

Insurance Program

The USMS insurance program, funded by a portion of the national registration fee, provides **excess accident insurance** coverage for USMS members. **Liability** coverage is provided for USMS members, member clubs, LMSC officials, and volunteers **acting on behalf of and with the approval of USMS.**

Excess Personal Accident Insurance

Excess accident insurance covers the USMS member during USMS sanctioned and recognized meets, supervised practices, and preapproved events. In **sanctioned** events, **ALL** competitors must hold current USMS registration. At supervised practices, **ALL** participants must be registered USMS or United States Swimming, Inc. (USA Swimming) members, and practice must be under the direct supervision of a USMS member or USA Swimming certified coach. **IF USA SWIMMING MEMBERS ARE INVOLVED IN THE PRACTICE, IT IS NECESSARY THAT A USA SWIMMING COACH BE SUPERVISING THE PRACTICE.**

Policyholder: United States Masters Swimming, Inc.

Carrier: Nationwide Life Insurance Company

Policy number: 0013679-25

Term: January 1, 2009 to January 1, 2010

Insured persons: **Members in good standing of United States Masters Swimming, Inc.**

Coverage: Accident medical/dental expense \$ 25,000

Chiropractic or physical therapy \$ 1,000

Treatment by a chiropractor or physical therapist is limited to a maximum of \$1000 during the 12 month period immediately following the date of an accident

Accidental death or dismemberment \$ 5,000

Covered expenses: Covered expenses must be a direct result of an injury and treatment must begin within 90 days of the accident. Such expenses must be incurred within 1 year (12 months) from the date of the accident; must be medically necessary; and must be usual and customary for the services to be rendered.

Deductible: The total sum of benefits payable under all other plans as defined by the policy. All bills must first be submitted to any group/hospital/medical and/or HMO coverage for which the member is eligible. Copies of the plan "Explanation of Benefits" (paid or denied) must accompany all bills.

Claims: Claims forms may be obtained from:

Risk Management Services, Inc.
(2221 W. Baseline Rd, Suite 104, Tempe,
85283-1041) or
P.O. Box 32712
Phoenix, AZ 85064-2712

Telephone: (800) 777-4930 or
(602) 840-3234

Fax: (602) 274-9138
Email: carmenv@theriskpeople.com

Starline USA LLC
180 Teaticket Highway,
Suite 203
E. Falmouth, MA 02536

Telephone: (800) 500-4364 or
(508) 495-0882

Fax: (508) 495-0708

Payment of expenses resulting from an accident is limited to those expenses incurred and presented to Starline USA, LLC within 12 months of the date of the accident.

General Liability Insurance

Liability coverage is provided for claims of negligence against the insured(s) by any person, including participants, for bodily injury or property damage arising out of insured activities. Coverage is also included for claims arising from a written contract related to facility use.

It is **imperative** that all incidents, no matter how minor, be reported as soon as practicable. The “USMS Report of Occurrence” should be used to report incidents.

Policyholder: United States Masters Swimming, Inc. et al

Carrier: National Casualty Company

Policy Number: 6LKKO000000196701

Policy Term: January 1, 2009 to January 1, 2010
12:01a.m. Eastern Standard Time

Limit of Liability:	\$N/A	General Aggregate
	\$1,000,000	Each occurrence including products/completed operations
	\$1,000,000	Annual aggregate-products completed operations
	\$1,000,000	Each occurrence/aggregate-personal injury and advertising injury
	\$ 300,000	Fire legal liability
	\$ 5,000	Medical payments excluding participants
	\$1,000,000	Participants legal liability

Named Insureds: United States Masters Swimming, Inc., United States Masters Swimming Local Masters Swimming Committees, & USMS member swim clubs for insured activities. Any member of USMS or volunteer, while acting on behalf of and with the approval of USMS

Activities Insured: SEE ATTACHED GRIDS FOR SUMMARY (pages 7 and 8 of this section of the handbook)

- Sanctioned meets. (All participants must be USMS members.)
- Recognized meets. Refer to USMS rules and regulations for definition
- **Swimming practice** where all participants are members of USMS or USA Swimming, and under the direct supervision of a USMS member or USA Swimming certified coach. **A USA SWIMMING CERTIFIED COACH MUST BE SUPERVISING THE PRACTICE IF USA SWIMMING MEMBERS ARE INVOLVED.**
- **Learn to Swim programs** where all participants are members of USMS and the program is under the direction of a USMS member or USA Swimming certified coach.
- **Swimming tryouts** under direct supervision of a USMS member or USA Swimming certified coach. The tryout period may not last for more than 30 consecutive days in a 12 month period for any one individual. There is not any coverage for **non-member** participants themselves during the tryout period.
- **Preapproved social events** where alcoholic beverages are not sold.
- **Preapproved fund raising activities.**

If a USMS member club is conducting an activity that is not listed above as an insured activity, it is imperative that the club obtain its own additional insurance coverage.

Exclusions: (This is not an all-inclusive listing)

- Diving from other than USMS-approved starting platforms or pool side.
- Abuse or molestation.
- Competitions in diving or synchronized swimming.
- Intentional acts.
- Operation, ownership, maintenance, loading or unloading, or use of any automobile.

- Any obligation or liability under Workers Compensation, Unemployment Compensation, or Disability Benefits law, or similar law.
- Water polo.
- Underwater sports activities.
- Property damage to:
 - property owned or occupied by or rented to the insured(s)
 - property used by insured, or
 - property in the care, custody, or control of the insured or as to which the insured is for any purpose exercising physical control.
- Operation, ownership, maintenance, loading or unloading or use of aircraft or watercraft.

Excess Liability Insurance

Policyholder: United States Masters Swimming, Inc. *et al.*

Carrier: National Casualty Company

Policy Number: 6LXKO000000197200

Policy Term: January 1, 2009 to January 1, 2010

Limits of Liability: \$9,000,000 each occurrence
\$9,000,000 aggregate

Insureds: Same as general liability policy

COVERAGE: Provides an additional amount of liability coverage over the primary general liability coverage subject to policy terms, conditions and exclusions.

Administration of USMS Insurance Program

1. If a facility (sponsor) requests a certificate of insurance naming them as additional insured, please use our online program www.certificatesnow.com and follow the instructions on page 12. If you need any help please contact Risk Management Services, Inc., who will guide you through the program.
2. All claims or incidents should be reported immediately to Risk Management Services, Inc., on the “USMS Report of Occurrence” form (see Page 8). It is imperative that no person admits liability or responsibility or discusses any aspect of the incident with other than an authorized National Casualty Company claims representative or police official.
3. Many USMS clubs/practice groups are a party to a contract with an owner of a swimming pool, public or private. Almost all clubs, LMSCs and the national organization itself, will, at one time or another, enter into a contract for the use of a swimming venue for a meet or other authorized aquatic activity. Such contracts will include standard language as to time of use, compensation, maintenance and the like. Additionally, these contracts will also contain language with regard to the tort liability of both parties during the use of the facility. The facility owner will usually include indemnification and hold harmless clauses for itself on liability for bodily injury and property damage resulting from the negligence of the USMS member entity, its officers, agents and employees. While it is impossible to avoid such releases or waivers couched in general language it is extremely important that USMS entities NOT sign contracts containing language which indemnifies or exculpates (clears from alleged fault or guilt) the facility owner from liability for damages resulting from the “sole negligence of the owner, or its agents and employees”. Such language may or may not be valid in your particular state. If it is, it is usually subject to strict interpretation. If you are in doubt about contract wording, consult an attorney in your own state. If you see the following language contained in the contract, please contract Risk Management Services, Inc. before signing:

“Club/LMSC agrees to indemnify Owner against ALL liability loss, or other damage claims or Obligations because of or arising out of personal injury or property damage, related to Club’s/ LMSC use and occupancy of the premises, including that caused by the negligence of the Owner or its agents or employees”.

Direct additional questions concerning any of the coverages to:

Sandi Blumit, ARM, AAI, CIC, AIS, CPIW or
John Peterson, CPCU, ARM
Risk Management Services, Inc.
P.O. Box 32712 (2221 W. Baseline Rd., Ste. 104, Tempe, AZ 85283-1041)
Phoenix, AZ 85064-2712
(800) 777-4930 or (602) 840-3234 x 12 or x 14
Fax: (602) 274-9138
Email: sblumit@theriskpeople.com

Certificate of Liability Insurance

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:
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.

**REPORT OF OCCURRENCE
UNITED STATES MASTERS SWIMMING, INC.**

Injured Person's Name _____ Age _____
Address _____ Phone _____
City/State/Zip _____
Club Affiliation _____
Activity Taking Place at Time of Accident _____

Place Where Accident Occurred _____
(include City/St/Zip) _____
Date of Accident _____ Day of Week _____ Hour _____
Describe Accident _____

Person in Charge of the Activity _____
Address _____ Phone _____
City/St/Zip _____
Probable Nature of the Injury _____
Who Determined Nature of the Injury _____
What was Done On-Site for Injured _____
Where Taken for Treatment _____
Who Provided Treatment (name) _____

Name and Address of Three Witnesses:

1. _____
2. _____
3. _____

Additional Witnesses, List Names and Addresses on Reverse

Remarks _____

Report Submitted By _____ Date _____
Address _____ Phone _____
City/St/Zip _____

Please attach any additional accident reports (facility report, newspaper, witnesses' statements). Mail this report to:

RISK MANAGEMENT SERVICES, INC.

PO BOX 32712

PHOENIX, AZ 85064-2712

OR FAX TO 602-274-9138

E-MAIL sblumit@theriskpeople.com

You must report all occurrences immediately. Thank you for your time and cooperation.

Insurance Swim Meet Coverage Grid

		USMS Sanctioned Meet	USMS Recognized Event with USMS Host	USMS Recognized Event with Non-USMS Host	Non-USMS Sanctioned/Recognized Event
USMS Swimmer		Covered for liability and excess accidental medical	Covered for liability and excess accidental medical	Covered for liability and excess accidental medical	No coverage through USMS
Meet Director	USMS Member	Covered for liability and excess accidental medical	Covered for liability and excess accidental medical	No coverage through USMS	No coverage through USMS
	Non-USMS Member	Covered for liability	Covered for liability	No coverage through USMS	No coverage through USMS
Pool Facility		*See below	*See below	No coverage through USMS	No coverage through USMS
Officials		Covered for liability	Covered for liability	No coverage through USMS	No coverage through USMS
Volunteers		Covered for liability	Covered for liability	No coverage through USMS	No coverage through USMS
Coaches	USMS Member	Same as USMS swimmer	Same as USMS swimmer	Same as USMS swimmer	No coverage through USMS
	Non-USMS Member (not a USA-S coach)	No coverage—unless acting as a volunteer, then liability only	No coverage—unless acting as a volunteer, then liability only	No coverage through USMS	No coverage through USMS
Property (Owned)		No coverage through USMS	No coverage through USMS	No coverage through USMS	No coverage through USMS
Auto		No coverage through USMS	No coverage through USMS	No coverage through USMS	No coverage through USMS

*The facility is not automatically covered for liability under the USMS policy unless (a) the meet host is required by contract to hold the facility harmless for the host's negligent acts and must name the facility as an additional insured on the USMS policy; or (b) the meet host is required to name the facility owner as an additional insured.

Frequently Asked Questions Regarding the USMS Insurance Program

- 1. What happens to my club or practice group's insurance if non-USMS members are in the water at the same time as USMS members: let's say, at a USMS practice?**

General liability coverage is voided if the swimmers are intermingled unless:

- A. There is a lane separation (USMS members are in lanes 1–3 and non-USMS members are in lanes 4–6) and it is not a “combined” practice; and there is a USMS member directly supervising the USMS practice only.
- B. An individual(s) is involved in the USMS 30-day tryout period.
- C. The non-USMS members are USA Swimming members. However, USMS insurance coverage will not apply for the USA Swimming members. In addition, for the USA Swimming coverage to be in place, there must be a USA Swimming certified coach supervising the practice.

- 2. Did you know that all USMS members are provided excess accident coverage?**

The excess accidental medical/dental coverage may pay medical expenses incurred for injuries to a USMS member that occur during a USMS event and that are not paid (reasonable & customary) by the USMS member's primary health/accident insurance coverage.

In order to obtain a claim form for this coverage, a “Report of Occurrence” must be received by Risk Management Services, Inc.

- 3. A member of USA Swimming practices with a USMS team. What is the status of the liability insurance for the USMS member club and its members?**

The USMS liability insurance is in full force for the USMS members. There is an unwritten agreement between USMS and USA Swimming permitting each other's members to practice with one another. However, USMS coverage does not apply to the USA Swimming members, nor does USA Swimming coverage apply to the USMS members. However, the USA Swimming coverage is only in effect if there is a USA Swimming certified coach supervising the practice.

- 4. Dry land training—Does the current USMS insurance cover swimmers and coaches during supervised dry land exercises out of the pool area (i.e., Nautilus, free weights, running, or strength training)?**

Insurance would cover swimmers and coaches during supervised dry land exercises out of the pool area. The key word is “supervised.” The same requirements of supervision must be observed whether the swimmers are in or out of the pool during training periods, whatever the nature.

- 5. A USA Swimming member acts as an official or in a volunteer capacity at a USMS event. How is the USA Swimming member insured for this USMS activity?**

USA Swimming coverage does not apply at all. Coverage for a USMS activity would be provided by the USMS insurance program.

- 6. Does USMS provide any type of auto liability insurance for the USMS local member clubs or USMS members?**

No. Because of the number of members involved in USMS, it is impossible to obtain valid underwriting information for the coverage. Therefore, the insurance company has decided not to provide this coverage for member clubs or USMS members.

- 7. Did you know that open water swimming events may include both USMS and USA Swimming members?**

Because of the logistics involved in open water swimming events, both USMS and USA Swimming provide insurance for these events as long as all participants are members of either USMS or USA Swimming. Sanctions must be obtained from both organizations.

- 8. I (a USMS member in good standing) frequently practice by myself. Does my USMS insurance provide coverage for this activity?**

No. In order for either the general liability or excess accident coverage to be in place, a USMS member or USA Swimming certified coach must be supervising the practice/organized workout.

9. Does the USMS insurance program provide any insurance specifically to cover USMS coaches (i.e., Workers' Compensation, health insurance, and disability insurance)?

No. It is the USMS local member club or the USMS coach's responsibility to purchase this coverage from a local insurance agent.

10. When does a LMSC, member club or practice group need to request an Additional Insured certificate/endorsement and how is one obtained?

An Additional Insured certificate/endorsement is frequently required by a facility where a USMS practice, workout, meet, etc., is being held. By requesting that they (the facility owner(s)) be included on the USMS general liability coverage, they are provided coverage for claims that could be brought against them as a result of the USMS activity.

The Certificates are obtained over an online program. Please see the instructions on page 12. If you do not have your team's user id, please contact Kathy Earls at Risk Management Services, Inc., at 1-800-772-4930, X10 or send an e-mail to tokearls@theriskpeople.com.

Information needed:

1. Name and address of USMS LMSC, or club requesting the certificate.
2. Name and address, and the name of a contact person, of the facility owner.

11. Under "Insured Activities", Practices, it states the activity must be under the direct supervision of a USMS member or USA Swimming certified coach. How do you define "direct supervision"?

"Direct Supervision" is defined as "line of sight". The participants must be in the supervisor's direct line of sight. This means the supervisor cannot be practicing with the group, in the office doing paper work, etc.

If you have any questions regarding this summary, please contact Sandi Blumit at Risk Management Services, Inc., 800-777-4930 X12.

Certificates Online Proof of Insurance for USMS Clubs

A location your club is swimming at might ask you to be added as additional insured to your policy. You are **responsible for processing these requests yourself** directly over the Internet 24 hours a day, 7 days a week. Please call Risk Management Services, Inc. at 1-800-777-4930 #10 or #13 with any questions or for assistance.

lets get started

1. Go to www.certificatesnow.com.
2. Enter your User ID & Password in **CAPITAL LETTERS**:

USER ID: Local Master Swimming Committee 2 digit Code and 3 or 4 letter club code/abbreviation (XX-XXXX)

PASSWORD: MASTERS **(DO NOT CHANGE THIS PASSWORD)**

NOTE: If you are a practice/workout group, you will need to call our office for a club code.


3. Click on “**Deliver Certificates**” in the middle of your screen.
4. **Select** the “2008 Swim Certificate” and hit **Continue**.
5. Now you can either:
 - a) **Select a Recipient (Certificate Holder)** and hit “**Continue**”. Add New Recipient if none showing.
 - b) **Change a Recipient (Certificate Holder)** by clicking on the blue name. The field will open and you can edit the information. Make sure to **save** the information, **select** the Holder and hit “**Continue**”
 - c) **Add a new Recipient (Certificate Holder)**. Click on “**New Recipient**”, a window opens. Enter **Name**, **Address**, **City, State, ZIP and Country** of the location that asked you for this Certificate.

NOW

choose a delivery method. You have the option to e-mail, fax, US-Mail, or save only. Depending on the method you choose you need to enter the information in the appropriate field. E.g. if you choose e-mail you will need to enter the e-mail address.

Click “Save”, Select the Recipient and hit “Continue”

***Please do not add your own master club name or any individual person as recipient.
It has to be the facility or company that asked you for this Certificate and you always need the facilities address, no matter which delivery method you choose.***

6. Review Information and hit continue.
7. Review Delivery Method and hit continue.
8. This is the last screen. For a copy of the Certificates for your files check the box:
 Check to send yourself an e-mail of this certificate.
A copy will be sent to the main e-mail address that is registered with USA Swimming.
9. Hit Deliver Now.

You're done...

You will be kicked back to the beginning; this means that your certificate was sent out.

The system may take up to 48 hours to deliver the certificate.

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/12/2008

PRODUCER Risk Management Services, Inc. P.O. BOX 32712 Phoenix AZ 85064-2712 (602) 840-3234 x12 (602) 274-9138	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 POLICIES BELOW.												
INSURED United States Masters Swimming, Inc. etal P.O. Box 185 Londonderry NH 03053	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURERS AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: National Casualty</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: National Casualty		INSURER B:		INSURER C:		INSURER D:		INSURER E:	
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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.

INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS														
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	6LKK00000000196701	1/1/2009	1/1/2010	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>EACH OCCURRENCE</td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td> <td style="text-align: right;">\$ 300,000</td> </tr> <tr> <td>MED EXP (Any one person)</td> <td style="text-align: right;">\$ 5,000</td> </tr> <tr> <td>PERSONAL & ADV INJURY</td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td>GENERAL AGGREGATE</td> <td style="text-align: right;">\$ None</td> </tr> <tr> <td>PRODUCTS - COMP/OP AGG</td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td>Participant</td> <td style="text-align: right;">1,000,000</td> </tr> </table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000	MED EXP (Any one person)	\$ 5,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ None	PRODUCTS - COMP/OP AGG	\$ 1,000,000	Participant	1,000,000
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Participant	1,000,000																			
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>COMBINED SINGLE LIMIT (Ea accident)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>BODILY INJURY (Per person)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>BODILY INJURY (Per accident)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>PROPERTY DAMAGE (Per accident)</td> <td style="text-align: right;">\$</td> </tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$						
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OTHER THAN AUTO ONLY: EA ACC	\$																			
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A		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$	6LXK000000000197201	1/1/2009	1/1/2010	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>EACH OCCURRENCE</td> <td style="text-align: right;">\$ 9,000,000</td> </tr> <tr> <td>AGGREGATE</td> <td style="text-align: right;">\$</td> </tr> <tr> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td></td> <td style="text-align: right;">\$</td> </tr> </table>	EACH OCCURRENCE	\$ 9,000,000	AGGREGATE	\$		\$		\$		\$				
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		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTHE-ER</td> <td></td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td></td> <td style="text-align: right;">\$</td> </tr> </table>	WC STATUTORY LIMITS	OTHE-ER		E.L. EACH ACCIDENT		\$	E.L. DISEASE - EA EMPLOYEE		\$	E.L. DISEASE - POLICY LIMIT		\$		
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		OTHER																		

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

Verification of General Liability, Excess Liability

CERTIFICATE HOLDER To Whom It May Concern	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDORSE TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, FOR FURTHER INFORMATION CONTACT INSURER OR AGENT AUTHORIZED REPRESENTATIVE <i>Carolyn J. Blumit</i>
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IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.