CERTIFICATE OF INSURANCE

PRINT DATE: 9/11/2018

CERTIFICATE NUMBER: 20180823644348

AGENCY:

Integro USA Inc.
d/b/a Integro Insurance Brokers
2727 Paces Ferry Road, Building Two, Suite 1500
Atlanta, GA 30339
678-324-3300 (Phone), 678-324-3303 (Fax)

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 (National Office)
4065 Sinton Road, Suite 200
Colorado Springs CO 80907

USA VOLLEYBALL REGISTERED CLUBS
1608 Canyon Oak
Schertz TX 78154

INSURERS AFFORDING COVERAGE:

INSURER A: Arch Insurance Company NAIC #: 11150
INSURER B: Arch Insurance Company NAIC #: 11150

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					
	X Occurrence X Participant Legal Liability	SBCGL0348301	9/1/2018 12:01 AM	9/1/2019 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
					MEDICAL EXPENSE (Any one person)	EXCLUDED
					PERSONAL & ADV INJURY	$1,000,000
					PRODUCTS-COMP/OP AGG	$5,000,000
B	UMBRELLA/EXCESS LIABILITY					
	X Occurrence	SBFXS0050501	9/1/2018 12:01 AM	9/1/2019 12:01 AM	EACH OCCURRENCE	$5,000,000
					AGGREGATE (Applies Per Event)	$5,000,000

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

The certificate holder is an additional insured, effective the date of this certificate issuance, as per form 00 SGL002900(10/16): Additional Insured - Designated Person or Organization Written Contract or Written Agreement, but only with respects to USA Volleyball (USAV) and Regional Volleyball Association (RVA) sanctioned events.

No coverage will apply for RVAs and RVA clubs for events conducted in which all participants are not registered with USAV.

The General Liability Policy includes $1,000,000 Each Occurrence / $2,000,000 Aggregate of Sexual Abuse and Molestation coverage.

Coverage is available under a Participant Accident policy #9907-8534 with Federal Insurance Company on file with the policyholder - Accident Medical Coverage $25,000, deductible $250 - Accidental Death & Dismemberment $10,000. Policy effective date: September 1, 2018 / Policy expiration date: September 1, 2019.

CERTIFICATE HOLDER:

Lone Star Region Volleyball Assoc
1608 Canyon Oak
Schertz TX 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: