

CERTIFICATE OF INSURANCE

PRINT DATE: 8/6/2019

CERTIFICATE NUMBER: 20190806711316

AGENCY:

Integro USA Inc.
d/b/a Integro Insurance Brokers
2727 Paces Ferry Road, Building Two, Suite 1500
Atlanta, GA 30339
678-324-3300 (Phone), 678-324-3303 (Fax)

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 Water Ski & Wake Sports, Inc. Waterford Ski Club
1251 Holy Cow Road 240-24 Marina Court
Polk City FL 33868 Waterford WI 53185

INSURERS AFFORDING COVERAGE:

INSURER A: Scottsdale Ins. Co. NAIC #: 41297
INSURER B: Nationwide Life Ins. Co. NAIC #: 66869

ENROLLMENT DATE:

Enrollment (8/6/2019 - 12/31/2019)

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"/> Occurrence | KRS0000007725000 | 1/1/2019 12:01 AM | 1/1/2020 12:01 AM | GENERAL AGGREGATE (Applies Per Club) \$2,000,000 |
| | <input checked="" type="checkbox"/> Participant Legal Liability | | | | EACH OCCURRENCE \$1,000,000 |
| | | | | | DAMAGE TO RENTED PREMISES (Each Occ.) \$300,000 |
| | | | | | MEDICAL EXPENSE (Any one person) EXCLUDED |
| | | | | | PERSONAL & ADV INJURY \$1,000,000 |
| | | | | | PRODUCTS-COMP/OP AGG \$2,000,000 |
| B | PARTICIPANT ACCIDENT | | | | |
| | <input checked="" type="checkbox"/> ACCIDENTAL DEATH & DISMEMBERMENT | BAX00000030325400 | 1/1/2019 12:01 AM | 1/1/2020 12:01 AM | EXCESS MEDICAL \$10,000 |
| | <input checked="" type="checkbox"/> EXCESS MEDICAL | | | | Per Claim Deductible \$1,000 |
| | | | | | ACCIDENTAL DEATH & DISMEMBERMENT \$5,000 |

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

Coverage for club is effective as of the Enrollment Date shown above.

Evidence of Insurance only.

CERTIFICATE HOLDER:

Waterford Ski Club
240-24 Marina Ct
Waterford WI 53185

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:

