$ACORD_{\scriptscriptstyle{ ext{TM}}}$

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/08/18

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).

this certificate does not confer rights to the certificate holder in flet of such endorsement(s).										
PRODUCER	K & K Insurance Group,	Inc.	CONTACT NAME:	SPORTS						
	P.O. Box 2338		PHONE (A/C, No. Ext):	800-441-3994	FAX (A/C, No):	260-459-5120				
	Fort Wayne, In 46801		E-MAIL ADDRESS:							
			INSURER(S) AFFORDING COVERAGE			NAIC #				
			INSURER A:	11991						
INSURED	NATIONAL FEDERATION OF	COLLEGIATE	INSURER B:							
	D/B/A COLLCLUBSPORTS, N	CBA, NCSA, NCFA,	INSURER C:							
	CLUB SPORTS, LLC 850 RIDGE AVENUE, SUITE PITTSBURGH, PA 15212	E 301	INSURER D:							
			INSURER E:							
			INSURER F:							
COVERAG	ES	CERTIFICATE NUMBER:	1949851	REVISION NUI	VIBER:					

COVERAGES	OLIV		A I E NUMBER. ± 1	949851		REVISION NUMBER.				
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUIREMENTS OF SUCH MAY PER EXCLUSIONS AND CONDITIONS OF SUCH POL	REME TAIN,	NT, T THE	ERM OR CONDITION OF INSURANCE AFFORDED	ANY CONTR BY THE POL	RACT OR OTH LICIES DESCI	HER DOCUMENT WITH RESPECTION OF THE RESPECT TO	T TO WHICH THIS ALL THE TERMS.			
INSR TYPE OF INSURANCE		SUBR		POLICY EFF	POLICY EXP	LIMITS				
X COMMERCIAL GENERAL LIABILITY	III	****				EACH OCCURRENCE	1000000			
A CLAIMS-MADE X OCCUR				12:01AM	12:01AM	DAMAGE TO RENTED PREMISES (Ea occurrence	300000			
Owners & Contractors		KKO0007537500	8/01/18	8/01/19	MED EXP (Any one person)	5000				
						PERSONAL & ADV INJURY	1000000			
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	NONE			
POLICY PROJECT LOC						PRODUCTS-COMP/OP AGG	1000000			
OTHER:						Part Lgl Liab	NC			
AUTOMOBILE LIABILITY	Ì			'		COMBINED SINGLE LIMIT (Ea Accident)	1000000			
ANY AUTO			KKO0007537500	12:01AM 8/01/18		BODILY INJURY (Per person)				
OWNED AUTOS ONLY SCHEDULED AUTOS						BODILY INJURY (Per accident)				
X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)				
						(**************************************				
UMBRELLA LIAB OCCUR						EACH OCCURRENCE				
EXCESS LIAB CLAIMS-MADE						AGGREGATE				
DED RETENTION	1									
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER-STATUE OTHER				
ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT				
						E.L. DISEASE - EA EMPLOYEE				
Îf yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
EVIDENCE OF INSURANCE										
EVIDENCE OF INCOMME										
CERTIFICATE HOLDER CANCELLATION										

NATIONAL FEDERATION OF COLLEGIATE CLUB SPORTS, LLC D/B/A/ COLLCLUBSPORTS, NCBA, NCSA, NCFA, NCBBA 850 RIDGE AVENUE, SUITE 301 PITTSBURGH, PA 15212

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 REPŘI