

<b>CERTIFICATE OF INSURANCE</b>		<b>PRINT DATE:</b> 9/10/2018			
		<b>CERTIFICATE NUMBER:</b> 20180823623627			
<b>AGENCY:</b>					
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) 4065 Sinton Road, Suite 200 Colorado Springs CO 80907		HEART OF AMERICA REGION USA VOLLEYBALL 548 S. COY STREET KANSAS CITY KS 66105			
<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	SBCGL0348301	9/1/2018 12:01 AM	9/1/2019 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	UMBRELLA/EXCESS LIABILITY				
	<input checked="" type="checkbox"/> 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
<b>DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:</b>					
<p>Evidence of Coverage Only.</p> <p>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).</p> <p>No coverage will apply for RVAs and RVA clubs for events conducted in which all participants are not registered with USAV.</p> <p>The General Liability Policy includes \$1,000,000 Each Occurrence / \$2,000,000 Aggregate of Sexual Abuse and Molestation coverage.</p> <p>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 &amp; Dismemberment \$10,000. Policy effective date: September 1, 2018 / Policy expiration date: September 1, 2019.</p>					
<b>CERTIFICATE HOLDER:</b>			<b>NOTICE OF CANCELLATION:</b>		
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.		
			<b>AUTHORIZED REPRESENTATIVE:</b>		
					