



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/13/2011

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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).

PRODUCER Risk Management Services, Inc. P.O. BOX 32712 Phoenix AZ 85064-2712	CONTACT NAME: Carolyn J Blumit PHONE (A/C. No. Ext): (602) 840-3234 E-MAIL ADDRESS: sblumit@theriskpeople.com PRODUCER CUSTOMER ID #: 20613	FAX (A/C. No.): (602) 274-9138
	INSURER(S) AFFORDING COVERAGE	
INSURED United States Masters Swimming, Inc. etal Incl US Masters LMCSs and Member Clubs 655 North Tamiami Trail Sarasota FL 34236-4045 (942) 568-8767	INSURER A: National Casualty	
	INSURER B: Federal Insurance Company	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	
		NAIC #

COVERAGES

CERTIFICATE NUMBER: Cert ID 9942

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			KKO0000002280800	1/1/2012	1/1/2013	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> Participant Legal						PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> Liability Included						GENERAL AGGREGATE \$ None
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						Participant \$ 1,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<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						\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XKO0000002280500	1/1/2012	1/1/2013	EACH OCCURRENCE \$ 9,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 9,000,000
	<input checked="" type="checkbox"/> DEDUCTIBLE						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
B	AD&D	N	N	9906-78-81	1/1/2012	1/1/2013	Maximum Limit \$5,000
	XS Medical/Dental	N	N				Maximum Limit \$25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Verification of General and Excess Liability. Excess Medical/Dental and Accident coverage provided for the participants only. Verification of General Liability, Excess Liability and Excess Accidental Medical/Dental Coverage. 30 Day Notice Of Cancellation Provision Per Policy Terms and Conditions.

CERTIFICATE HOLDER**CANCELLATION**

To Whom It May Concern	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 <i>Carolyn J. Blumit</i>

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ACORD 25 (2009/09)

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Attachment to U.S. Masters Swimming, Inc. Certificate

COVERAGE HIGHLIGHTS

ADDITIONAL NAMED INSUREDS:

1. **United States Masters Swimming, Inc. Member Clubs for Insured Activities.**
2. Any Member of United States Masters Swimming, Inc., or volunteer, while acting on behalf of and with the approval of the Board of Directors of United States Masters Swimming, Inc.

DEFINITIONS:

1. **United States Masters Swimming, Inc. Member Clubs** are clubs that are members in good standing with United States Masters Swimming, Inc. and whose athletes and coaches are members of United States Masters Swimming, Inc.
2. **Sanction** as defined by United States Masters Swimming, Inc. Rules and Regulations.
3. **Recognized Events** as defined by United States Masters Swimming, Inc. Rules and Regulations.

INSURED ACTIVITIES:

- A. Swimming events where a United States Masters Swimming, Inc. Sanction has been issued.
- B. United States Masters Swimming, Inc. "Recognized Events" as defined in USMS Rules & Regulations
- C. Swimming practices under direct supervision of a United States Masters Swimming, Inc. Member or a United States Swimming, Inc. Member Coach.

	USMS Member Coach	USA Swimming Coach	No Coach or Non-USMS Member coach
USMS Members workout	<ul style="list-style-type: none"> • USMS Swimmer Covered • USMS Coach Covered 	<ul style="list-style-type: none"> • USMS Swimmer Covered • USA Coach Covered 	No Coverage
USA Swimming Member in USMS workout	<ul style="list-style-type: none"> • USA Swimmer NOT Covered • No protection for USMS Coach if USA Swimmer is injured • USMS Swimmers Covered 	<ul style="list-style-type: none"> • USA Swimmer Covered • USA Coach Covered • USMS Swimmers Covered 	No Coverage
USMS Member in USA Swimming workout	Not applicable, USMS Coach can't preside over USA Swimming workout.	<ul style="list-style-type: none"> • USMS Swimmer Covered • USA Coach Covered 	Can't exist -- by definition of USA workout.
USMS Members and Non-USMS Members workout (i.e. un-registered swimmers and/or swimmers not in 30-day trial period)	No Coverage	No Coverage	No Coverage

- D. Swimming tryouts under active supervision of a United States Master Swimming, Inc. Member or United States Swimming, Inc. Member Coach for a period of no more than thirty (30) consecutive calendar days in a 12-month period, for any individual.
- E. Learn to swim program where all athletes are members of United States Masters Swimming, Inc. and supervised by a United States Masters Swimming, Inc. Member or United States Swimming, Inc. Member Coach.
- F. United States Masters Swimming, Inc. swim-a-thons.
- G. United States Masters Swimming, Inc. pre-approved social events.
- H. United States Masters Swimming, Inc. pre-approved fund raising activities.

Attachment to USMS, Inc., Certificate

POLICY NUMBER: KKO0000002280800
COMMERCIAL GENERAL LIABILITY

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT
CAREFULLY**

ADDITIONAL INSURED—BLANKET MANAGERS OF LESSORS OF PREMISES POLICY AMENDMENT—COMMERCIAL GENERAL LIABILITY

Name of Person or Organization (Additional Insured):

Any person or organization leasing premises to you and declared as an **additional insured—managers or lessors of premises** as evidenced by a certificate of insurance issued for you by us or on our behalf.

Who is an additional insured? Section II is amended to include as an insured the person or organization shown in the schedule as an insured but only with respect to liability arising out of the ownership, maintenance, or use of that part of the premises leased to you and subject to the following additional exclusions:

This insurance does not apply to:

1. Any **occurrence** that takes place after you cease to be a tenant in those premises;
2. Structural alterations, new construction, or demolition operations performed by or on behalf of the person or organization shown on the certificate.

Effective date: The effective date of this endorsement shall be the issue date of the certificate to which it is attached.