

**CERTIFICATE OF INSURANCE**

07/07/2015

**PRODUCER**  
 American Specialty Insurance & Risk Services, Inc.  
 7609 W. Jefferson Boulevard, Suite 100  
 Fort Wayne, Indiana 46804

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.

**INSURED**  
 Florida High School Athletic Association, Inc.  
 1801 NW 80th Boulevard  
 Gainesville, FL 32606

**INSURERS AFFORDING COVERAGE**

INS. A: Greenwich Insurance Company  
 INS. B:  
 INS. C:

CERT NUMBER: 1001238885

**COVERAGES**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOT WITHSTANDING 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.

INS LTR	POLICY TYPE	POLICY NUMBER	POLICY EFFECTIVE	POLICY EXPIRATION	LIMITS	
A	GL	ASG089304901	07/01/2015 12:01 a.m.	07/01/2016 12:01 a.m.	General Aggregate - Per Official	5,000,000
					Products-Completed Operations Aggregate	5,000,000
					Personal and Advertising Injury	1,000,000
					Each Occurrence	1,000,000
					Damage to Premises Rented to You (Any One Premises)	1,000,000
					Medical Expense Limit (Any One Person)	Excluded

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

- Evidence of coverage only.
- Coverage provided under Mutual of Omaha Insurance Company policy #SR2014FL-P-51938 is on file with the Policyholder. Eff date: July 1, 2015; Exp date: July 1, 2016. Excess Accident Medical Expense: \$50,000 Maximum Benefit, subject to \$250 Deductible. Accidental Death & Specific Loss: \$2,500 Principal Sum.

**CERTIFICATE HOLDER**

FLORIDA HIGH SCHOOL ATHLETIC ASSOCIATION, INC. DBA FHSA

**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**

*Drew Smith*