

**CERTIFICATE OF INSURANCE**

12/04/2008

**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:

RIVANNA RIVERDAWGS VOLLEYBALL CLUB  
1620 CAMBRIDGE CIRCLE  
CHARLOTTESVILLE, VA 22903

Old Dominion Region (OD)

CERT NUMBER: 1000724655

**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 December 04, 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**

FLUVANNA MIDDLE SCHOOL  
PO BOX 419  
PALMYRA, VA 22963

**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*