

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: 1000703728

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

- Coverage applies to the above Insureds with respect 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

SWEET BRIAR COLLEGE
PO BOX 87
SWEET BRIAR, VA 24595

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