LGEORGE

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/5/2023

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.

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 228 Glen Street, PO Box 2158 Glens Falls, NY 12801 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC# 41343 INSURER A: HDI Global Specialty SE INSURER B: INSURED National Organization of Coaches Association Directors INSURER C: South Carolina Athletic Coaches Association INSURER D: 1101 N. Josepine Boyd St INSURER E: Greensboro, NC 27408 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 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. CERTIFICATE NUMBER: **COVERAGES** POLICY EFF POLICY EXP (MM/DD/YYYY) ADDL SUBR INSD WVD POLICY NUMBER TYPE OF INSURANCE 1,000,00 EACH OCCURRENCE COMMERCIAL GENERAL LIABILITY Α X 300,00 DAMAGE TO RENTED PREMISES (Ea occurrence) 8/1/2022 8/1/2023 HDGL003700770 CLAIMS-MADE X OCCUR MED EXP (Any one person) 1,000,00 PERSONAL & ADV INJURY 2,000,00 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: 1,000,00 PRODUCTS - COMP/OP AGG PRO-JECT POLICY OTHER: Member Coach COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY BODILY INJURY (Per person) ANY AUTO BODILY INJURY (Per accident) SCHEDULED AUTOS OWNED AUTOS ONLY NON-OWNED AUTOS ONLY HIRED AUTOS ONLY EACH OCCURRENCE **OCCUR** HMBRELLA LIAB \$ **AGGREGATE** CLAIMS-MADE **EXCESS LIAB** DED RETENTION \$ PER STATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY E.L. EACH ACCIDENT ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) NIA E.L. DISEASE - EA EMPLOYEE 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: SCACA North South All Star Soccer Women & Men EVENT DATE: June 16-17, 2023 EVENT LOCATION: T.L. Hanna HS CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFOR THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IF ACCORDANCE WITH THE POLICY PROVISIONS. T.L. Hanna High School 2600 Highway 81 North Anderson, SC 29621 AUTHORIZED REPRESENTATIVE

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CE	RTIFICATE MAY BE ISSUED OR MAY	PERT/	AIN,	THE INSURANCE AFFORDED BY	Y THE POLICI	ES DESCRIB PAID CLAIMS.	ED HEREIN IS SUBJECT TO	ALL II	ie reixivo,
EX	EXCLUSIONS AND CONDITIONS OF SUCH			LIMITS SHOWN WITH THE BELLT	POLICY EFF (MM/DD/YYYY)	POLICY EXP	PLIMITS		
INSR LTR	TYPE OF INSURANCE	ADDL S INSD V	NVD	POLICT NUMBER	(MM/DD/TTTT)	(WIW)/DD/11111	EACH OCCURRENCE S	\$	1,000,0
Α	X COMMERCIAL GENERAL LIABILITY			HDGL003700770	8/1/2022	8/1/2023	DAMAGE TO RENTED	\$	300,0
	CLAIMS-MADE X OCCUR			MDGE003700770			MED EXP (Any one person)	\$	1 222 2
							PERSONAL & ADV INJURY	\$	1,000,0
							GENERAL AGGREGATE	\$	2,000,0
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-						PRODUCTS - COMP/OP AGG	\$	1,000,0
	X OTHER: Member Coach						COMBINED SINGLE LIMIT	\$	
	AUTOMOBILE LIABILITY						(Ea accident)	\$	
	ANY AUTO						BODIET INSOICT (I of policely)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS						BODILY INJURY (Per accident) PROPERTY DAMAGE		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						(Per accident)	\$	
	AUTOS ONLY AUTOS ONLY							\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DED RETENTION\$						PER OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						OTATOTE	\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	Ф	
					he attached if m	ore space is red	uired)	1	
DE	SCRIPTION OF OPERATIONS / LOCATIONS / VEHI ENT NAME: SC v NC Clash of the Carol	CLES (ACOI	RD 101, Additional Remarks Schedule, ma & Women Soccer	y be attached if if	iore shace is red			
EV	INT MANIE: 30 VINO Glasii of the baro								

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFOR THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.

Wake Med Soccer Park 940 E Chatham St. Cary, NC 27511

AUTHORIZED REPRESENTATIVE

Com Tim

EVENT DATE: June 23-24, 2023

EVENT LOCATION: Wake Med Soccer Park

LGEORGE

CORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/5/2023

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Loomis & LaPann, Inc. 518-792-6561 228 Glen Street, PO Box 2158						(100) 110) 1111/1						192-3420	
						E-MAIL ADDRESS:							
Glens Falls, NY 12801							INSURER(S) AFFORDING COVERAGE INSURER A: HDI Global Specialty SE					NAIC#	
						INSURE	41343						
INSU	RED					INSURER B:							
National Organization of Coaches Association Directors South Carolina Athletic Coaches Association							INSURER C:						
		1101 N. Josepine Boyd St	cnes	ASS	ociation	INSURE							
1101 N. Josepine Boyd St Greensboro, NC 27408							INSURER E :						
						INSURER F:							
CO	VFR	AGES CER	TIFIC	CATE	NUMBER:				REVISION NU	MBER:			
T IN	HIS IS	IS TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY R FICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	S OI EQUI	F INS	SURANCE LISTED BELOW ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	NY CONTRAC	ES DESCRIB	ED HEREIN IS	HULKESLE	CITC	WITIGHTING	
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
LTR A	Х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	TOLIOT ROMBER		(MM/DD/TTTT)	(MM/DD/1771)	EACH OCCURRE	NCE	\$	1,000,00	
^	^	CLAIMS-MADE X OCCUR			HDGL003700770		8/1/2022	8/1/2023	DAMAGE TO REN PREMISES (Ea oc		\$	300,00	
		CLAIMS-MADE X OCCUR			IIDGE003700770		O/ 1/2022	0/1/2020			\$		
									MED EXP (Any on		\$	1,000,00	
									PERSONAL & AD'			2,000,00	
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRI		\$	1,000,00	
		POLICY PRO- LOC							PRODUCTS - COI	MP/OP AGG	\$		
	X	OTHER: Member Coach	-						COMBINED SING	LE LIMIT	\$		
	AUT	TOMOBILE LIABILITY							(Ea accident)		\$		
		ANY AUTO							BODILY INJURY (Per person)	\$		
		OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)			
		HIRED NON-OWNED AUTOS ONLY							PROPERTY DAM (Per accident)		\$		
											\$		
		UMBRELLA LIAB OCCUR							EACH OCCURRE	NCE	\$		
		EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
		DED RETENTION\$							1050	OTIL	\$		
	WOF	RKERS COMPENSATION DEMPLOYERS' LIABILITY							PER STATUTE	OTH- ER	-		
									E.L. EACH ACCIE	DENT	\$		
	OFF (Mar	PROPRIETOR/PARTNER/EXECUTIVE CITES (PROPRIETOR) (PARTNER/EXECUTIVE CITES) (PROPRIETOR) (PROPRIET	N/A						E.L. DISEASE - E	A EMPLOYE	\$		
	If ye	es, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - P	OLICY LIMIT	\$		
	DLO	SOME TION OF OF ELECTRONIC SCIEN											
EV	1 TNE I TNE	TION OF OPERATIONS / LOCATIONS / VEHIC NAME: SC v NC Clash of the Caroli DATE: June 23-24, 2023 LOCATION: Cardinal Gibbons High	nas i	vien a	D 101, Additional Remarks Sched & Women Soccer	lule, may	be attached if mo	ore space is requ	ired)				
	DTI	IEICATE HOLDED				CAN	ICELLATION	1					
Cardinal Gibbons High School 1401 Edwards Mill Rd. Raleigh, NC 27607							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						
_	005	D 25 (2016/02)					@ 1	988-2015 A	CORD CORPO	DRATION.	All r	ights reserve	