

<b>PRODUCER</b>  <b>CHAPPELL INSURANCE AGENCY</b> <b>25807-A COX ROAD</b> <b>PETERSBURG, VA 23803</b>	<b>1-804-733-2020</b>	<b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</b>
		<b>INSURERS AFFORDING COVERAGE</b>
		<b>INSURER A:      <b>NATIONWIDE MUTUAL INSURANCE COMPANY</b></b>
		<b>INSURER B:      <b>HARTFORD LIFE AND ACCIDENT INSURANCE CO</b></b>
		<b>INSURER C:</b>
		<b>INSURER D:</b>
		<b>INSURER E:</b>

**COVERAGES**

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, EXCLUSION AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	<b>GENERAL LIABILITY</b>	RPG-00000272376	01/01/16	01/01/17	EACH OCCURRENCE	\$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE(any one fire)	\$ 300,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (any one person)	\$
	ABUSE MOLESTATION - \$1,000,000				GENERAL AGGREGATE	\$ 5,000,000
	<input checked="" type="checkbox"/> PLL-\$2,000,000				PERSONAL ADV INJURY	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES:				PRODUCTS - COMP/OP AGG	\$ 2,000,000
<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
B	<b>OTHER</b>	36-SB-20641403	01/01/16	01/01/17	\$100,000 LIMIT	
	SECONDARY PARTICIPANT ACCIDENT				\$250 Deductible	
	<b>EXCESS LIABILITY</b>				EACH OCCURRENCE	\$
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				AGGREGATE	\$

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

COVERAGE INCLUDES AMATEUR PLAY AND PRACTICE IN THE INSURED SPORT. TEAM OR LEAGUE LISTED BELOW IS A NAMED INSURED UNDER ABOVE REFERENCED POLICY.

<b>CERTIFICATE HOLDER</b>  <b>TRI COUNTY SPORTS LLC/VHSFBL (21)Teams</b> <b>10707 STONER DRIVE</b> <b>FREDERICKSBURG, VA 22408</b>	<b>ADDITIONAL INSURED; INSUR</b>	<b>COVERAGE IS EFFECTIVE 8/29/2016.</b>
		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
		AUTHORIZED REPRESENTATIVE <div style="text-align: right; margin-top: 10px;"> </div>
		CERTIFICATE #: SN BB-12-282