

(a) state that the insurance company shall have no right of subrogation against the Trust Lands Administration.

(b) name the Trust Lands Administration as an insured and expressly provide for specific coverage of the Permittee's assumed obligation to indemnify the Trust Lands Administration.

(c) stipulate that the Trust Lands Administration shall be notified thirty (30) days in advance of the termination or modification of the policy. The name of the insured on the insurance policy must be the same as the name on the right-of-entry.

16. Permittee(s) shall comply with all applicable County, State and Federal laws and regulations existing or hereafter enacted or promulgated which pertains in any regard to Permittee's activities to be conducted upon the Permitted Property.

17. Special terms, if any, to this right of entry are set forth on Exhibit "B" attached hereto.

This agreement is entered into as of the day first above written.

THE STATE OF UTAH
SCHOOL AND INSTITUTIONAL
TRUST LANDS ADMINISTRATION

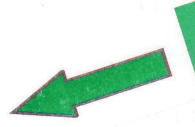
Rising Sun 4 Wheel Drive Club of Colorado
P.O. Box 260175
Lakewood, CO 80226

By: _____

By: _____

APPROVED AS TO FORM:
SEAN REYES
ATTORNEY GENERAL
By: s/ John W. Andrews
Special Assistant Attorney General

Date: July 15, 1999



ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)
2/26/16

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 have **ADDITIONAL INSURED** provisions or 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 in lieu of such endorsement(s).

PRODUCER K & K Insurance Group, Inc. P.O. Box 2338 Fort Wayne, In 46801	CONTACT NAME: MOTORSPTS
	PHONE (A/C, No. Ext): 800-348-1839 FAX (A/C, No): 260-459-5118
	E-MAIL ADDRESS: KK.MOTORSPTS@KANDKINSURANCE.COM
	INSURER(S) AFFORDING COVERAGE
	INSURER A: SCOTTSDALE INDEMNITY COMPANY NAIC # 15580
INSURED TOYOTA LAND CRUISER ASSOCIATION 6911 NORTHRIDGE DR. DALLAS, TX 75214	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES**CERTIFICATE NUMBER:**

1839010

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.

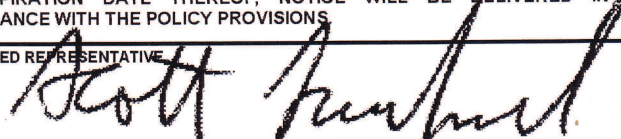
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR Owners & Contractors GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			KEI0006021900	12:01AM 1/14/16	12:01AM 1/14/17	EACH OCCURRENCE 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) 300000 MED EXP (Any one person) NC PERSONAL & ADV INJURY 1000000 GENERAL AGGREGATE NONE PRODUCTS-COMP/OP AGG 1000000 Part Lgl Liab 1000000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea Accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE AGGREGATE
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A				PER-STATUE OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

TYPE OF EVENT: TRAIL RIDE
LOCATION: SLICKROCK CAMPGROUND, MOAB, UT
ADDITIONAL INSURED: SEE ATTACHED ADDENDUM.

EVENT DATES:: MAY 3-8, 2016

CERTIFICATE HOLDER**CANCELLATION**

TOYOTA LAND CRUISER ASSOCIATION 6911 NORTHRIDGE DR. DALLAS, TX 75214	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 
--	---

AGENCY CUSTOMER ID: _____

LOC #

CERTIFICATE: 1839010 DATE ISSUED: 2/26/16

ACORDTM

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY K & K INSURANCE GROUP, INC.		NAMED INSURED TOYOTA LAND CRUISER ASSOCIATION 6911 NORTHRIDGE DR. DALLAS, TX 75214	
POLICY NUMBER GL KEI0006021900			
CARRIER SEE ACORD 25	NAIC CODE	EFFECTIVE DATE: SEE ACORD 25	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

ADDITIONAL INSUREDS: PER POLICY

- A. ANY PERSON OR ORGANIZATION ENGAGED IN OPERATING, MANAGING, SANCTIONING, SPONSORING THE "COVERED PROGRAM", OR PROVIDING THE "PREMISES" FOR A "COVERED PROGRAM", INCLUDING OFFICIALS OF THE "COVERED PROGRAM"
- B. ANY "PARTICIPANT" (EXCLUDING DRIVERS), "COMPETITION VEHICLE" OWNER AND "COMPETITION VEHICLE" SPONSOR
- C. ANY "PARTICIPANT" DRIVER BUT ONLY WITH RESPECT TO "BODILY INJURY" OR "PROPERTY DAMAGE" TO PERSONS OTHER THAN ANY OTHER DRIVER
- D. RISING SUN 4 WHEEL DRIVE CLUB OF COLORADO; WESTERN RIVER EXPEDITIONS; GLEN CANYON REC AREA; BLM - MOAB, UT; BLM - PRICE, UT; BLM - MONTICELLO, UT; STATE OF UTAH TRUSTS LAND ADMIN; GRAND STAIRCASE NATIONAL MONUMENT; CANYONLAND NATIONAL PARK; AREA BFE; US GOVERNMENT; US DEPARTMENT OF THE INTERIOR; CITY OF MOAB; ARCHES NATIONAL PARK; BUT ONLY WITH RESPECTS TO THE OPERATIONS OF THE NAMED INSURED.