



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/20/2013

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**  
**SADLER & COMPANY, INC.**  
 P.O. BOX 5866  
 COLUMBIA, SOUTH CAROLINA 29250-5866

**CONTACT NAME:** Sports Dept  
**PHONE (A/ C, No. Ext):** 800-622-7370 | **FAX (A/ C, No):** 803-256-4017  
**E- MAIL ADDRESS:** amateur@sadlersports.com  
**PRODUCER CUSTOMER ID#:**

**INSURED**  
 Tri- State Home School Athletic Association  
 6589 W Pagosa Place  
 Fayetteville, AR 72704

Application ID: 86255  
 A Member of the Sports, Leisure & Entertainment RPG

## INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: NATIONWIDE MUTUAL INSURANCE COMPANY

INSURER B:

INSURER C:

INSURER D:

## COVERAGES

## CERTIFICATE NUMBER

## 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        | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | X         |          | RPG53816      | 11:03PM ET<br>07/15/2013  | 12:01AM ET<br>07/15/2014  | EACH OCCURRENCE   | \$2,000,000 |
|          |   |           |          |               |                           |                           | DAMAGE TO PREMISES RENTED TO YOU (Fire Legal Liability)       | \$300,000   |
|          |   |           |          |               |                           |                           | MEDICAL EXPENSES (other than participants)                    | \$5,000     |
|          |   |           |          |               |                           |                           | PERSONAL & ADV INJURY   | \$2,000,000 |
|          |   |           |          |               |                           |                           | GENERAL AGGREGATE (other than Products- completed Operations) | \$5,000,000 |
|          |   |           |          |               |                           |                           | PRODUCTS- COMP/ OP AGG  | \$2,000,000 |
|          |   |           |          |               |                           |                           | LEGAL LIAB TO PARTICIPANTS                                    | \$1,000,000 |
|          |   |           |          |               |                           |                           |   |             |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS<br><input checked="" type="checkbox"/> NON- OWNED AUTOS   |           |          |               |                           |                           | COMBINED SINGLE LIMIT (Ea Accident)                           |             |
|          |   |           |          |               |                           |                           | BODILY INJURY (Per person)                                    |             |
|          |   |           |          |               |                           |                           | BODILY INJURY (Per accident)                                  |             |
|          |   |           |          |               |                           |                           | PROPERTY DAMAGE (Per accident)                                |             |
|          |   |           |          |               |                           |                           |   |             |
|          | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS- MADE<br><input type="checkbox"/> DEDUCTIBLE<br><input type="checkbox"/> RETENTION  |           |          |               |                           |                           | EACH OCCURRENCE   |             |
|          |   |           |          |               |                           |                           | AGGREGATE   |             |
|          |   |           |          |               |                           |                           |   |             |
|          |   |           |          |               |                           |                           |   |             |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / MEMBER Y/ N<br>EXCLUDED? (Mandatory in NH) <input type="checkbox"/><br>If yes, describe under DESCRIPTION OF OPERATIONS below  |           |          | N/A           |                           |                           | <input type="checkbox"/> WC STATUTORY LIMITS                  |             |
|          |   |           |          |               |                           |                           | <input type="checkbox"/> OTHER                                |             |
|          |   |           |          |               |                           |                           | E.L. EACH ACCIDENT  |             |
|          |   |           |          |               |                           |                           | E.L. DISEASE - EA EMPLOYEE                                    |             |
| A        | PARTICIPANT ACCIDENT  |           |          | RPG53816      | 11:03PM ET<br>07/15/2013  | 12:01AM ET<br>07/15/2014  | E.L. DISEASE - POLICY LIMIT                                   |             |
|          |   |           |          |               |                           |                           | EXCESS MEDICAL  | \$250,000   |
|          |   |           |          |               |                           |                           | AD&D  | NONE        |
|          |   |           |          |               |                           |                           | DEDUCTIBLE  | \$100       |

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

**RE: COVERED SPORTS Basketball 12 & Under, Basketball 13-15, Basketball 16-19,**

**NOTE: The Participant Accident policy, if included above, is not a part of the ERS Risk Purchasing Group Association, Inc.**  
 Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement - \$100,000

The certificate holder is added as an additional insured, but only with respect to the liability arising out of the operations of the insured above.

## CERTIFICATE HOLDER

## CANCELLATION

**RELATIONSHIP:**  
 Property Owner/ Lessor

**John Brown University**  
**2000 West University**  
**Siloam Springs, AR 72761**

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

Coverage is only extended to U.S. events and activities

\*\* NOTICE TO TEXAS INSURED: The Insurer for the purchasing group may not be subject to all the insurance laws and regulations of the State of Texas.

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