## VERIFICATION OF INSURANCE FOR THE AMATEUR ATHLETIC UNION OF THE U.S., INC. AND ITS MEMBER CLUBS

U			This document verifies insurance coverage for the Amateur Athletic Jnion of the United States, Inc. Member clubs have coverage as shown below from the date of enrollment and acceptance in the AAU. Expiration date is August 31st annually.				<b>COVERAGE DATES:</b> 08/22/2023 - 8/31/2024	
alter the			rmation only and confers no rights elow. This verification of insurance				-	
PRODUCER			ISURED	I	MEMBER CLUB INSURED CLUB CODE: RSE4ADF4			
Foy Insurance 64 Portsmouth Ave PO Box 1030 Exeter, NH 03833-1030			Amateur Athletic Union of the U.S., Inc. Walt Disney World Resort P.O. Box 1000022409 Lake Buena Vista, FL 32830-1000 (407) 934-7200		Utah Bantam 2912 W 950 N Provo, UT 84601 Enrollment Date: 8/22/2023 2:00:00PM			
			INSURER(S	) AFFORDIN	IG COVERAC	SE		
Con	npany <b>B</b> Everest Nat	tional Insurance	Company NAIC # 21113 Company NAIC # 10120 policy(ies) of insurance listed below	2/2	$\overline{\Omega}$	SR LTR refers to C		1
insuran			ondition of any contract or other d ed herein is subject to all the terms COVERAGE EFF. DATE (MM/DD/YY)		and conditions			
			<u>a</u> Ch	X	25	Ì		
А	Participant Accident	US118272	9/01/2023 12:01 AM.	9/1/2024 12	2:01 AM.	Accident Medical Accidental Death	and Dismemberment	100,000 20,000
В	Excess Liability	SI8EX00142	-231 9/01/2023 12:01 AM.	9/1/2024 12	2:01 AM.	Each Occurrance Policy Aggregate		5,000,000 5,000,000
	General	SI8ML00176	5-231 9/01/2023 12:01 AM.	9/1/2024 12	2:01 AM.	Each Occurrence General Aggrega		1,000,000

For said club to have coverage, all membership requirements in the AAU must be met.

For said club to have Extended Coverage (AB) program, all membership requirements in the AAU AB program must be met.

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. But, failure to mail such notices shall impose no obligation for liability of any kind upon the insurer, its agents or representatives. **REVOCATION OF MEMBERSHIP** - will result in cancellation of coverage.

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Authorized Representative

InsSpecimenCertClub.rpt