

# CERTIFICATE OF INSURANCE

DATE: 9/9/2010

CERTIFICATE NUMBER: 20100828023788

**AGENCY:**

Entertainment & Sports Insurance eXperts (ESIX)  
5660 New Northside Drive, Suite 640  
Atlanta, Georgia 30328  
Phone: 678-324-3300 Fax: 678-324-3303

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.

**NAMED INSURED:**

USA Volleyball (Lone Star Region)  
715 South Circle Drive  
Colorado Springs, Colorado 80910

USA VOLLEYBALL REGISTERED CLUBS  
1608 Canyon Oak  
Schertz, Texas 78154

**INSURERS AFFORDING COVERAGE:**

INSURER A: AXIS Insurance Company

**POLICY/COVERAGE INFORMATION:**

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.

INS	TYPE OF INSURANCE:	POLICY NUMBER(S):	EFFECTIVE:	EXPIRES:	LIMITS:
A	GENERAL LIABILITY				
	<input checked="" type="checkbox"/> Occurrence	AXGL03100172-10	9/1/2010 12:01 AM	9/1/2011 12:01 AM	GENERAL AGGREGATE (Applies Per Event) \$5,000,000 EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Each Occ.) \$1,000,000 MED EXP (Any one person) EXCLUDED PERSONAL & ADV INJURY \$1,000,000 PRODUCTS-COMP/OP AGG \$1,000,000

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:**

The certificate holder is an additional insured, as required by written contract or written agreement, but only for the liability arising out of the negligence of the named insured as respects to sanctioned USAV and Regional Volleyball Association events, effective 09/01/2010.

Coverage available under policy #SRG 911 1239 is on file with the policyholder - Accident Medical Coverage \$25,000, deductible \$250 - Accidental Death & Dismemberment \$10,000. Policy effective date: September 1, 2010 / Policy expiration date: September 1, 2011.

**CERTIFICATE HOLDER:**

Lone Star Region Volleyball Assoc Attn: Will Vick  
1608 Canyon Oak  
Schertz, Texas 78154

**NOTICE OF CANCELLATION:**

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:**



