

CERTIFICATE OF LIABILITY INSURANCE

7/26/2024

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 have ADDITIONAL INSURED provisions or 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).

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PRODUCER							CONTACT NAME:						
LIC #40558248						PHONE (A/C, No, Ext): 612-345-9683 FAX (A/C, No):							
Player's Health Cover USA Inc.							E-MAIL ADDRESS: certificates@playershealth.com						
718 Washington Ave North #402							INSURER(S) AFFORDING COVERAGE						
Minneapolis MN 55401							INSURER A: Everest National Insurance Company					10120	
INSURED							INSURER B: Great American Insurance Company					16691	
Tennessee State Soccer Association							INSURER C:						
237 Castlewood Drive, Suite H						INSURER D:							
						INSURER E:							
Murfreesboro				TN 37129			INSURER F:						
COVERAGES CERTIFICATE NUMBER:					NUMBER: 116605	REVISION NUMBER: 42							
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. ADDISORDED POLICY EFF POLICY EXP												WHICH THIS	
INSR LTR		TYPE OF INSURANCE		WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS			
	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENC		1,0	00,000		
		CLAIMS-MADE X OCCUR							DAMAGE TO RENTED \$ 300		0,000		
			Y					8/1/2025	MED EXP (Any one person) \$ EXC			CLUDED	
Α					SI8ML03061-241		8/1/2024		PERSONAL & ADV I	IAL & ADV INJURY \$ 1,000			
	GEI								GENERAL AGGREGATE \$ 5,000			00,000	
									PRODUCTS - COMP/OP AGG \$ 1,0		00,000		
	X									Þ	1,0	00,000	
Α	AUT	ANY AUTO						(Eu deoldon)		00,000			
									BODILY INJURY (Pe				
		OWNED AUTOS ONLY HIRED SCHEDULED AUTOS NON-OWNED			SI8ML03061-241		8/1/2024	8/1/2025	BODILY INJURY (Per accident) \$ PROPERTY DAMAGE				
	X	AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)	a a			
										\$			
Α		UMBRELLA LIAB X OCCUR							EACH OCCURRENC	CE \$	5,0	00,000	
	X	EXCESS LIAB CLAIMS-MADE			SI8EX01699-241		8/1/2024	8/1/2025	AGGREGATE	\$	5,0	00,000	
	X	DED RETENTION \$ 0							DER	S STH-	i		
	AND EMPLOYERS' LIABILITY Y / N								PER STATUTE	OTH- ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A						E.L. EACH ACCIDEN	NT \$			
If yes, desc		ndatory in NH) s, describe under							E.L. DISEASE - EA EMPLOYEE \$				
	DÉS	CRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT \$			
В	Ac	ccident Medical			E426831-03		8/1/2024	8/1/2025	PER INJURY	LIMIT	\$ 1	00,000	
DESC	RIPT	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101. Additional Remarks Schedul	e. mav h	e attached if more	space is require	l ed)				
		ions of the Tennessee State Soccer								roved activ	ities	of TSSA.	
		ate holder has automatic additional				_							
Soc	ccer	Association (MCSA)									•	•	
CE	RTIF	FICATE HOLDER			CELLATION								
							-						
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE							
							THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						

Hilldale Church of Christ

501 TN 76

Clarksville

TN 37043

AUTHORIZED REPRESENTATIVE

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THIS ENDORSEMENT CHANGES THE COVERAGE PART. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – AUTOMATIC STATUS WHEN REQUIRED IN A WRITTEN AGREEMENT WITH YOU

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured any person or organization with whom you have a written agreement that such person or organization be added as an additional insured on your Coverage Part. Such person or organization is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" but only to the extent caused, in whole or in part, by:
 - 1. Your acts or omissions; or
 - **2.** The acts or omissions of those acting on your behalf;

in the performance of your operations for an additional insured.

B. The insurance afforded to an additional insured shall only include the insurance required by the terms of the written agreement and shall not be broader than the coverage provided within the terms of the Coverage Part.

- **C.** The Limits of Insurance afforded to an additional insured shall be the lesser of the following:
 - **1.** The Limits of Insurance required by the written agreement between the parties; or
 - **2.** The Limits of Insurance provided by this Coverage Part.
- D. With respect to the insurance afforded to an additional insured, this insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of any act or omission of an additional insured or any of its employees.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY **AGAINST OTHERS TO US**

This endorsement modifies insurance provided under the following: COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

ANY PERSON OR ORGANIZATION FOR WHOM THE NAMED INSURED HAS AGREED BY WRITTEN CONTRACT TO FURNISH THIS WAIVER.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

The TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US Condition (Section IV - COMMERCIAL GENERAL LIABILITY CONDITIONS) is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your operations or "your work" done under a written agreement that requires you to waive your rights of recovery. The written agreement must be made prior to the date of the "occurrence". This waiver applies only to the person or organization shown in the Schedule above.

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMENDMENT – OTHER INSURANCE (PRIMARY NONCONTRIBUTORY)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

A. Paragraph a. Primary Insurance of 4. Other Insurance of SECTION IV COMMERCIAL GENERAL LIABILITY CONDITIONS is replaced by the following:

a. Primary Insurance

This insurance is primary except when **b.** below applies. If this insurance is primary, our obligations are not affected unless any of the other insurance is also primary. Then, we will share with all that other insurance by the method described in **c.** below, except that we will not seek contribution from any party with whom you have agreed in a written contract or agreement that this insurance will be primary and noncontributory, if the written contract or agreement was made prior to the subject "occurrence" or offense.