

Client#: 16374

RALAM

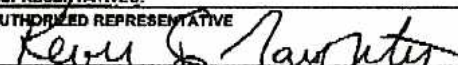
| | | |
|--|---|------------------------------------|
| ACORD. CERTIFICATE OF LIABILITY INSURANCE | | DATE (MM/DD/YY) 05/25/06 |
| PRODUCER Naughton Insurance, Inc. P.O. Box 6192 Providence, RI 02940-6192 401 433-4000 | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. | |
| INSURERS AFFORDING COVERAGE | | |
| INSURED Rally America, Inc. 8014 Olson Memorial Highway, Suite 617 Golden Valley, MN 55427 | INSURER A: St. Paul Surplus Lines Insurance Co. INSURER B: General Star Indemnity Co. INSURER C: Underwriters at Lloyds INSURER D: INSURER E: | |

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|--|--|---|----------------------------------|-----------------------------------|---|
| A | GENERAL LIABILITY | LC00210731 General Aggregate Applies Per Motorsports Activity | 01/10/06 | 01/10/07 | EACH OCCURRENCE \$1,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | FIRE DAMAGE (Any one fire) \$100,000 |
| | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR | | | | MED EXP (Any one person) \$5,000 |
| | <input checked="" type="checkbox"/> Participant | | | | PERSONAL & ADV INJURY \$1,000,000 |
| | <input type="checkbox"/> Legal Liability | | | | GENERAL AGGREGATE \$3,000,000 |
| GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC | | | | | |
| | AUTOMOBILE LIABILITY | | | | COMBINED SINGLE LIMIT (Ea accident) \$ |
| | <input type="checkbox"/> ANY AUTO | | | | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | BODILY INJURY (Per accident) \$ |
| | <input type="checkbox"/> SCHEDULED AUTOS | | | | PROPERTY DAMAGE (Per accident) \$ |
| | <input type="checkbox"/> HIRED AUTOS | | | | |
| | GARAGE LIABILITY | | | | AUTO ONLY - EA ACCIDENT \$ |
| | <input type="checkbox"/> ANY AUTO | | | | OTHER THAN EA ACC AGG \$ |
| | | | | | |
| B | EXCESS LIABILITY | IXG396567A | 01/10/06 | 01/10/07 | EACH OCCURRENCE \$4,000,000 |
| | <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE | | | | AGGREGATE \$ |
| | <input type="checkbox"/> DEDUCTIBLE | | | | \$ |
| | <input type="checkbox"/> RETENTION \$ | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | WC STATUTORY LIMITS OTHER |
| | | | | | E.L. EACH ACCIDENT \$ |
| | | | | | E.L. DISEASE - EA EMPLOYEE \$ |
| | | | | | E.L. DISEASE - POLICY LIMIT \$ |
| C | OTHER Participant Accident Coverage | M5521 | 01/10/06 | 01/10/07 | \$25,000 Death & Dismem. |
| | | | | | \$50,000 Excess Medical |
| \$100/26/7 Weekly Ind. | | | | | |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 Coverage provided for the Shooting Star Rally to be held on July 13-15, 2006 or any applicable rain dates. Additional Insureds: Minnesota DNR; Clearwater County; Becker County; Shooting Star Casino, Hotel and Event Center; and Elbow Lake Store, but only as respects the operations of the Named Insured.

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|---|--|--|
| CERTIFICATE HOLDER | ADDITIONAL INSURED; INSURER LETTER: | CANCELLATION |
| Rally America, Inc. 8014 Olson Memorial Highway, Suite 617 Golden Valley, MN 55427 | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE  |