

Certificate of General Liability & Accident Medical Insurance

DATE (MM/DD/YYYY)
11/10/2009

PRODUCER Phone: (800) 747-9573 Fax: (303) 422-1276
The Camp Team
 7615 W. 38Th Avenue, Unit B-109
 Wheat Ridge CO 80033

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.

INSURERS AFFORDING COVERAGE

NAIC #

INSURED
National United Wrestling Association For Youth (N.U.W.A.Y.)
 13811 Thompson Dr.
 Lowell, MI 49331

INSURER A: Capitol Specialty Ins. Corp
 INSURER B: Starr Indemnity & Liability Co
 INSURER C:
 INSURER D:
 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 LTR	ADDL INSPD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A		GENERAL LIABILITY	CS00217968	09/01/2009	09/01/2010	EACH OCCURRENCE	\$ 1,000,000		
	X	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000		
		CLAIMS MADE				X	OCCUR	MED. EXP (Spectator Only)	\$ 5,000
	X	INC ATHLETIC PARTICIPANTS				PERSONAL & ADV INJURY	\$ 1,000,000		
						GENERAL AGGREGATE	\$ 2,000,000		
	X	DEDUCTIBLES				PRODUCTS-COMP/OP AGG.	\$ 2,000,000		
			BODILY INJURY	\$ 0					
			PROPERTY DAMAGE	\$ 500					
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$		
		ANY AUTO				BODILY INJURY (Per person)	\$		
		ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$		
		SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$		
		HIRED AUTOS							
		NON-OWNED AUTOS							
B		ACCIDENT MEDICAL	To Be Determined	09/01/2009	09/01/2010	MAXIMUM MEDICAL BENEFIT PER CLAIM	\$ 25,000		
	X	Excess To Primary Health Ins.				ACCIDENTAL DEATH & DISMEMBERMENT	\$ 10,000		
	X	Policy will not cover primary health insurance deductibles, co-pays, program limits, or out of network care. If injured party does not have primary care, excess coverage becomes primary.				DEDUCTIBLE PER CLAIM	\$ 500		
A		EXCESS / UMBRELLA LIABILITY	CS00217970	09/01/2009	09/01/2010	EACH OCCURRENCE	\$1,000,000		
	X	OCCUR				CLAIMS MADE	AGGREGATE	\$1,000,000	
								\$	
		DEDUCTIBLE						\$	
		RETENTION \$						\$	
		OTHER:							

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

Youth Wrestling / USA
 Additional Insured(s): Jack Britt High School and Cumberland County Schools and Cumberland County Board of Education. are/is added as additional insured in regards to the operations of the insured.

CERTIFICATE HOLDER

Rhino Wrestling Club (NCWAY)
 7117 Rockridge Lane
 Fayetteville, NC 28306

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

Attention:

AUTHORIZED REPRESENTATIVE



Bob Leid