

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

5/11/16

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 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).

PRODUCER:
Sportsman's Insurance Agency, Inc.
 1364 North US 1, Suite 503
 Ormond Beach, FL 32174

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INSURER(S) AFFORDING COVERAGE

INSURED:
 SCHOLASTIC SHOOTING SPORTS FOUNDATION (SSSF)
 5931 RofT Road
 San Antonio TX 78253

INSURER A: T.H.E. INSURANCE COMPANY
INSURER B:
INSURER C:
INSURER D:

COVERAGES

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 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> OCCURRENCE <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> PREMISES/OPERATIONS	CPP 0102825-04	5/11/2016	5/11/2017	GENERAL AGGREGATE	\$ 5,000,000
					PRODUCTS-COMP/OP AGG	\$ 1,000,000
					PERSONAL & ADV. INJURY	\$ 1,000,000
					EACH OCCURRENCE	\$ 1,000,000
					DAMAGE TO PREMISES RENTED TO YOU (Any One Premises)	\$ 300,000
					MED. EXP (Any One Person)	\$ 10,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> HIRED & NON-OWNED ONLY				Combined Single Limit - Bodily Injury and/or Property Damage, Each Accident.	
	UMBRELLA LIABILITY <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	
	EXCESS LIABILITY <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$				AGGREGATE	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, described under DESCRIPTION OF OPERATIONS below				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	
A	Accident Coverage	CPP 0102825-04	5/11/2016	5/11/2017	Excess Acc/Death/Dismem - each participant \$5,000 Excess Medical Expense - each participant \$10,000	

DESCRIPTION OF OPERATIONS/LOCATIONS/SPECIAL ITEMS:

SCHOLASTIC CLAY TARGET PROGRAM and SCHOLASTIC ACTION SHOOTING PROGRAM fka SCHOLASTIC PISTOL PROGRAM

CERTIFICATE HOLDER

CANCELLATION

*****Evidence of Coverage*****

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

