

<b>CERTIFICATE OF INSURANCE</b>		<b>PRINT DATE:</b> 4/5/2017			
		<b>CERTIFICATE NUMBER:</b> 20170405510718			
<b>AGENCY:</b>					
ESIX, a division of 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.			
<b>NAMED INSURED:</b>		<b>INSURERS AFFORDING COVERAGE:</b>			
USA Volleyball (National Office)      Minnesota North 4065 Sinton Road, Suite 200      3048 Lismore Rd Colorado Springs CO 80907      Duluth MN 55804		INSURER A: Greenwich Ins. Co. NAIC #: 22322			
<b>POLICY/COVERAGE INFORMATION:</b>					
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.					
<b>INS</b>	<b>TYPE OF INSURANCE:</b>	<b>POLICY NUMBER(S):</b>	<b>EFFECTIVE:</b>	<b>EXPIRES:</b>	<b>LIMITS:</b>
A	GENERAL LIABILITY				
	<input checked="" type="checkbox"/> Occurrence	ASG089572002	9/1/2016 12:01 AM	9/1/2017 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
<b>DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:</b>					
The certificate holder is an additional insured as per form GXAL431 (09/13): Additional Insured - Designated Person or Organization Written Contract or Written Agreement, but only with respects to USAV and Regional Volleyball Association sanctioned events, effective the date of this certificate issuance.					
All participants must be registered with a regional volleyball association in order for coverage to apply. No coverage will apply for regions and clubs for events conducted in which all participants are not USAV members.					
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, 2016 / Policy expiration date: September 1, 2017.					
<b>CERTIFICATE HOLDER:</b>			<b>NOTICE OF CANCELLATION:</b>		
Superior School District 2600 Caitlin Ave Superior WI 54880			Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions.		
			<b>AUTHORIZED REPRESENTATIVE:</b>		
					