

Protecting Gun Owners and Gun Clubs Since 1991

August 31, 2024

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 (SCTP) and Scholastic Action Shooting Program (SASP) for exposures related to the SCTP/SASP sanctioned 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)	\$ 2,000,000
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)	\$ 100,000
Medical Expense Limit (Any One Person)	\$ 10,000

Excess Liability Coverage Additional limits of \$5,000,000 each occurrence/\$5,000,000 Aggregate over the primary policy.

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	\$ 15,000
Medical Expense Payments Each Participant	\$ 75,000

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/SASP 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 provides coverage for adult volunteers who are registered with SSSF. It does not cover any coach or 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 barter arrangements that provide personal gain to the recipient. If a volunteer coach is paid in any form or benefits personally from a fund-raising activity, this is compensation and you should consider purchasing Instructors General Liability Insurance. It is not personal compensation if you are reimbursed for expenses that you pay on behalf of the team, such as ammunition. uniforms, etc. To discuss your personal circumstances, please contact the undersigned at Sportsman's 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 feel free to give our office a call should you have any questions concerning the above policy and the coverage contained therein.

Lu Cooanore le Casanova

1364 North US 1, Suite 503 Ormond Beach, Florida 32174

DATE (MM/DD/YY) 8/31/2024

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 p	olicy, certain policies may require an endorse	ement. A statement on this c	ertificate	e does not confer	rights to the certifi	cate holder in lieu of such endorsen	nent(s).			
PRC	DUCER:		CON	TACT NAME:	Leslie Casan	ova				
Sp	ortsman's Insurance A	Agency, Inc.	CONTACT NAME: Leslie Casanova							
	4 North US 1, Suite 503	o o ,	E-MAIL ADDRESS: Icasanova@siai.net							
Orn	nond Beach, FL 32174									
INSL	IRED:		INSURER(S) AFFORDING COVERAGE							
	OLASTIC SHOOTING SPORTS FO	UNDATION (SSSF)	INSURER A: Hadron Specialty Insurance Company							
		VIDEO 25 A TEACH STANDARD STA	INSURER B: American Alternative Insurance Corporation							
593	1 Roft Road Ste A6		INSURER C:							
San	Antonio TX 78253		INSURER D:							
	COVERAGES									
RE	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				
Α	GENERAL LIABILITY					GENERAL AGGREGATE	\$ 2,000,000			
	X COMMERCIAL GENERAL LIABILITY					PRODUCTS-COMP/OP AGG	\$ 1,000,000			
	X OCCURRENCE CLAIMS MADE	CPP0200144 00		8/31/2024	8/31/2025	PERSONAL & ADV. INJURY	\$ 1,000,000			
	X PREMISES/OPERATIONS					EACH OCCURRENCE	\$ 1,000,000			
	_					DAMAGE TO PREMISES RENTED TO YOU (Any One Premises)	\$ 100,000			
						MED. EXP (Any One Person)	\$ 10,000			
	AUTOMOBILE LIABILITY HIRED & NON-OWNED ONLY					Combined Single Limit - Bodily Injury and/or Property Damage, Each Accident.				
	UMBRELLA LIABILITY					EACH OCCURRENCE				
	OCCURRENCE CLAIMS MADE					AGGREGATE				
	DED RETENTION \$					AGGREGATE				
В	× EXCESS LIABILITY									
	X OCCURRENCE CLAIMS MADE	82A2FF0000800-01		8/31/2024	8/31/2025	EACH OCCURRENCE	\$5,000,000			
	DED RETENTION \$					AGGREGATE	\$5,000,000			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU- TORY LIMITS OTHER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N					E.L. EACH ACCIDENT				
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE				
	If yes, described under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT				
Α	Accident Coverage	CPP0200144 00		8/31/2024	8/31/2025	Excess Acc/Death/Dismem - each participant	\$15,000			
		011 0200144 00		0/01/2024	0/01/2020	Excess Medical Expense - each participant	\$75,000			
DES	CRIPTION OF OPERATIONS/LOCATIONS/SPECIAL IT	ΓEMS:								
80	holastic Clay Target Program ((SCTP) and Scholar	stic A	ction Shootir	a Program	(SASD)				
30	nolastic Clay Target i Togram ((3011) and 30holas	Sile A	ction oncotii	ig i rogram	(0/101)				
CE	RTIFICATE HOLDER		C	ANCELLATIO	ON					
Scholastic Shooting Sports Foundation (SSSF)		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
5931 Roft Road, Ste. A6 San Antonio TX 78253										
			AUTHORIZED REPRESENTATIVE							
				XII. Cascinora						