

CERTIFICATE OF INSURANCE		PRINT DATE: 9/24/2024			
		CERTIFICATE NUMBER: 202408301080602			
AGENCY:					
Edgewood Partners Insurance Center 5909 Peachtree Dunwoody Road, Suite 800 Atlanta, GA 30328 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:			INSURERS AFFORDING COVERAGE:		
USA Volleyball (National Office) LONE STAR REGION 4065 Sinton Road Colorado Springs CO 80907			INSURER A: Accredited Surety and Casualty Company, Inc. NAIC# 26379		
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	1-RSL-CO-17-01537353-00	9/1/2024 12:01 AM	9/1/2025 12:01 AM	GENERAL AGGREGATE (Per Event) \$4,000,000
	<input checked="" type="checkbox"/> Participant Legal Liability				GENERAL AGGREGATE (Policy Cap) \$15,000,000
					EACH OCCURRENCE \$2,000,000
					DAMAGE TO RENTED PREMISES (Each Occ.) \$2,000,000
					MEDICAL EXPENSE (Any one person) EXCLUDED
					PERSONAL & ADV INJURY \$2,000,000
					PRODUCTS-COMP/OP AGG \$2,000,000
A	UMBRELLA/EXCESS LIABILITY				
	<input checked="" type="checkbox"/> Occurrence	1-RSL-CO-17-01537354-00	9/1/2024 12:01 AM	9/1/2025 12:01 AM	EACH OCCURRENCE \$3,000,000
					AGGREGATE (Applies Per Event) \$3,000,000
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:					
Evidence of Coverage Only.					
Coverage applies to the above Named Insured but only with respect to activities sanctioned or approved by USA Volleyball (USAV) or its Regional Volleyball Association (RVA).					
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 \$2,000,000 Each Occurrence / \$4,000,000 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, 2024 / Policy expiration date: September 1, 2025.					
CERTIFICATE HOLDER:			NOTICE OF CANCELLATION:		
*For Information Purposes Only			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:		
					