

CERTIFICATE OF INSURANCE

DATE: 3/29/2012

CERTIFICATE NUMBER: 20120329081021

AGENCY:

Entertainment & Sports Insurance eXperts (ESIX)
5660 New Northside Drive, Suite 640
Atlanta, Georgia 30328
Phone: 678-324-3300 Fax: 678-324-3303

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.

NAMED INSURED:

USA Triathlon Gary Kayye
5825 Delmonico Drive
Colorado Springs, Colorado 80919-2401

INSURERS AFFORDING COVERAGE:

INSURER A: AXIS Insurance Company (NAIC# 37273)

EVENT INFORMATION:

Swim for Smiles Youth Triathlon (5/6/2012 - 5/6/2012)

POLICY/COVERAGE INFORMATION:

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.

INS	TYPE OF INSURANCE:	POLICY NUMBER(S):	EFFECTIVE:	EXPIRES:	LIMITS:
A	GENERAL LIABILITY				
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	AXGL04100260-11	12/1/2011 12:01 AM	12/1/2012 12:01 AM	GENERAL AGGREGATE (Applies Per Event) \$2,000,000
	<input checked="" type="checkbox"/> Occurrence				EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> Participant Legal Liability				DAMAGE TO RENTED PREMISES (Each Occ.) \$1,000,000
					MEDICAL EXPENSE (Any one person) EXCLUDED
					PERSONAL & ADV INJURY \$1,000,000
					PRODUCTS-COMP/OP AGG \$2,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:

Evidence of Coverage Only as respects to the USA Triathlon sanctioned or approved event specified on this certificate.

Coverage applies to USA Triathlon, its race directors, event owners, regions, clubs, official sponsors, committee members, race officials, volunteers, lifeguards and race participants, but only while functioning or performing on behalf of USAT in a USAT sanctioned or approved event.

CERTIFICATE HOLDER:

Swim for Smiles Foundation
210 Old Barn Lane
Chapel Hill, North Carolina 17517

NOTICE OF 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:

