

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/28/2024

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(les) 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).

LIC #40558248				NAME: PHONE (A/C, No, Ext): (A/C, No):			
Player's Health Cover USA Inc.				E-MAIL ADDRESS: usfigureskating@playershealth.com			
718 Washington Ave North #402				INSURER(S) AFFORDING COVERAGE			NAIC#
Minneapolis MN 55401				INSURER A: SiriusPoint America Insurance Company			38776
insured coach hame				INSURER B:			
coach address				INSURER C:			
COMEN COLOR				INSURER D:			
				INSURER E:			
0.0/50.4050			ATE MUMBER. DILLIGER OF	INSURER F:			
COVERAGES			ATE NUMBER: PH-USFS-00			REVISION NUMBER:	OLICY BERIOD
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		ADDL S	SUBR WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
4	ERCIAL GENERAL LIABILITY			- I Marinova Come	gal tribula (b. 1964). Pelane a tribula de la constanta de		1,000,000
c	LAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$	500,000
					7/1/2025	MED EXP (Any one person) \$	
Α		X	PLH01GL00001841	07/01/2024		PERSONAL & ADV INJURY \$	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$	5,000,000
POLICY PRO- JECT LOC						DADTICIONALT LECAL LIAD	1,000,000 1,000,000
	LE LIABILITY					COMBINED SINGLE LIMIT &	1,000,000
ANY A						(Ea accident) BODILY INJURY (Per person) \$	
OWNE	S ONLY SCHEDULED AUTOS					BODILY INJURY (Per accident) \$	
HIRED	NON-OWNED					PROPERTY DAMAGE (Per accident) \$	
70100	AUTOS ONET					\$	
UMBRI	ELLA LIAB OCCUR					EACH OCCURRENCE \$	-
EXCES	S LIAB CLAIMS-MADE					AGGREGATE \$	
DED	RETENTION \$					\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
ANYPROPRIETOR/PARTNER/EXECUTIVE		N/A				E.L. EACH ACCIDENT \$	
OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under		\\\^^\				E.L. DISEASE - EA EMPLOYEE \$	
DESCRIPTION	N OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$	
A Participa	nt Accident Medical		PHSA-BAMH-11155-24	07/01/2024	7/1/2025	Per Accident Limit	\$50,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)							
Certificate holder is named as an additional insured when required by written contract or agreement. Sexual Abuse Molestation: \$500,000 per occurrence/ \$500,000 aggregate.							
CERTIFICATE HOLDER CANCELLATION							
City of Bloomington ACCORDANCE WITH THE POLICY PROVISIONS. Authorized Representative							
Bloomington MN 55431							
				040	06 204E AC	OPH COPHODATION AU	laba vanancad