

# 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 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 is subject to a deductible per loss.

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. Contact the State Office for updated Limits of coverage.

## **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:

- a. Obtained from an entity whose primary commercial purpose is renting vehicles for profit;
- b. A specific rental charge is made; and
- c. 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. Contact the State Office for updated Limits of coverage.

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.

Contact the State Office for updated Limits of coverage.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/21/2018

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.  7609 W. Jefferson Blvd., Suite 100 Fort Wayne IN 46804	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> 260-969-5203 <b>FAX:</b> 260-969-4729 <b>E-MAIL ADDRESS:</b>  <b>INSURER(S) AGENCY CONTACT:</b> <b>INSURER A:</b> Philadelphia Property Insurance Company <b>NAIC #:</b> 18058 <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
<b>INSURED</b> Special Olympics, Inc. 1133 19th Street NW Washington DC 20036	

**COVERAGES**      **CERTIFICATE NUMBER** 1622035      **REVISION NUMBER**

THIS IS TO CERTIFY THAT THE POLICIES OR POLICIES 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, THE INSURANCE COVERED BY THESE 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	INS	INS	ADDL SUBR	INSD WAC	POLICY EFF	EXPIR	LIMITS
A	COMM	MA	VE	LIABILITY		12/31/2018	12/31/2019	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 - COMP/OP AGG \$ 1,000,000
A				AUTOMOBILE LIABILITY		12/31/2018	12/31/2019	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				EACH OCCURRENCE \$
				EXCESS LIAB				AGGREGATE \$
				WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				PER STATUTE \$ OTH-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  <i>Drew Smith</i>
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