

# Insurance

*This summary of insurance is intended as an outline of your insurance program.  
Exact terms and conditions are contained in the policies.*

## COMMERCIAL GENERAL LIABILITY

Insurer: Philadelphia Insurance Company

This policy protects Special Olympics organizations, registered athletes, and registered volunteers from claims of bodily injury, property damage, and personal injury due to their alleged negligence during the conduct of a Special Olympics activity. Negligence must be proven in order for there to be an obligation to pay a loss under this policy. In addition, the general liability policy has been endorsed to provide coverage for losses resulting from damage to property in the care, custody, or control of Special Olympics, excluding watercraft, aircraft, and autos. The loss must occur during a Special Olympics conducted/sponsored event. The limit of liability \$100,000 subject to a \$2,500 deductible per loss.

Limits of coverage are as follows:

Per Occurrence Limit ( <i>sexual abuse coverage subject to deductible</i> )	\$ 1,000,000
Participant Legal Liability	included
Products/Completed Operations Aggregate	\$ 1,000,000
Personal & Advertising Injury	\$ 1,000,000
Damage to Premises Rented to You	\$ 1,000,000
Property in care, custody, and control ( <i>subject to \$2500 deductible per claim</i> )	\$ 100,000
Medical Payments	excluded

Liquor Liability can be added upon underwriting acceptance approval only by endorsement for an additional premium.

## NON-OWNED AND HIRED AUTOMOBILE LIABILITY

Insurer: Philadelphia Insurance Company

This policy provides protection to Special Olympics organizations and registered volunteers for LIABILITY CLAIMS arising as a direct result of the use of a non-owned or hired automobile. In order for coverage to be effective, the vehicle must be used for Special Olympics business and driven by a registered volunteer or athlete whose name is on file (registered) with Special Olympics and has a valid Driver's License and proof of insurance with at least the state minimum requirements. Limits of coverage provided are as follows:

Non-Owned and Hired Automobile Liability	\$ 1,000,000 Per Occurrence
Hired Auto Physical Damage	\$ 55,000 per vehicle
Deductible ( <i>commercially rented vehicles only</i> )	\$ 1,000 per accident
Collision/Other than Collision	\$ 100 per accident

## HIRED AUTOMOBILE PHYSICAL DAMAGE

Description of Coverage: Coverage is provided for physical damage claims arising as a direct result of the use of a "commercially rented" vehicle by a Special Olympics employee, or registered volunteer for Special Olympics' business with Special Olympics' permission.

A vehicle is considered "commercially rented" if it is:

- Obtained from an entity whose primary commercial purpose is renting vehicles for profit;
- A specific rental charge is made; and
- A rental contract is executed between the rental establishment and Special Olympics with respect to the particular vehicle.

## UMBRELLA LIABILITY

Insurer: Philadelphia Insurance Company

This policy provides protection in excess of scheduled underlying SOCIP policies for all U.S. Programs and SOI. Limits for coverage provided under this policy are as follows:

Limit any one occurrence:	\$ 20,000,000
Limit in the Aggregate	\$ 20,000,000
Self-insured Retention	\$ 10,000

Restriction: Coverage is subject to the terms and conditions of the respective underlying policies.

## PARTICIPANT EXCESS ACCIDENT INSURANCE

Insurer: Mutual of Omaha

This coverage responds when a Covered Accident has occurred during a Covered Event or during Covered Travel to and from a Covered Event. This is an accident medical policy, not a sickness or illness medical policy. This coverage is excess (secondary) over any valid and collectible coverage that the injured participant may have.

Limits of coverage provided under this policy are as follows:

Accidental Medical / Dental:	\$ 10,000
Accidental Death:	\$ 5,000

*\*Dental includes sound and natural teeth and repair and replacement of existing artificial dental work.*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/19/2016

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.

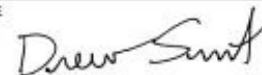
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> American Specialty Insurance & Risk Services, Inc.  7809 W. Jefferson Blvd., Suite 100 Fort Wayne IN 46804		<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 260-969-5203 E-MAIL: 260-969-4729 ADDRESS:	
<b>INSURED</b> Special Olympics, Inc. 1133 19th Street NW Washington DC 20037		<b>INSURER(S):</b> Philadelphia Ind... Insurance Company <b>NAIC #</b> : 18058	

**COVERAGES**      **CERTIFICATE NUMBER**: 1001369418      **REVISION NUMBER**:  
 THIS IS TO CERTIFY THAT THE POLICIES LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY RESERVATION, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR CERTAIN, THE INSURANCE COVERAGE IS LIMITED BY THE POLICIES DESCRIBED HEREIN. EXCLUSIONS AND LIMITATIONS OF SUCH POLICIES, LIMITS OF COVERAGE THAT HAVE BEEN REDUCED OR WAIVED, ARE SUBJECT TO ALL THE TERMS, CONDITIONS AND LIMITATIONS OF SUCH POLICIES.

INSUR LTR	DESCRIPTION OF COVERAGE	ADDITIONAL INSURED	VEHICLE	POLICY E (MM/DD)	POLICY E (MM/DD)	LIMITS
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> HOMEOWNERS <input type="checkbox"/> PERSONAL AUTO <input type="checkbox"/> OTHER: _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: OTHER	N	PHPK1581460	12/31/2016	12/31/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COM/PROP AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIREN ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> OTHER: _____	N	PHPK1581460	12/31/2016	12/31/2017	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ NON-OWNED/HIRED AUTO \$ 1,000,000
	UMBRELLA LIAB EXCESS LIAB DED    RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE    OFF-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 - Coverage applies to the following: SPECIAL OLYMPICS INDIANA, 6200 TECHNOLOGY CENTER DRIVE, SUITE 105, INDIANAPOLIS, IN 46278.  
  
 - Named Insured (cont'd): All Special Olympics Accredited U.S. Programs

<b>CERTIFICATE HOLDER</b> SPECIAL OLYMPICS INDIANA  6200 TECHNOLOGY CENTER DRIVE, SUITE 105  INDIANAPOLIS IN 46278	<b>CANCELLATION</b> 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 
---	---