

**AIG SPECIALTY INSURANCE COMPANY**

A stock company

1271 Ave of the Americas, FL 37, New York, NY 10020-1304

800-225-5244

MEMBER CERTIFICATE - COMMERCIAL GENERAL LIABILITY

This contract is delivered as a surplus line coverage under the 'Nonadmitted Insurance Act'. The insurer issuing this contract is not licensed in Colorado but is an eligible nonadmitted insurer. There is no protection under the provisions of the 'Colorado Insurance Guaranty Association Act'.

MEMBER'S CERTIFICATE NUMBER: 2000656976 DATE: February 17, 2025

THIS CERTIFICATE REPRESENTS INSURANCE PROVIDED IN ACCORDANCE WITH AND FORMS A PART OF FOLLOWING:

MASTER POLICY NUMBER: 9YAPG0001334487200 TERM: FROM 06/30/2024 TO 06/30/2027 at 12:01 A.M.

Standard Time at the mailing address of the Master Policy Holder shown on the Declarations.

FIRST NAMED INSURED (MASTER POLICY HOLDER): Sports, Leisure and Entertainment Risk Purchasing Group

MEMBER NAMED INSURED (MEMBER CERTIFICATE HOLDER) AND MAILING ADDRESS

Name and Mailing Address (No., Street, Town or City, State, Zip Code):

Mountain Hi Swim League**PO Box 631605****Littleton, CO 80163**

CERTIFICATE COVERAGE PERIOD

Note: ANY PRIOR CERTIFICATE OR COVERAGE BINDER ISSUED FOR THE POLICY PERIOD INDICATED BELOW IS REPLACED BY THIS CERTIFICATE AND SUCH BINDER OR CERTIFICATE EXPIRES AS OF THE ISSUANCE OF THIS CERTIFICATE.

Effective Date: 02/20/25 Expiration Date: 02/20/26 at 12:01 a.m. Standard Time at the Member Named Insured's address shown above

Retroactive Date (if applicable)

This replaces prior Certificate Number:

Plan Administered By

K&K Insurance Group, Inc.
1712 Magnavox Way
Fort Wayne, IN 46804

Insurer

AIG Specialty Insurance Company
A stock company
1271 Ave of the Americas, FL 37, New York, NY
10020-1304

Contact Information

Name: Mass Merchandising Underwriter
Phone: 1-800-426-2889
Fax: 1-260-459-5105
Email: info@sportsinsurance-kk.com

Producer Name And Mailing Address

K&K Insurance Group, Inc.
1712 Magnavox Way
Fort Wayne, IN 46804

To Report A Claim

By Phone: 1-800-237-2917
By Fax: 312-381-9077
By E-mail: KK.Claims@kandkinsurance.com
By Mail: K&K Insurance Group, Inc.
1712 Magnavox Way P.O. Box 2338
Fort Wayne, Indiana 46801
Online: www.kandkinsurance.com

Description Of Business and Operations and Location of Premises																
Locations of all Premises you Own, Rent or Occupy:																
Location No.	Address	Operations														
Business and Operations Description: For Sport(s): Swimming (Ages: 18 and under)																
LIMITS OF INSURANCE AND DEDUCTIBLES																
<table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left; width: 60%;">Commercial General Liability Coverages</th> <th style="text-align: left; width: 40%;">Limit of Insurance</th> </tr> </thead> <tbody> <tr> <td>General Aggregate (Other than Products Completed Operations):</td> <td>\$5,000,000</td> </tr> <tr> <td>Products-Completed Operations Aggregate:</td> <td>\$2,000,000</td> </tr> <tr> <td>Personal And Advertising Injury:</td> <td>\$2,000,000 Any One Person Or Organization</td> </tr> <tr> <td>Each Occurrence:</td> <td>\$2,000,000</td> </tr> <tr> <td>Damage To Premises Rented To You:</td> <td>\$1,000,000 Any One Premises</td> </tr> <tr> <td>Medical Expense:</td> <td>\$5,000 Any One Person</td> </tr> </tbody> </table>			Commercial General Liability Coverages	Limit of Insurance	General Aggregate (Other than Products Completed Operations):	\$5,000,000	Products-Completed Operations Aggregate:	\$2,000,000	Personal And Advertising Injury:	\$2,000,000 Any One Person Or Organization	Each Occurrence:	\$2,000,000	Damage To Premises Rented To You:	\$1,000,000 Any One Premises	Medical Expense:	\$5,000 Any One Person
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ADDITIONAL COVERAGES																
In addition to the Commercial General Liability coverages shown above, only those additional coverages shown below are provided.. If a coverage is not listed below, such coverage, including its corresponding endorsement, does not apply to this Member Certificate.																

Coverage	Limit of Insurance
Medical Payments for Participants - Excess	\$250,000 Each Occurrence
Medical Payments for Participants Deductible	\$0 Each Occurrence
Hired Auto Liability	\$2,000,000 Each Occurrence
Non-Owned Auto Liability	\$2,000,000 Each Occurrence
Legal Liability To Participants	\$2,000,000 Each Occurrence
Professional Liability	\$2,000,000 Any One Wrongful Act

ENDORSEMENTS

Forms and endorsements applying to this Member Certificate at the time of Certificate issue and any additional forms adding, deleting, or amending coverage (if applicable).

Refer to master policy including all state amendatory endorsements applicable to the state of this Member Certificate

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS CERTIFICATE AND THE MASTER POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS CERTIFICATE.

Total Premium \$1,665.00 including endorsements.

MEMBER CERTIFICATE PREMIUMS AND FEES

Commercial General Liability Premium	\$1,665.00
Terrorism Premium	Included
Surplus Lines Tax - CO	\$41.63
Total:	\$1706.63

Issue Date February 17, 2025

Authorized Representative



This Member Certificate, together with the Coverage Form and any Endorsement(s) attached to the Master Policy, complete the above numbered certificate. Coverage is subject to all terms, conditions, limitations, exclusions, and other provisions contained therein.