

<b>CERTIFICATE OF INSURANCE</b>		<b>PRINT DATE:</b> 9/3/2024
		<b>CERTIFICATE NUMBER:</b> 202408301064465
<b>AGENCY:</b>		
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.
<b>NAMED INSURED:</b>		<b>INSURERS AFFORDING COVERAGE:</b>
USA Volleyball (National Office)      For Information Purpose Only 4065 Sinton Road Colorado Springs CO 80907		INSURER A: Accredited Surety and Casualty Company, Inc. NAIC# 26379
<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>
A	GENERAL LIABILITY	
	<input checked="" type="checkbox"/> Occurrence	1-RSL-CO-17-01537353-00
	<input checked="" type="checkbox"/> Participant Legal Liability	
		9/1/2024 12:01 AM
		9/1/2025 12:01 AM
		GENERAL AGGREGATE (Per Event)      \$4,000,000
		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
<b>DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:</b>		
The certificate holder is an additional insured as required by written contract or written agreement as per form CG2026: Additional Insured - Designated Person or Organization, 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 \$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.		
<b>CERTIFICATE HOLDER:</b>		<b>NOTICE OF CANCELLATION:</b>
KS		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>
		