		SORBA Athens 160 Providence Rd Athens, GA 30606							LOCATION:
		REFERENCE / LOAN #:		INTEREST END DATE:				VEHICLE:	BOAT:
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		SORBA Atlanta 2125 Elachee Dr. Gainesville, GA 30504							LOCATION:
		REFERENCE / LOAN #:		INTEREST END DATE:				VEHICLE:	BOAT:
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		SORBA Chattanooga PO Box 5836 Chattanooga, TN 37406							LOCATION:
		REFERENCE / LOAN #:		INTEREST END DATE:				VEHICLE:	BOAT:
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		SORBA Huntsville 113 Sturdivant St. Madison, AL 35758							LOCATION:
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								ITEM DESCRIPTION	
REASON FOR INTEREST:				E-MAIL ADDRESS:				FAX (A/C, No):	

<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		SORBA Jax 1906 Spoonbill St. Jacksonville, FL 32224							LOCATION:
		REFERENCE / LOAN #:		INTEREST END DATE:				VEHICLE:	BOAT:
		LIEN AMOUNT:		PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:
								ITEM CLASS:	ITEM:
								ITEM DESCRIPTION	
REASON FOR INTEREST:				E-MAIL ADDRESS:				FAX (A/C, No):	

The above are added as additional insured but only with respect to liability arising out of operations of the named insured during the policy period.



# ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)  
3/3/2014

AGENCY		CARRIER United States Fire Insurance Company		NAIC CODE 21113
POLICY NUMBER SRPGAPM-101-0413/USP140651		EFFECTIVE DATE 03/01/2014 12:01 AM	NAMED INSURED(S) Southern Off-Road Bicycle Association Club	

**ADDITIONAL INTEREST (Not all fields apply to all scenarios – provide only the necessary data)**

INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		SORBA Middle Tennessee PO Box 434 Hermitage, TN 37076							LOCATION:
		REFERENCE / LOAN #:		INTEREST END DATE:				VEHICLE:	BOAT:
		LIEN AMOUNT:		PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:
								ITEM CLASS:	ITEM:
								ITEM DESCRIPTION	
REASON FOR INTEREST:				E-MAIL ADDRESS:				FAX (A/C, No):	

INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		SORBA Woodstock 870 Castlewood Dr Woodstock, CA 30189							LOCATION:
		REFERENCE / LOAN #:		INTEREST END DATE:				VEHICLE:	BOAT:
		LIEN AMOUNT:		PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:
								ITEM CLASS:	ITEM:
								ITEM DESCRIPTION	
REASON FOR INTEREST:				E-MAIL ADDRESS:				FAX (A/C, No):	

INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		Southeast GA (SEGA) 290 Bailey Plantation Dr Richmond Hill, GA 31324							LOCATION:
		REFERENCE / LOAN #:		INTEREST END DATE:				VEHICLE:	BOAT:
		LIEN AMOUNT:		PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:
								ITEM CLASS:	ITEM:
								ITEM DESCRIPTION	
REASON FOR INTEREST:				E-MAIL ADDRESS:				FAX (A/C, No):	

INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		Tallahassee Mountain Bike Association (TMBA) 2932 Wellington Circle Tallahassee, FL 32309							LOCATION:
		REFERENCE / LOAN #:		INTEREST END DATE:				VEHICLE:	BOAT:
		LIEN AMOUNT:		PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:
								ITEM CLASS:	ITEM:
								ITEM DESCRIPTION	
REASON FOR INTEREST:				E-MAIL ADDRESS:				FAX (A/C, No):	

INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		Tarheel Trailblazers 182 Saddle Road Mooreville, NC 28115							LOCATION:
		REFERENCE / LOAN #:		INTEREST END DATE:				VEHICLE:	BOAT:
		LIEN AMOUNT:		PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:
								ITEM CLASS:	ITEM:
								ITEM DESCRIPTION	
REASON FOR INTEREST:				E-MAIL ADDRESS:				FAX (A/C, No):	

The above are added as additional insured but only with respect to liability arising out of operations of the named insured during the policy period.





# ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)  
3/3/2014

AGENCY		CARRIER United States Fire Insurance Company		NAIC CODE 21113
POLICY NUMBER SRPGAPM-101-0413/USP140651		EFFECTIVE DATE 03/01/2014 12:01 AM	NAMED INSURED(S) Southern Off-Road Bicycle Association Club	

**ADDITIONAL INTEREST (Not all fields apply to all scenarios – provide only the necessary data)**

<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		Triangle Off-Road Cyclists (TORC) PO Box 550 Mooreville, NC 27560		LOCATION:	BUILDING:	VEHICLE:	BOAT:	AIRPORT:	AIRCRAFT:
		REFERENCE / LOAN #:	INTEREST END DATE:				ITEM DESCRIPTION		
		LIEN AMOUNT:	PHONE (A/C, No, Ex):				FAX (A/C, No):		
REASON FOR INTEREST:					E-MAIL ADDRESS:				

<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		Tri-Cities SORBA 16035 Industrial Park Rd Bristol, VA 24202		LOCATION:	BUILDING:	VEHICLE:	BOAT:	AIRPORT:	AIRCRAFT:
		REFERENCE / LOAN #:	INTEREST END DATE:				ITEM DESCRIPTION		
		LIEN AMOUNT:	PHONE (A/C, No, Ex):				FAX (A/C, No):		
REASON FOR INTEREST:					E-MAIL ADDRESS:				

<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		Dothan Chapter – SAM Southeast AL Dothan, AL 36303		LOCATION:	BUILDING:	VEHICLE:	BOAT:	AIRPORT:	AIRCRAFT:
		REFERENCE / LOAN #:	INTEREST END DATE:				ITEM DESCRIPTION		
		LIEN AMOUNT:	PHONE (A/C, No, Ex):				FAX (A/C, No):		
REASON FOR INTEREST:					E-MAIL ADDRESS:				

<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		Upstate SORBA PO Box 9451 Greenville, SC 29604		LOCATION:	BUILDING:	VEHICLE:	BOAT:	AIRPORT:	AIRCRAFT:
		REFERENCE / LOAN #:	INTEREST END DATE:				ITEM DESCRIPTION		
		LIEN AMOUNT:	PHONE (A/C, No, Ex):				FAX (A/C, No):		
REASON FOR INTEREST:					E-MAIL ADDRESS:				

<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		West Alabama Mountain Biking Association (WAMBA) 13943 Saraland Northport, AL 35475		LOCATION:	BUILDING:	VEHICLE:	BOAT:	AIRPORT:	AIRCRAFT:
		REFERENCE / LOAN #:	INTEREST END DATE:				ITEM DESCRIPTION		
		LIEN AMOUNT:	PHONE (A/C, No, Ex):				FAX (A/C, No):		
REASON FOR INTEREST:					E-MAIL ADDRESS:				

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# ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)

3/3/2014

AGENCY		CARRIER United States Fire Insurance Company		NAIC CODE 21113
POLICY NUMBER SRPGAPM-101-0413/USP140651		EFFECTIVE DATE 03/01/2014 12:01 AM	NAMED INSURED(S) Southern Off-Road Bicycle Association Club	

**ADDITIONAL INTEREST (Not all fields apply to all scenarios – provide only the necessary data)**

<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		South Alabama Mountain Bicycling Association (SAMBA) 250 Dauphinwood Mobile, AL 36606							LOCATION:
		REFERENCE / LOAN #:		INTEREST END DATE:				VEHICLE:	BOAT:
		LIEN AMOUNT:		PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:
								ITEM CLASS:	ITEM:
								ITEM DESCRIPTION	
REASON FOR INTEREST:				E-MAIL ADDRESS:				FAX (A/C, No):	

<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		Northwest North Carolina Mountain Bike Alliance (NWNCA MTBA) PO Box 18 Lenior, NC 28645							LOCATION:
		REFERENCE / LOAN #:		INTEREST END DATE:				VEHICLE:	BOAT:
		LIEN AMOUNT:		PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:
								ITEM CLASS:	ITEM:
								ITEM DESCRIPTION	
REASON FOR INTEREST:				E-MAIL ADDRESS:				FAX (A/C, No):	

<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		Flint River SORBA 148 Johns Drive Leesburg, GA 37165							LOCATION:
		REFERENCE / LOAN #:		INTEREST END DATE:				VEHICLE:	BOAT:
		LIEN AMOUNT:		PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:
								ITEM CLASS:	ITEM:
								ITEM DESCRIPTION	
REASON FOR INTEREST:				E-MAIL ADDRESS:				FAX (A/C, No):	

<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		SORBA Orlando 111 Tarpon Circle Winter Springs, FL 32708							LOCATION:
		REFERENCE / LOAN #:		INTEREST END DATE:				VEHICLE:	BOAT:
		LIEN AMOUNT:		PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:
								ITEM CLASS:	ITEM:
								ITEM DESCRIPTION	
REASON FOR INTEREST:				E-MAIL ADDRESS:				FAX (A/C, No):	

<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		Athens Clarke County Leisure Services P O Box 1838 Athens, GA 30608							LOCATION:
		REFERENCE / LOAN #:		INTEREST END DATE:				VEHICLE:	BOAT:
		LIEN AMOUNT:		PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:
								ITEM CLASS:	ITEM:
								ITEM DESCRIPTION	
REASON FOR INTEREST:				E-MAIL ADDRESS:				FAX (A/C, No):	

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# ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)  
3/3/2014

AGENCY		CARRIER United States Fire Insurance Company		NAIC CODE 21113
POLICY NUMBER SRPGAPM-101-0413/USP140651		EFFECTIVE DATE 03/01/2014 12:01 AM	NAMED INSURED(S) Southern Off-Road Bicycle Association Club	

**ADDITIONAL INTEREST (Not all fields apply to all scenarios – provide only the necessary data)**

<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		US Army Corp of Engineers 5625 Anderson Hwy Hartwell, GA 30643		LOCATION:	BUILDING:	VEHICLE:	BOAT:	AIRPORT:	AIRCRAFT:
		REFERENCE / LOAN #:	INTEREST END DATE:				ITEM DESCRIPTION		
		LIEN AMOUNT:	PHONE (A/C, No, Ex):				FAX (A/C, No):		
REASON FOR INTEREST:					E-MAIL ADDRESS:				

<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		USPS - Long Cane Ranger District 810 Buncombe Street Edgefield, SC 29824		LOCATION:	BUILDING:	VEHICLE:	BOAT:	AIRPORT:	AIRCRAFT:
		REFERENCE / LOAN #:	INTEREST END DATE:				ITEM DESCRIPTION		
		LIEN AMOUNT:	PHONE (A/C, No, Ex):				FAX (A/C, No):		
REASON FOR INTEREST:					E-MAIL ADDRESS:				

<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		Army Corps of Engineers 510 Clarks Hill Hwy Clarks Hill, SC 29821		LOCATION:	BUILDING:	VEHICLE:	BOAT:	AIRPORT:	AIRCRAFT:
		REFERENCE / LOAN #:	INTEREST END DATE:				ITEM DESCRIPTION		
		LIEN AMOUNT:	PHONE (A/C, No, Ex):				FAX (A/C, No):		
REASON FOR INTEREST:					E-MAIL ADDRESS:				

<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		Trussville Parks & Recreation Department 5381 Trussville Clay Road Trussville, AL 35173		LOCATION:	BUILDING:	VEHICLE:	BOAT:	AIRPORT:	AIRCRAFT:
		REFERENCE / LOAN #:	INTEREST END DATE:				ITEM DESCRIPTION		
		LIEN AMOUNT:	PHONE (A/C, No, Ex):				FAX (A/C, No):		
REASON FOR INTEREST:					E-MAIL ADDRESS:				

<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		Alabama Historic Ironworks Commission 12632 Confederate Parkway McCalla, AL 35111		LOCATION:	BUILDING:	VEHICLE:	BOAT:	AIRPORT:	AIRCRAFT:
		REFERENCE / LOAN #:	INTEREST END DATE:				ITEM DESCRIPTION		
		LIEN AMOUNT:	PHONE (A/C, No, Ex):				FAX (A/C, No):		
REASON FOR INTEREST:					E-MAIL ADDRESS:				

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# ADDITIONAL INTEREST SCHEDULE

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**ADDITIONAL INTEREST (Not all fields apply to all scenarios – provide only the necessary data)**

<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		Division of State Parks/AL Dept of Conservation & Natural Resources 64 North Union Street Montgomery, AL 36130		LOCATION:	BUILDING:	VEHICLE:	BOAT:	AIRPORT:	AIRCRAFT:
		REFERENCE / LOAN #:	INTEREST END DATE:				ITEM DESCRIPTION		
		LIEN AMOUNT:	PHONE (A/C, No, Ex):				FAX (A/C, No):		
REASON FOR INTEREST:					E-MAIL ADDRESS:				

<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		Brunswick County Parks & Recreation 69 Stamp Act Drive NE Bolivia, NC 28422		LOCATION:	BUILDING:	VEHICLE:	BOAT:	AIRPORT:	AIRCRAFT:
		REFERENCE / LOAN #:	INTEREST END DATE:				ITEM DESCRIPTION		
		LIEN AMOUNT:	PHONE (A/C, No, Ex):				FAX (A/C, No):		
REASON FOR INTEREST:					E-MAIL ADDRESS:				

<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		New Hanover County Parks Department 230 Government Center Drive, #125 Wilmington, NC 28403		LOCATION:	BUILDING:	VEHICLE:	BOAT:	AIRPORT:	AIRCRAFT:
		REFERENCE / LOAN #:	INTEREST END DATE:				ITEM DESCRIPTION		
		LIEN AMOUNT:	PHONE (A/C, No, Ex):				FAX (A/C, No):		
REASON FOR INTEREST:					E-MAIL ADDRESS:				

<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		Hamilton County and its Officers, Employees & Agencies 625 Georgia Avenue Chattanooga, TN 37402		LOCATION:	BUILDING:	VEHICLE:	BOAT:	AIRPORT:	AIRCRAFT:
		REFERENCE / LOAN #:	INTEREST END DATE:				ITEM DESCRIPTION		
		LIEN AMOUNT:	PHONE (A/C, No, Ex):				FAX (A/C, No):		
REASON FOR INTEREST:					E-MAIL ADDRESS:				

<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		Chicopee Area Park Commission 2125 Elachee Drive Gainesville, GA 30504		LOCATION:	BUILDING:	VEHICLE:	BOAT:	AIRPORT:	AIRCRAFT:
		REFERENCE / LOAN #:	INTEREST END DATE:				ITEM DESCRIPTION		
		LIEN AMOUNT:	PHONE (A/C, No, Ex):				FAX (A/C, No):		
REASON FOR INTEREST:					E-MAIL ADDRESS:				

The above are added as additional insured but only with respect to liability arising out of operations of the named insured during the policy period.



# ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)  
3/3/2014

AGENCY		CARRIER United States Fire Insurance Company		NAIC CODE 21113
POLICY NUMBER SRPGAPM-101-0413/USP140651		EFFECTIVE DATE 03/01/2014 12:01 AM	NAMED INSURED(S) Southern Off-Road Bicycle Association Club	

**ADDITIONAL INTEREST (Not all fields apply to all scenarios – provide only the necessary data)**

<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		Gainesville State College P O Box 1358 Gainesville, GA 30503							LOCATION:
		REFERENCE / LOAN #:		INTEREST END DATE:				VEHICLE:	BOAT:
		LIEN AMOUNT:		PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:
								ITEM CLASS:	ITEM:
								ITEM DESCRIPTION	
REASON FOR INTEREST:				E-MAIL ADDRESS:				FAX (A/C, No):	

<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		Gainesville State College Foundation P O Box 1358 Gainesville, GA 30503							LOCATION:
		REFERENCE / LOAN #:		INTEREST END DATE:				VEHICLE:	BOAT:
		LIEN AMOUNT:		PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:
								ITEM CLASS:	ITEM:
								ITEM DESCRIPTION	
REASON FOR INTEREST:				E-MAIL ADDRESS:				FAX (A/C, No):	

<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		Guilford County Parks & Open Space 301 W Market Street Greensboro, NC 27410							LOCATION:
		REFERENCE / LOAN #:		INTEREST END DATE:				VEHICLE:	BOAT:
		LIEN AMOUNT:		PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:
								ITEM CLASS:	ITEM:
								ITEM DESCRIPTION	
REASON FOR INTEREST:				E-MAIL ADDRESS:				FAX (A/C, No):	

<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		City of Greensboro Parks & Recreation Dept 1001 Fourth Street Greensboro, NC 27405							LOCATION:
		REFERENCE / LOAN #:		INTEREST END DATE:				VEHICLE:	BOAT:
		LIEN AMOUNT:		PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:
								ITEM CLASS:	ITEM:
								ITEM DESCRIPTION	
REASON FOR INTEREST:				E-MAIL ADDRESS:				FAX (A/C, No):	

<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		Gwinnett County Board of Commissioners 75 Langley Drive Lawrenceville, GA 30045							LOCATION:
		REFERENCE / LOAN #:		INTEREST END DATE:				VEHICLE:	BOAT:
		LIEN AMOUNT:		PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:
								ITEM CLASS:	ITEM:
								ITEM DESCRIPTION	
REASON FOR INTEREST:				E-MAIL ADDRESS:				FAX (A/C, No):	

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# ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)

3/3/2014

AGENCY		CARRIER United States Fire Insurance Company		NAIC CODE 21113
POLICY NUMBER SRPGAPM-101-0413/USP140651		EFFECTIVE DATE 03/01/2014 12:01 AM	NAMED INSURED(S) Southern Off-Road Bicycle Association Club	

**ADDITIONAL INTEREST (Not all fields apply to all scenarios – provide only the necessary data)**

<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		City of Jacksonville 214 N Hogan St, Suite 3103 Jacksonville, FL 32202							LOCATION:
		REFERENCE / LOAN #:		INTEREST END DATE:				VEHICLE:	BOAT:
		LIEN AMOUNT:		PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:
								ITEM CLASS:	ITEM:
								ITEM DESCRIPTION	
REASON FOR INTEREST:				E-MAIL ADDRESS:				FAX (A/C, No):	

<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		City of Knoxville P O Box 1631 Knoxville, TN 37901							LOCATION:
		REFERENCE / LOAN #:		INTEREST END DATE:				VEHICLE:	BOAT:
		LIEN AMOUNT:		PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:
								ITEM CLASS:	ITEM:
								ITEM DESCRIPTION	
REASON FOR INTEREST:				E-MAIL ADDRESS:				FAX (A/C, No):	

<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		Knox County Parks and Recreation 2447 Sutherland Ave Knoxville, TN 37919							LOCATION:
		REFERENCE / LOAN #:		INTEREST END DATE:				VEHICLE:	BOAT:
		LIEN AMOUNT:		PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:
								ITEM CLASS:	ITEM:
								ITEM DESCRIPTION	
REASON FOR INTEREST:				E-MAIL ADDRESS:				FAX (A/C, No):	

<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		Ijams Nature Center 2915 Island Home Ave Knoxville, TN 37920							LOCATION:
		REFERENCE / LOAN #:		INTEREST END DATE:				VEHICLE:	BOAT:
		LIEN AMOUNT:		PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:
								ITEM CLASS:	ITEM:
								ITEM DESCRIPTION	
REASON FOR INTEREST:				E-MAIL ADDRESS:				FAX (A/C, No):	

<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		The Legacy Parks Foundation 625 Market St #1200 Knoxville, TN 37902							LOCATION:
		REFERENCE / LOAN #:		INTEREST END DATE:				VEHICLE:	BOAT:
		LIEN AMOUNT:		PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:
								ITEM CLASS:	ITEM:
								ITEM DESCRIPTION	
REASON FOR INTEREST:				E-MAIL ADDRESS:				FAX (A/C, No):	

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# ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)  
3/3/2014

AGENCY		CARRIER United States Fire Insurance Company		NAIC CODE 21113
POLICY NUMBER SRPGAPM-101-0413/USP140651		EFFECTIVE DATE 03/01/2014 12:01 AM	NAMED INSURED(S) Southern Off-Road Bicycle Association Club	

**ADDITIONAL INTEREST (Not all fields apply to all scenarios – provide only the necessary data)**

<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		Metropolitan Board of Parks and Recreation 2565 Park Plaza Nashville, TN 37201		LOCATION:	BUILDING:	VEHICLE:	BOAT:	AIRPORT:	AIRCRAFT:
		REFERENCE / LOAN #:	INTEREST END DATE:				ITEM DESCRIPTION		
		LIEN AMOUNT:	PHONE (A/C, No, Ex):				FAX (A/C, No):		
REASON FOR INTEREST:					E-MAIL ADDRESS:				

<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		Tennessee State Parks 401 Church Street Nashville, TN 37243		LOCATION:	BUILDING:	VEHICLE:	BOAT:	AIRPORT:	AIRCRAFT:
		REFERENCE / LOAN #:	INTEREST END DATE:				ITEM DESCRIPTION		
		LIEN AMOUNT:	PHONE (A/C, No, Ex):				FAX (A/C, No):		
REASON FOR INTEREST:					E-MAIL ADDRESS:				

<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		Gallatin Civic Center 210 Albert Gallatin Avenue Gallatin, TN 37066		LOCATION:	BUILDING:	VEHICLE:	BOAT:	AIRPORT:	AIRCRAFT:
		REFERENCE / LOAN #:	INTEREST END DATE:				ITEM DESCRIPTION		
		LIEN AMOUNT:	PHONE (A/C, No, Ex):				FAX (A/C, No):		
REASON FOR INTEREST:					E-MAIL ADDRESS:				

<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		Cotton Mill Preserve 240 Shelbyville Highway Fayetteville, TN 37334		LOCATION:	BUILDING:	VEHICLE:	BOAT:	AIRPORT:	AIRCRAFT:
		REFERENCE / LOAN #:	INTEREST END DATE:				ITEM DESCRIPTION		
		LIEN AMOUNT:	PHONE (A/C, No, Ex):				FAX (A/C, No):		
REASON FOR INTEREST:					E-MAIL ADDRESS:				

<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		USDA Forest Service Cheoah District Route 1, Box 16-A Robbinsville, NC 28779		LOCATION:	BUILDING:	VEHICLE:	BOAT:	AIRPORT:	AIRCRAFT:
		REFERENCE / LOAN #:	INTEREST END DATE:				ITEM DESCRIPTION		
		LIEN AMOUNT:	PHONE (A/C, No, Ex):				FAX (A/C, No):		
REASON FOR INTEREST:					E-MAIL ADDRESS:				

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# ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)

3/3/2014

AGENCY		CARRIER United States Fire Insurance Company		NAIC CODE 21113
POLICY NUMBER SRPGAPM-101-0413/USP140651		EFFECTIVE DATE 03/01/2014 12:01 AM	NAMED INSURED(S) Southern Off-Road Bicycle Association Club	

**ADDITIONAL INTEREST (Not all fields apply to all scenarios – provide only the necessary data)**

<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		City of Dalton - Raisin Wood Mountain Bike Park 300 West Waugh Street Dalton, GA 30720							LOCATION:
		REFERENCE / LOAN #:		INTEREST END DATE:				VEHICLE:	BOAT:
		LIEN AMOUNT:		PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:
								ITEM CLASS:	ITEM:
								ITEM DESCRIPTION	
REASON FOR INTEREST:				E-MAIL ADDRESS:				FAX (A/C, No):	

<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		City of Asheville. Dept of Parks, Recreation & Cultural Arts PO Box 7148 Asheville, NC 28802							LOCATION:
		REFERENCE / LOAN #:		INTEREST END DATE:				VEHICLE:	BOAT:
		LIEN AMOUNT:		PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:
								ITEM CLASS:	ITEM:
								ITEM DESCRIPTION	
REASON FOR INTEREST:				E-MAIL ADDRESS:				FAX (A/C, No):	

<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		Cameron Properties, LP 1201 Glen Meade Drive Wilmington, NC 28401							LOCATION:
		REFERENCE / LOAN #:		INTEREST END DATE:				VEHICLE:	BOAT:
		LIEN AMOUNT:		PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:
								ITEM CLASS:	ITEM:
								ITEM DESCRIPTION	
REASON FOR INTEREST:				E-MAIL ADDRESS:				FAX (A/C, No):	

<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		City of Durham Parks & Recreation 101 City Hall Plaza Durham, NC 27701							LOCATION:
		REFERENCE / LOAN #:		INTEREST END DATE:				VEHICLE:	BOAT:
		LIEN AMOUNT:		PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:
								ITEM CLASS:	ITEM:
								ITEM DESCRIPTION	
REASON FOR INTEREST:				E-MAIL ADDRESS:				FAX (A/C, No):	

<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		California Public Employees Retirement System 16 Windy Knoll Circle Chapel Hill, NC 27516							LOCATION:
		REFERENCE / LOAN #:		INTEREST END DATE:				VEHICLE:	BOAT:
		LIEN AMOUNT:		PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:
								ITEM CLASS:	ITEM:
								ITEM DESCRIPTION	
REASON FOR INTEREST:				E-MAIL ADDRESS:				FAX (A/C, No):	

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# ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)  
3/3/2014

AGENCY		CARRIER United States Fire Insurance Company		NAIC CODE 21113
POLICY NUMBER SRPGAPM-101-0413/USP140651		EFFECTIVE DATE 03/01/2014 12:01 AM	NAMED INSURED(S) Southern Off-Road Bicycle Association Club	

**ADDITIONAL INTEREST (Not all fields apply to all scenarios – provide only the necessary data)**

<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		Carolina North Forest Management Ground Services. The University of North Carolina at Chapel Hill Campus Box 1860 Chapel Hill, NC 27599							LOCATION:
		REFERENCE / LOAN #:		INTEREST END DATE:				VEHICLE:	BOAT:
		LIEN AMOUNT:		PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:
								ITEM CLASS:	ITEM:
								ITEM DESCRIPTION	
REASON FOR INTEREST:				E-MAIL ADDRESS:				FAX (A/C, No):	

<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		Little River Regional Park and Natural Area 301 Little River Park Way Rougemont, NC 27572							LOCATION:
		REFERENCE / LOAN #:		INTEREST END DATE:				VEHICLE:	BOAT:
		LIEN AMOUNT:		PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:
								ITEM CLASS:	ITEM:
								ITEM DESCRIPTION	
REASON FOR INTEREST:				E-MAIL ADDRESS:				FAX (A/C, No):	

<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		Town of Garner P O Box 446 Garner, NC 27529							LOCATION:
		REFERENCE / LOAN #:		INTEREST END DATE:				VEHICLE:	BOAT:
		LIEN AMOUNT:		PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:
								ITEM CLASS:	ITEM:
								ITEM DESCRIPTION	
REASON FOR INTEREST:				E-MAIL ADDRESS:				FAX (A/C, No):	

<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		Wake County Parks, Recreation and Open Space PO Box 550 Suite 1000 Raleigh, NC 27602							LOCATION:
		REFERENCE / LOAN #:		INTEREST END DATE:				VEHICLE:	BOAT:
		LIEN AMOUNT:		PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:
								ITEM CLASS:	ITEM:
								ITEM DESCRIPTION	
REASON FOR INTEREST:				E-MAIL ADDRESS:				FAX (A/C, No):	

<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		City of Roswell 38 Hill Street Roswell, GA 30075							LOCATION:
		REFERENCE / LOAN #:		INTEREST END DATE:				VEHICLE:	BOAT:
		LIEN AMOUNT:		PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:
								ITEM CLASS:	ITEM:
								ITEM DESCRIPTION	
REASON FOR INTEREST:				E-MAIL ADDRESS:				FAX (A/C, No):	

The above are added as additional insured but only with respect to liability arising out of operations of the named insured during the policy period.



# ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)  
3/3/2014

AGENCY		CARRIER United States Fire Insurance Company		NAIC CODE 21113
POLICY NUMBER SRPGAPM-101-0413/USP140651		EFFECTIVE DATE 03/01/2014 12:01 AM	NAMED INSURED(S) Southern Off-Road Bicycle Association Club	

**ADDITIONAL INTEREST (Not all fields apply to all scenarios – provide only the necessary data)**

<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		Mecklenburg County Parks and Recreation 5841 Brookshire Boulevard Charlotte, NC 28216		LOCATION:	BUILDING:	VEHICLE:	BOAT:	AIRPORT:	AIRCRAFT:
		REFERENCE / LOAN #:	INTEREST END DATE:				ITEM DESCRIPTION		
		LIEN AMOUNT:	PHONE (A/C, No, Ex):		FAX (A/C, No):				
REASON FOR INTEREST:					E-MAIL ADDRESS:				

<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		Davidson Parks and Recreation 416 Armour Street, POBox 579 Davidson, NC 28036		LOCATION:	BUILDING:	VEHICLE:	BOAT:	AIRPORT:	AIRCRAFT:
		REFERENCE / LOAN #:	INTEREST END DATE:				ITEM DESCRIPTION		
		LIEN AMOUNT:	PHONE (A/C, No, Ex):		FAX (A/C, No):				
REASON FOR INTEREST:					E-MAIL ADDRESS:				

<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		Reinhardt College 7300 Reinhardt College Circle Waleska, GA 30183		LOCATION:	BUILDING:	VEHICLE:	BOAT:	AIRPORT:	AIRCRAFT:
		REFERENCE / LOAN #:	INTEREST END DATE:				ITEM DESCRIPTION		
		LIEN AMOUNT:	PHONE (A/C, No, Ex):		FAX (A/C, No):				
REASON FOR INTEREST:					E-MAIL ADDRESS:				

<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		Cherokee Recreation & Parks Agency 7545 Main Street Bldg 200 Woodstock, GA 30188		LOCATION:	BUILDING:	VEHICLE:	BOAT:	AIRPORT:	AIRCRAFT:
		REFERENCE / LOAN #:	INTEREST END DATE:				ITEM DESCRIPTION		
		LIEN AMOUNT:	PHONE (A/C, No, Ex):		FAX (A/C, No):				
REASON FOR INTEREST:					E-MAIL ADDRESS:				

<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		City of Woodstock 12453 Highway 92 Woodstock, GA 30188		LOCATION:	BUILDING:	VEHICLE:	BOAT:	AIRPORT:	AIRCRAFT:
		REFERENCE / LOAN #:	INTEREST END DATE:				ITEM DESCRIPTION		
		LIEN AMOUNT:	PHONE (A/C, No, Ex):		FAX (A/C, No):				
REASON FOR INTEREST:					E-MAIL ADDRESS:				

The above are added as additional insured but only with respect to liability arising out of operations of the named insured during the policy period.



# ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)

3/3/2014

AGENCY		CARRIER United States Fire Insurance Company		NAIC CODE 21113
POLICY NUMBER SRPGAPM-101-0413/USP140651		EFFECTIVE DATE 03/01/2014 12:01 AM	NAMED INSURED(S) Southern Off-Road Bicycle Association Club	

**ADDITIONAL INTEREST (Not all fields apply to all scenarios – provide only the necessary data)**

INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		US Army Corp of Engineers P O Box 487, 1138 GA Hwy Spur 20 Cartersville, GA 30120		LOCATION:	BUILDING:	VEHICLE:	BOAT:	AIRPORT:	AIRCRAFT:
		REFERENCE / LOAN #:	INTEREST END DATE:		ITEM DESCRIPTION				
		LIEN AMOUNT:	PHONE (A/C, No, Ex):		FAX (A/C, No):				
REASON FOR INTEREST:		E-MAIL ADDRESS:							

INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
				LOCATION:	BUILDING:	VEHICLE:	BOAT:	AIRPORT:	AIRCRAFT:
		REFERENCE / LOAN #:	INTEREST END DATE:		ITEM DESCRIPTION				
		LIEN AMOUNT:	PHONE (A/C, No, Ex):		FAX (A/C, No):				
REASON FOR INTEREST:		E-MAIL ADDRESS:							

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				LOCATION:	BUILDING:	VEHICLE:	BOAT:	AIRPORT:	AIRCRAFT:
		REFERENCE / LOAN #:	INTEREST END DATE:		ITEM DESCRIPTION				
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		REFERENCE / LOAN #:	INTEREST END DATE:		ITEM DESCRIPTION				
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				LOCATION:	BUILDING:	VEHICLE:	BOAT:	AIRPORT:	AIRCRAFT:
		REFERENCE / LOAN #:	INTEREST END DATE:		ITEM DESCRIPTION				
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# ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)  
3/3/2014

AGENCY		CARRIER United States Fire Insurance Company		NAIC CODE 21113
POLICY NUMBER SRPGAPM-101-0413/USP140651		EFFECTIVE DATE 03/01/2014 12:01 AM	NAMED INSURED(S) Southern Off-Road Bicycle Association Club	

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										AIRPORT:	AIRCRAFT:
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										LOCATION:	BUILDING:
										VEHICLE:	BOAT:
										AIRPORT:	AIRCRAFT:
										ITEM CLASS:	ITEM:
										ITEM DESCRIPTION	
		REFERENCE / LOAN #:		INTEREST END DATE:							
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REASON FOR INTEREST:						E-MAIL ADDRESS:					

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										LOCATION:	BUILDING:
										VEHICLE:	BOAT:
										AIRPORT:	AIRCRAFT:
										ITEM CLASS:	ITEM:
										ITEM DESCRIPTION	
		REFERENCE / LOAN #:		INTEREST END DATE:							
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REASON FOR INTEREST:						E-MAIL ADDRESS:					

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										AIRPORT:	AIRCRAFT:
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										VEHICLE:	BOAT:
										AIRPORT:	AIRCRAFT:
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