



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/02/2025

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><br>Academic Healthplans<br>16201 West 95th Street, Ste 210<br>Lenexa Kansas 66219  | <b>CONTACT NAME:</b> Kristin Legendre<br><b>PHONE (A/C, No, Ext):</b> 913-754-5617 <b>FAX (A/C, No):</b> 913-327-0201<br><b>E-MAIL ADDRESS:</b> recsportsandmore@recsportsandmore.ahpcare.com<br><b>PRODUCER CUSTOMER ID:</b>  |                               |  |        |            |                                 |       |            |  |  |            |  |  |            |  |  |            |  |  |            |  |  |
|--|--|-------------------------------|--|--------|------------|---------------------------------|-------|------------|--|--|------------|--|--|------------|--|--|------------|--|--|------------|--|--|
| <b>INSURED</b><br>Home School Athletic Association, Inc.<br>P. O. Box 262486<br>Plano, TX 75026<br>A Member of the Sports, Leisure & Entertainment RPG | <table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>AIG Specialty Insurance Company</td><td>26883</td></tr><tr><td>INSURER B:</td><td></td><td></td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table> | INSURER(S) AFFORDING COVERAGE |  | NAIC # | INSURER A: | AIG Specialty Insurance Company | 26883 | INSURER B: |  |  | INSURER C: |  |  | INSURER D: |  |  | INSURER E: |  |  | INSURER F: |  |  |
| INSURER(S) AFFORDING COVERAGE  |  | NAIC #                        |  |        |            |                                 |       |            |  |  |            |  |  |            |  |  |            |  |  |            |  |  |
| INSURER A:   | AIG Specialty Insurance Company  | 26883                         |  |        |            |                                 |       |            |  |  |            |  |  |            |  |  |            |  |  |            |  |  |
| INSURER B:   |  |                               |  |        |            |                                 |       |            |  |  |            |  |  |            |  |  |            |  |  |            |  |  |
| INSURER C:   |  |                               |  |        |            |                                 |       |            |  |  |            |  |  |            |  |  |            |  |  |            |  |  |
| INSURER D:   |  |                               |  |        |            |                                 |       |            |  |  |            |  |  |            |  |  |            |  |  |            |  |  |
| INSURER E:   |  |                               |  |        |            |                                 |       |            |  |  |            |  |  |            |  |  |            |  |  |            |  |  |
| INSURER F:   |  |                               |  |        |            |                                 |       |            |  |  |            |  |  |            |  |  |            |  |  |            |  |  |

## COVERAGES

CERTIFICATE NUMBER: W04016769

REVISION NUMBER:

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 INSD | SUBR WVD | POLICY NUMBER      | POLICY EFF (MM/DD/YYYY)    | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|---|-----------|----------|--------------------|----------------------------|-------------------------|--|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br><input type="checkbox"/> OTHER: | X         |          | 9YAPG0001334486101 | 12/03/2025<br>12:01 AM EDT | 12/03/2026<br>12:01 AM  | EACH OCCURRENCE \$1,000,000<br>DAMAGE TO RENTED PREMISES (Ea Occurrence) \$1,000,000<br>MED EXP (Any one person) \$5,000<br>PERSONAL & ADV INJURY \$1,000,000<br>GENERAL AGGREGATE \$5,000,000<br>PRODUCTS - COMP/OP AGG \$1,000,000<br>PROFESSIONAL LIABILITY \$1,000,000<br>LEGAL LIAB TO PARTICIPANTS \$1,000,000 |
| A        | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY<br><input type="checkbox"/> NOT PROVIDED WHILE IN HAWAII       |           |          | 9YAPG0001334486101 | 12/03/2025<br>12:01 AM EDT | 12/03/2026<br>12:01 AM  | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident)  |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION   |           |          |                    |                            |                         | EACH OCCURRENCE<br>AGGREGATE   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | N/A       |          |                    |                            |                         | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT   |
| A        | <b>MEDICAL PAYMENTS FOR PARTICIPANTS</b>  |           |          | 9YAPG0001334486101 | 12/03/2025<br>12:01 AM EDT | 12/03/2026<br>12:01 AM  | PRIMARY MEDICAL<br>EXCESS MEDICAL \$25,000   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Sport(s): Baseball Age(s): 12 and under, 13-15, 16-19; Basketball Age(s): 12 and under, 13-15, 16-19; Cheerleading - Youth-Excluding Neurodegenerative Injury Age(s): 12 and under, 13-15, 16-19; Youth Football (Tackle & Contact)-Excluding Neurodegenerative Injury Age(s): 13-15, 16-19; Golf Age(s): 16-19; Running (5k or 10K) Age(s): 12 and under, 13-15, 16-19; Soccer Youth-Excluding Neurodegenerative Injury Age(s): 12 and under, 13-15, 16-19; Softball Age(s): 13-15, 16-19; Tennis Age(s): 12 and under, 13-15, 16-19; Track & Field-Excl'd Javelin/Hammer Throw Age(s): 12  
See Attached Additional Remarks Schedule

## CERTIFICATE HOLDER

Testimony Church  
2680 MacArthur Blvd.  
Lewisville, TX 75067  
(Owner/Lessor of Premises)

## 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

Coverage is only extended to U.S. events and activities.

\*\* NOTICE TO TEXAS INSURED: The Insurer for the purchasing group may not be subject to all the insurance laws and regulations of the State of Texas



## ADDITIONAL REMARKS SCHEDULE

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|  |                    |   |
|--|--------------------|---|
| AGENCY<br>Academic Healthplans<br>16201 West 95th Street, Ste 210<br>Lenexa Kansas 66219 |                    | NAMED INSURED<br>Home School Athletic Association, Inc. |
| POLICY NUMBER<br>9YAPG0001334486101  |                    |   |
| CARRIER<br>AIG Specialty Insurance Company   | NAIC CODE<br>26883 | EFFECTIVE DATE: 12/03/2025                              |

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25                      FORM TITLE      Certificate of Liability Insurance

### Additional Insured

and under, 13-15, 16-19; Ultimate Frisbee Age(s): 12 and under, 13-15, 16-19; Volleyball Age(s): 12 and under, 13-15, 16-19

The certificate holder is added as an additional insured, but only for liability caused, in whole or in part, by the acts or omissions of the named insured.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – DESIGNATED  
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

| Name Of Additional Insured Person(s) Or Organization(s)  |
|--|
| Testimony Church<br>2680 MacArthur Blvd.<br>Lewisville, TX 75067                                       |
| Named Insured: Home School Athletic Association, Inc.  |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations. |

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
  2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.