LGEORGE

ACORD'

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/03/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in liquid of such and removal.

this certificate does not confer rights	to th	e cer	tificate holder in lieu of s							
Loomis & LaPann, Inc.	CONTACT Lori George NAME: PHONE FAX (A/C, No., Ext.): (800) 566-6479 FAX (A/C, No., Ext.): (518) 792-3426									
228 Glen Street, PO Box 2158 Glens Falls, NY 12801	PHONE (A/C, No, Ext): (800) 566-6479 FAX (A/C, No): (518) 792-3426 E-MAIL ADDRESS:									
				ADDR		0110501014500			<u>-</u> .	T
				IN COLO			RDING COVERAGE			NAIC#
INSURED				INSURER A : Houston Casualty Company					42371	
National Organization of Coaches Association Directors South Carolina Athletic Coaches Association 1101 Westover Terrace Greensboro, NC 27408					INSURER B:					
					INSURER C:					
					INSURER D:					
					INSURER E: INSURER F:					1 4
COVERAGES CE	RTIEI	CATE	NUMBER:	INSUR	ERF:		DEVIOLONI ANUTAT			
THIS IS TO CERTIFY THAT THE POLIC				HAVE D	DEEN ISSUED	TO THE INCLU	REVISION NUME	3EK:		
CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	Y PER	REM RTAIN, ICIES.	ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	NOF A	ANY CONTRA	CT OR OTHER	R DOCUMENT WITH	1 DECDE	CT TO	NATIOUT TUIC
INSR LTR TYPE OF INSURANCE	ADDI	SUBR	POLICY NUMBER	11	POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT	s	
A X COMMERCIAL GENERAL LIABILITY				/			EACH OCCURRENCE		\$	1,000,000
CLAIMS-MADE X OCCUR			17/7005540		08/01/2017	08/01/2018	DAMAGE TO RENTED PREMISES (Ea occurre		s	300,000
	_						MED EXP (Any one per		\$	
	_						PERSONAL & ADV INJ		\$	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGAT		\$	1,000,000
POLICY PRO- LOC							PRODUCTS - COMP/O		\$	1,000,000
OTHER:				,				1,7100	\$	
AUTOMOBILE LIABILITY			1				COMBINED SINGLE LI (Ea accident)	MIT	\$	
ANY AUTO							BODILY INJURY (Per p	erson)	\$	
OWNED SCHEDULED AUTOS							BODILY INJURY (Per a		\$	
HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						į	PROPERTY DAMAGE (Per accident)		s	
]		(i di dodidorri)		\$	
UMBRELLA LIAB OCCUR							EACH OCCURRENCE		\$	
EXCESS LIAB CLAIMS-MADE							AGGREGATE		s	
DED RETENTION\$							TOORLOTTE		s	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH-	Ψ	
	NIZA			3			E.L. EACH ACCIDENT		\$	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A			-1			E.L. DISEASE - EA EMP			
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY		s	
				1			L.L. 01007102 1 00101	CHAIL		
		Ì								
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC VENT NAME: North South Soccer Classic VENT DATE: June 21-23, 2018 VENT LOCATION: T.L. Hanna High School		CORD	101, Additional Remarks Schedul	e, may be	attached if more	space is require	d)			
CERTIFICATE HOLDER				CANC	ELLATION					
T.L. Hanna High School 2600 Highway 81 North Anderson, SC 29621	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									

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F	RODU	CER				CONT	ACT Lori Ge					
Loomis & LaPann, Inc. 228 Glen Street, PO Box 2158							. (518)	792-3426				
Glens Falls, NY 12801							PHONE (A/C, No, Ext): (800) 566-6479 FAX (A/C, No): (518) E-MAIL ADDRESS:					
						INSURER(S) AFFORDING COVERAGE					NAIC #	
						INSUE	INSURER A: Houston Casualty Company					
INSURED							INSURER B:					
National Organization of Coaches Association Directors South Carolina Athletic Coaches Association 1101 Westover Terrace Greensboro, NC 27408						INSUF						
						INSUF						
							114.00					
						INSURER E :					11.00	
C	OVE	RAGES CE	DTIE	CATI	E NUMBER:	INSUR	ERF:					
ſ		IS TO CERTIFY THAT THE POLICE ATED. NOTWITHSTANDING ANY	IFS C	DE ING	SIDANCE LISTED BELOW	/!!^\/= !	DEEN ICCUED	TO THE INDIA	REVISION NUMBER:			
	CERT	ATED. NOTWITHSTANDING ANY IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH	Y PER	MIATS	THE INCLIDANCE ACCOUNT		ANT CONTRA	CI OK OTHE	R DOCUMENT WITH RESI	THE POI	LICY PERIOD WHICH THIS THE TERMS,	
INS	SR	TYPE OF INSURANCE	ADD	SUBR	POLICY NUMBER 6		POLICY EFF (MM/DD/YYYY)	POLICY EXP				
A		COMMERCIAL GENERAL LIABILITY	TIVSE	7 44 40	TOZIOT KOMBEK	11	(MM/DD/YYYY)	(MM/DD/YYYY)			1,000,000	
		CLAIMS-MADE X OCCUR			17/7005540		08/01/2017	00/04/0040	DAMAGE TO RENTED	\$	300,000	
					1777003340		00/01/2017	08/01/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	S	300,000	
ĺ									MED EXP (Any one person)	\$	1 000 000	
	05	J	1						PERSONAL & ADV INJURY	\$	1,000,000	
	GEI	POLICY PRO- LOC			n				GENERAL AGGREGATE	\$	1,000,000	
	-								PRODUCTS - COMP/OP AGG	\$	1,000,000	
	-	OTHER:	+-	-						s		
	AUT	TOMOBILE LIABILITY			11				COMBINED SINGLE LIMIT (Ea accident)	\$		
		ANY AUTO OWNED SCHEDULED				-	l i		BODILY INJURY (Per person)	\$		
	\vdash	OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident)	\$		
	-	AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	-		_							\$		
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	150	EXCESS LIAB CLAIMS-MADE						1	AGGREGATE	\$		
		DED RETENTION \$						1		s		
	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY							PER OTH-	-		
		PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A			134		Ī	E.L. EACH ACCIDENT	s		
			N/A			100	1		E.L. DISEASE - EA EMPLOYEE			
	DESC	describe under RIPTION OF OPERATIONS below					1	1	E.L. DISEASE - POLICY LIMIT			
						11			C.L. DISEASE - POLICY LIMIT	3		
		γħ	İ					- 1				
			-									
VE	NT DA	ON OF OPERATIONS / LOCATIONS / VEHICL AME: SC vs NC Clash of the Caroli ATE: June 28-30, 2018 OCATION: Cardinal Gibbons High S	1102 14	16112 0	101, Additional Remarks Schedul & Womens Soccer	le, may be	attached if more	space is require	d)			
CEF	RTIFI	CATE HOLDER		-		CANC	ELLATION		у			
Cardinal Gibbons High School 1401 Edwards Mill Rd Raleigh, NC 27607						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						