

Certificate of General Liability & Accident Medical Insurance

Date (MM/DD/YYYY)

PRODUCER Phone (800) 747-9573 Fax (303)422-1276

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC#

INSURED Sports and Recreation Providers Assoc. (purchasing group) and its members

INSURER A: Riverport Insurance Company

INSURER B: Berkley Life & Health Ins. Co.

INSURER C:

INSURER D:

INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

ADDL Info	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE DATE (MM/DD/YY)	POLICY EXPIRATION DATE DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	FLDG180411-AP147370			EACH OCCURRENCE	\$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$300,000
	CLAIMS MADE X OCCUR				MED EXP (Spectators only)	\$5,000
	<input checked="" type="checkbox"/> NO ATHLETIC PARTICIPANTS				PERSONAL & ADV INJURY	\$1,000,000
					GENERAL AGGREGATE	\$5,000,000
					PRODUCTS-COM/OP AGG.	\$5,000,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (per accident)	\$
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
B	ACCIDENT MEDICAL	PAIL00220326-001			MAXIMUM MEDICAL BENEFIT PER CLAIM	\$25,000
	<input checked="" type="checkbox"/> EXCESS TO PRIMARY HEALTH INS.				ACCIDENTAL DEATH & DISMEMBERMENT	\$10,000
	<input checked="" type="checkbox"/> Policy will not cover primary health Insurance deductibles, co-pays, program limits, or out of network care. If injured party does not have primary care, excess coverage becomes primary.				DEDUCTIBLE PER CLAIM	\$500
	EXCESS/UMBRELLA POLICY				EACH OCCURRENCE	\$
	OCCUR CLAIMS MADE				AGGREGATE	\$
						\$
	DEDUCTIBLE					\$
	RETENTION \$					\$
OTHER						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENTS/SPECIAL PROVISIONS

ADDITIONAL INSURED SCHOOL CITY OF MISHAWAKA

CERTIFICATE HOLDER

School City of Mishawaka

CANCELLATION

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

AUTHORIZED REPRESENTATIVE - HAROLD LEID

