

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.

th	e terms and conditions of the policy	, cert	ain p	olicies may require an er						
certificate holder in lieu of such endorsement(s). PRODUCER						CONTACT				
····					NAME: PHONE FAX					
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					(A/C, No, Ext): (A/C, No):					
					ADDRESS:					
									NAIC #	
INSURED					INSURER A: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
INCORED .					INSURER C :					
XXXXXXXXXXXXXXXXXXXXXXX					INSURER D:					
				-	INSURER E :					
						INSURER F:				
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 SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.										
INSR LTR		ADDL	SUBR		DEEIN K		POLICY EXP (MM/DD/YYYY)	LIMITS		
	TYPE OF INSURANCE GENERAL LIABILITY		WVD	POLICY NUMBER XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	/YYY					
Α		Х		************************		XX/XX/XX	XX/XX/XX	DAMAGE TO RENTED	5,000,000	
	X COMMERCIAL GENERAL LIABILITY							PREMISES (Ea occurrence) \$	300,000 NONE	
	CLAIMS-MADE X OCCUR							, , , ,	5,000,000	
								PERSONAL & ADV INJURY \$	NONE	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE 5	5,000,000	
	POLICY PRO- POLICY PRO- DECT LOC							\$		
Α	AUTOMOBILE LIABILITY			xxxxxxxxxxxxxxxxxxxxxx	YYY	XX/XX/XX	XX/XX/XX	COMBINED SINGLE LIMIT (Ea accident) \$	5,000,000	
^	X ANY AUTO					^^/^/	^^/^^/^	BODILY INJURY (Per person) \$		
	ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident) \$		
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident) \$		
								\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$		
	DED RETENTION \$							\$		
Α				xxxxxxxxxxxxxxxxxx	xxx	XX/XX/XX	XX/XX/XX	X WC STATU- TORY LIMITS - ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A				, ,	70470470	E.L. EACH ACCIDENT \$ 1	5,000,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE \$	5.000.000	
	If yes, describe under 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)										
Texas 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. A Waiver of Subrogation is provided under all policies where allowed by state law.										
CF	RTIFICATE HOLDER				CANC	CANCELLATION				
					V. 1.5.1.					
Texas Motor Speedway 3545 Lone Star Circle Fort Worth, TX 76177					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					