

CERTIFICATE OF INSURANCE

Issue Date:
12/18/2010

Producer:

James C Jenkins Ins Svc Concd
License No. 0545478
P.O.Box 5668
Concord CA 94524

THIS CERTIFICATE
CONFERS NO RIGHTS
DOES NOT AMEND
THE POLICIES BE

ISSUED AS A MATTER OF INFORMATION ONLY AND
UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE
EXTEND OR ALTER THE COVERAGE AFFORDED BY
THE POLICIES BE

Insured:

United States Specialty Sports Association
611 Line Drive
Kissimmee, FL 34744
321-697-3641

INSURER A: National Casualty Company
INSURER B: National Life Insurance Company
INSURER C:
INSURER D:
INSURER E:

INSURERS AFFORDING COVERAGE

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 the aggregate limits shown may have been reduced by paid claims.

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 the aggregate limits shown may have been reduced by paid claims.

INSR LTR	Type of Insurance	Policy Number	Policy Effective Date E:
A	General Liability Commercial General Liability Occurrence Basis	KRO0000001437700	1/1/2011
B	Participant Accident	SPX0000003952700	12:01 AM 1/1/2011

Policy Issuance Date	Limits
1/2012	Each Occurrence \$2,000,000 Damage to Rented Premises (ea occ) \$1,000,000 Med Exp (any one person) \$ Excluded General Aggregate \$ None Personal and Adv Injury \$2,000,000 Products - Comp/OP Agg \$2,000,000 Participant Legal Liability \$2,000,000
01 AM /2012	AD&D \$ None Primary Medical \$ None Excess Medical * \$100,000 Weekly Indemnity \$ None

Description of operations / vehicles / exclusions added by endors
Coverage includes amateur play and practice in the insured sport for : Cincinnati Storm
Certificate holder shall be an additional insured but only with respect to omissions of the named insured and only with respect to losses resulting between the coverage effective date listed below and the policy expiration date.

Terms / special provisions:
Cincinnati Storm
ability caused by the negligent acts or omissions of the insured or any member of the team / league listed and occurring on or after the policy effective date. *\$250.00 Deductible for excess medical

Certificate Holder:

Cincinnati Storm
Matt Woody
8549 Kelso Dr.
Maineville OH 45039

Coverage Effect

Cancellation: Should be cancelled before expiration date. If not cancelled before expiration date, the insurer will endeavor to provide coverage to the certificate holder named to do so shall imp... Insurer, its agent

Date: 1/1/2011

If any of the above described policies be expired on the expiration date thereof, the issuing insurer will provide 30 days written notice to the certificate holder. If no notice is given, the certificate holder, under Certificate Holder, but failure to do so shall imp... no obligation or liability of any kind upon the insurer or its representatives.

Certificate #

USSSA-120000

Authorized Representative:

Signature: Scott Furber