CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/26/2020

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
K&K Insurance Group, Inc.
301 Commerce Street, Suite 2370
Fort Worth, TX 76102

CONTACT NAME: Sports Division
PHONE: (800) 441-3994 FAX: (224)-572-5709
E-MAIL ADDRESS: kk.sports@kandkinsurance.com

INSURED
Tennessee State Soccer Association
2630 Elm Hill Pike, Suite 100
Nashville, TN 37214

INSURERS AFFORDING COVERAGE	NAIC #
Insurer A: National Casualty Company	11991
Insurer B:	
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 20128894 **REVISION NUMBER:** 0

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	ADD'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	**GENERAL LIABILITY**	X		KKO-85513-00	9/1/2020	9/1/2021	EACH OCCURRENCE	$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$1,000,000
							GENERAL AGGREGATE	$5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	POLICY PROJECT LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KKO-85513-00	9/1/2020	9/1/2021	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	
	ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	X HIRED AUTOS							
	X NON-OWNED AUTOS							
A	**UMBRELLA LIAB** X OCCUR			XKO-85514-00	9/1/2020	9/1/2021	EACH OCCURRENCE	$5,000,000
	X **EXCESS LIAB** CLAIMS-MADE						AGGREGATE	$5,000,000
	DEDUCTIBLE							
	RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	N/A					WC STATU-TORY LIMITS / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? **(Mandatory in NH)**						E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	

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

This certificate is issued on behalf of Tennessee State Soccer Association & Montgomery County Soccer Assn.. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. CGL General Aggregate is on a per event basis.

CERTIFICATE HOLDER

Sycamore High School
1021 Old Clarksville Pike
Pleasant View, TN 37146

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

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