



Protecting Gun Owners
and Gun Clubs
Since 1991

May 11, 2014

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 Pistol Program for exposures related to SCTP/SPP 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)	\$ 5,000,000
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

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	\$ 5,000
Medical Expense Payments Each Participant	\$ 10,000

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/SPP 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 does not cover any coach or an 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 other barter arrangements that provide consideration to the coach or instructor. If an instructor is paid in any form or is the beneficiary of any fundraising efforts, even if just to offset out-of-pocket expenses, it is considered as receiving compensation. If an instructor expects to receive any form of compensation, they should consider purchasing Instructors General Liability 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 refer to the policy in its entirety for a complete understanding of the terms and conditions contained therein.

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

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

5/11/14

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) 135 Chesterfield Lane, Ste 102 Maumee OH 43537	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 0102825-02	5/11/2014	5/11/2015	GENERAL AGGREGATE	\$ 5,000,000
					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
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> HIRED & NON-OWNED ONLY				Combined Single Limit - Bodily Injury and/or Property Damage, Each Accident.	
	<input type="checkbox"/> UMBRELLA LIABILITY <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	
	<input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	
	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 0102825-02-02	5/11/2014	5/11/2015	Excess Acc/Death/Dismem - each participant	\$5,000
					Excess Medical Expense - each participant	\$10,000

DESCRIPTION OF OPERATIONS/LOCATIONS/SPECIAL ITEMS:

SCHOLASTIC CLAY TARGET PROGRAM and SCHOLASTIC PISTOL PROGRAM

CERTIFICATE HOLDER

CANCELLATION

***** Evidence Only *****

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

