

CERTIFICATE OF INSURANCE	PRINT DATE: 11/20/2020
	CERTIFICATE NUMBER: 20200821786824

AGENCY: Edgewood Partners Insurance Center 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.
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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
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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	SBCGL0348303	9/1/2020 12:01 AM	9/1/2021 12:01 AM	GENERAL AGGREGATE (Applies Per Event) \$5,000,000
	<input checked="" type="checkbox"/> Participant Legal Liability				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
A	UMBRELLA/EXCESS LIABILITY				
	<input checked="" type="checkbox"/> Occurrence	SBFXS0050503	9/1/2020 12:01 AM	9/1/2021 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 #IHH000539-941 with QBE Insurance Corporation on file with the policyholder - Accident Medical Coverage \$25,000, deductible \$250 - Accidental Death & Dismemberment \$10,000. Policy effective date: September 1, 2020 / Policy expiration date: September 1, 2021.

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: 