LGEORGE

ACORD

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/1/2019

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 BEDBESSENTATIVE OR PRODUCER. AND THE CERTIFICATE HOLDER.

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 co	ertificate holder in lieu of su	uch endorsement(s)			
PRODUCER	CONTACT Lori George				
Loomis & LaPann, Inc.	PHONE (A/C, No, Ext): (800) 5	66-6479	(A/C, No): (51	8) 792-3426	
518-792-6561 228 Glen Street, PO Box 2158 Glens Falls, NY 12801		E-MAIL ADDRESS:			
			URER(S) AFFOR	DING COVERAGE	NAIC#
	INSURER A : Housto	n Casualty	Company	42374	
		INSURER B:			
National Organization of Coaches	INSURER C:				
South Carolina Athletic Coaches A	INSURER D:				
1101 N. Josephine Boyd St Greensboro, NC 27408  COVERAGES CERTIFICATE NUMBER:		INSURER E:		•	
		INSURER F:			
		REVISION NUMBER:			
	WIGHT ANDT LICTED DELOW	HAVE BEEN ISSUED	TO THE INSUE	ED NAMED ABOVE FOR THE	POLICY PERIOD
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUIR CERTIFICATE MAY BE ISSUED OR MAY PERTA EXCLUSIONS AND CONDITIONS OF SUCH POLICI	EMENT, TERM OR CONDITION  NO THE INSTRANCE AFFOR	ROFO BY THE POLIC	IES DESCRIB PAID CLAIMS.	DOCUMENT WITH RESPECT ED HEREIN IS SUBJECT TO	TO WHICH THIS ALL THE TERMS,
INSR TYPE OF INSURANCE ADDLS	UBR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A X COMMERCIAL GENERAL LIABILITY	VVD	1,1111111111111111111111111111111111111		EACH OCCURRENCE \$	1,000,000
CLAIMS-MADE X OCCUR	18/7005540	8/1/2018	8/1/2019	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	300,000
				MED EXP (Any one person) \$	1,000,000
				PERSONAL & ADV INJURY \$	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$	1,000,000
POLICY PRO- LOC				PRODUCTS - COMP/OP AGG S SEXUAL ABUSE S	50,000
				COMBINED SINGLE LIMIT (Ea accident) \$	
AUTOMOBILE LIABILITY				BODILY INJURY (Per person) \$	
ANY AUTO SCHEDULED				BODILY INJURY (Per accident) \$	
OWNED AUTOS ONLY AUTOS HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY				PROPERTY DAMAGE (Per accident) \$	
AUTOS ONLY AUTOS ONLY				\$	
UMBRELLA LIAB OCCUR				EACH OCCURRENCE \$	
EXCESS LIAB CLAIMS-MADE				AGGREGATE \$	
				s	
DED RETENTION \$				PER OTH- STATUTE ER	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				E.L. EACH ACCIDENT \$	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				E.L. DISEASE - EA EMPLOYEE \$	
If yes, describe under				E.L. DISEASE - POLICY LIMIT \$	
DESCRIPTION OF OPERATIONS below				E,L, DIGENGE -1 OLIGI EIIIII V	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (AND EVENT NAME: North South Soccer Classic EVENT DATE: June 20-22, 2019 EVENT LOCATION: TL Hanna High School	CORD 101, Additional Remarks Scheo	dule, may be attached if mo	ore space is requi	red)	
CERTIFICATE HOLDER	CANCELLATION	CANCELLATION			
TL Hanna High School 2600 Highway 81 North		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
Anderson, SC 29621		AUTHORIZED REPRESENTATIVE			

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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 lieu of such endorsement(s). CONTACT Lori George FAX (A/C. No): (518) 792-3426 PHONE (A/C, No, Ext): (800) 566-6479 Loomis & LaPann, Inc. 518-792-6561 E-MAIL ADDRESS: 228 Glen Street, PO Box 2158 Glens Falls, NY 12801 NAIC# INSURER(S) AFFORDING COVERAGE 42374 INSURER A: Houston Casualty Company INSURER B: INSURED National Organization of Coaches Association Directors INSURER C: South Carolina Athletic Coaches Association INSURER D: 1101 N. Josephine Boyd St Greensboro, NC 27408 INSURER E : INSURER F REVISION NUMBER: THIS IS TO CERTIFY THAT 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 INDICATED. NOTWITHSTANDING ANY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CERTIFICATE MAY BE ISSUED OR SUCH BOLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY DAID OF AMAS. COVERAGES EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS POLICY EFF POLICY EXP LIMITS ADDL SUBR INSD WVD POLICY NUMBER 1,000,000 INSR TYPE OF INSURANCE EACH OCCURRENCE COMMERCIAL GENERAL LIABILITY 300,000 Α Х DAMAGE TO RENTED 8/1/2019 8/1/2018 18/7005540 CLAIMS-MADE | X OCCUR MED EXP (Any one person) 1.000.000 PERSONAL & ADV INJURY 1,000,000 GENERAL AGGREGATE 1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG S PRO-JECT 50,000 1.00 POLICY SEXUAL ABUSE \$ COMBINED SINGLE LIMIT X | OTHER: Member AUTOMOBILE LIABILITY BODILY INJURY (Per person) ANY AUTO BODILY INJURY (Per accident) SCHEDULED AUTOS OWNED AUTOS ONLY PROPERTY DAMAGE (Per accident) NON-OWNED AUTOS ONLY HIRED AUTOS ONLY **FACH OCCURRENCE** OCCUR UMBRELLA LIAB AGGREGATE CLAIMS-MADE EXCESS LIAB RETENTION \$ DED WORKERS COMPENSATION AND EMPLOYERS' LIABILITY E.L. EACH ACCIDENT ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) NIA E.L. DISEASE - EA EMPLOYE E.L. DISEASE - POLICY LIMIT If yes, describe under DESCRIPTION OF OPERATIONS below DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) EVENT NAME: SC vs NC Clash of the Carolinas Men & Women Soccer EVENT DATE: June 27-29, 2019 EVENT LOCATION: Cardinal Gibbons High School CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Cardinal Gibbons High School 1401 Edwards Mill Rd. Raleigh, NC 27607 AUTHORIZED REPRESENTATIVE

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