

**CERTIFICATE OF INSURANCE**

10/16/2008

**PRODUCER**

American Specialty Insurance & Risk Services, Inc.  
142 North Main Street  
Roanoke, Indiana 46783

**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 POLICY BELOW.**

**INSURED**

USA Volleyball  
715 South Circle Drive  
Colorado Springs, CO 80910

**INSURERS AFFORDING COVERAGE**

INS. A: AXIS Insurance Company  
INS. B:  
INS. C:

CENTRAL VIRGINIA VOLLEYBALL  
PO BOX 3470  
LYNCHBURG, VA 24503

OD-Old Dominion Region (OD)

CERT NUMBER: 1000703737

**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, NOT WITHSTANDING 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 CONDITION OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.**

INS LTR	POLICY TYPE	POLICY NUMBER	POLICY EFFECTIVE	POLICY EXPIRATION	LIMITS	
A	GL	AXGL01100172-08	11/01/2008 12:01 a.m.	09/01/2009 12:01 a.m.	General Aggregate-Per Event	5,000,000
					Products-Completed Operations Aggregate	1,000,000
					Personal and Advertising Injury	1,000,000
					Each Occurrence	1,000,000
					Damage to Premises Rented to You (Any One Premises)	1,000,000
					Medical Expense Limit (Any One Person)	Excluded

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS**

- The Certificateholder is only an additional insured with respect to liability caused by the negligence of the Named Insured as per Form AXIS 1003-Additional Insured-Certificateholders, as respects to sanctioned USAV and Regional Volleyball Association events, effective November 1, 2008.
- Coverage available under policy #SRG 9111239 is on file with the policyholder. Accident Medical Coverage \$25,000, deductible \$250. Accidental Death & Dismemberment \$10,000. Policy effective date: November 1, 2008 / Policy expiration date: September 1, 2009.

**CERTIFICATE HOLDER**

CITY OF LYNCHBURG, ITS OFFICERS AND EMPLOYEES  
CITY OF LYNCHBURG PARKS AND RECREATION  
301 GROVE STREET  
LYNCHBURG, VA 24503

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

**AUTHORIZED REPRESENTATIVE**

*David A. Harris*