



*Protecting Gun Owners
and Gun Clubs
Since 1991*

August 31, 2019

The Scholastic Shooting Sports Foundation (SSSF) provides general liability insurance for the athletes, coaches, advisors and other volunteers who have joined the Scholastic Clay Target Program and Scholastic Action Shooting Program for exposures related to SCTP/SASP activities as follows:

General Liability Coverage. General Liability Insurance coverage applies to bodily injury and property damage where the insured is determined to be liable for injury or damage. The general liability limits of insurance are as follows:

| | |
|--|---------------|
| General Aggregate Limit (Other than Products-Completed Operations) | \$ 10,000,000 |
| Products –Completed Operations Aggregate Limit | \$ 1,000,000 |
| Personal and Advertising Injury Limit | \$ 1,000,000 |
| Each Occurrence Limit | \$ 1,000,000 |
| Damage to Premises Rented to You Limit (Any One Premises) | \$ 300,000 |
| Medical Expense Limit (Any One Person) | \$ 10,000 |

Excess Liability Coverage Additional limits of \$5,000,000 each occurrence/\$5,000,000 Aggregate over the primary policy.

Participant Bodily Injury Coverage. The limit of liability for participant bodily injury accident and medical expense payment coverage is stated below and is applicable to each participant for each occurrence.

| | |
|---|-----------|
| Principal Sum Indemnity (Accidental Death and Dismemberment) Each Participant | \$ 15,000 |
| Medical Expense Payments Each Participant | \$ 75,000 |

Medical Expense pays for the costs of medical treatment for injuries regardless of liability. Medical Expense Payments are excess of all other valid and collectable insurance the Participant has with any other insurer.

Coverage Exclusions

The SSSF insurance does not cover individual members for their liability as it relates to automobile transportation. If SCTP/SASP volunteers provide transportation to participants, the volunteers need to contact their auto insurance agent to verify that their coverage limits are appropriate and that they are covered for the transportation they are providing. Suggested minimum automobile limits are \$100,000/\$300,000.

The SSSF insurance provides coverage for adult volunteers who are registered with SSSF. It does not cover any coach or instructor who teaches others to shoot in exchange for compensation. Compensation can take a variety of forms - direct payment, free club membership, discounts on rounds of shooting, meet entry fees, or barter arrangements that provide personal gain to the recipient. If a volunteer coach is paid in any form or benefits personally from a fund-raising activity, this is compensation and you should consider purchasing Instructors General Liability Insurance. It is not personal compensation if you are reimbursed for expenses that you pay on behalf of the team, such as ammunition, uniforms, etc. To discuss your personal circumstances, please contact the undersigned at Sportsman's Insurance.

This summary of insurance coverage is a brief overview of the coverage provided and does not alter or modify the language contained in the policies.

Please feel free to give our office a call should you have any questions concerning the above policy and the coverage contained therein.

Yours truly,



Leslie Casanova

1364 North US 1, Suite 503 ■ Ormond Beach, Florida 32174

800 925-7767 ■ 386 677-2588 ■ Fax: 386 677-3292 ■ www.siai.net

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

8/31/19

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:
Sportsman's Insurance Agency, Inc.
 1364 North US 1, Suite 503
 Ormond Beach, FL 32174

CONTACT NAME: Leslie Casanova
PHONE: 800 925-7767 Ext 111 **FAX:** 386 677-3292
E-MAIL ADDRESS: lcasanova@siai.net

INSURER(S) AFFORDING COVERAGE

INSURED:
 SCHOLASTIC SHOOTING SPORTS FOUNDATION (SSSF)

 5931 Rofit Road Ste A6
 San Antonio TX 78253

INSURER A: T.H.E. INSURANCE COMPANY
INSURER B:
INSURER C:
INSURER D:

COVERAGES

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 | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|----------|--|----------------|-------------------------|-------------------------|--|---------------|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> OCCURRENCE <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> PREMISES/OPERATIONS | CPP 0102825-08 | 8/31/2019 | 8/31/2020 | GENERAL AGGREGATE | \$ 10,000,000 |
| | | | | | PRODUCTS-COMP/OP AGG | \$ 1,000,000 |
| | | | | | PERSONAL & ADV. INJURY | \$ 1,000,000 |
| | | | | | EACH OCCURRENCE | \$ 1,000,000 |
| | | | | | DAMAGE TO PREMISES RENTED TO YOU (Any One Premises) | \$ 300,000 |
| | | | | | MED. EXP (Any One Person) | \$ 10,000 |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> HIRED & NON-OWNED ONLY | | | | Combined Single Limit - Bodily Injury and/or Property Damage, Each Accident. | |
| A | <input type="checkbox"/> UMBRELLA LIABILITY <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ | ELP 0010863-08 | 8/31/2019 | 8/31/2020 | EACH OCCURRENCE | |
| | | | | | AGGREGATE | |
| | | | | | EACH OCCURRENCE | \$5,000,000 |
| | | | | | AGGREGATE | \$5,000,000 |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, described under DESCRIPTION OF OPERATIONS below | | | | <input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT | |
| A | Accident Coverage | CPP 0102825-08 | 8/31/2019 | 8/31/2020 | Excess Acc/Death/Dismem - each participant | \$15,000 |
| | | | | | Excess Medical Expense - each participant | \$75,000 |

DESCRIPTION OF OPERATIONS/LOCATIONS/SPECIAL ITEMS:

SCHOLASTIC CLAY TARGET PROGRAM and SCHOLASTIC ACTION SHOOTING PROGRAM fka SCHOLASTIC PISTOL PROGRAM

CERTIFICATE HOLDER

Scholastic Shooting Sports Foundation (SSSF)
 5931 Rofit Road, Ste. A6
 San Antonio TX 78253

CANCELLATION

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

