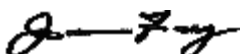


**VERIFICATION OF INSURANCE  
FOR THE AMATEUR ATHLETIC UNION OF THE U.S., INC. AND ITS MEMBER CLUBS**

<b>GENERAL INFORMATION</b>		This document verifies insurance coverage for the Amateur Athletic Union of the United States, Inc. Member clubs have coverage as shown below from the date of enrollment and acceptance in the AAU. Expiration date is August 31st annually.			<b>COVERAGE DATES:</b> 01/17/2024 - 8/31/2025	
<p>This verification is issued as a matter of information only and confers no rights. This verification does not affirmatively or negatively amend, extend or alter the coverage afforded by the policies below. This verification of insurance does not constitute a contract between the issuing insurer (s), authorized representative or producer.</p>						
<b>PRODUCER</b> Foy Insurance 64 Portsmouth Ave PO Box 1030 Exeter, NH 03833-1030		<b>INSURED</b> Amateur Athletic Union of the U.S., Inc. Walt Disney World Resort P.O. Box 1000022409 Lake Buena Vista, FL 32830-1000 (407) 934-7200		<b>MEMBER CLUB INSURED      CLUB CODE:      W3CAT5</b> Lehigh Valley Steel Basketball Club 5847 Monocacy Drive Bethlehem, PA 18017 Enrollment Date: 1/17/2024 10:15:00AM		
<b>INSURER(S) AFFORDING COVERAGE</b>						
Company <b>A</b> United State Fire Insurance Company NAIC # 21113 Company <b>B</b> Everest National Insurance Company NAIC # 10120 Company <b>C</b> HDI Global Specialty SE NAIC# AA-1340041				*For box below, INSR LTR refers to Company A, B or C.		
<b>COVERAGES</b> - This is to certify that the policy(ies) 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 policy(ies) described herein is subject to all the terms, exclusions, and conditions of such policy(ies), limits shown may have been reduced by paid claims.						
<b>INSR LTR</b>	<b>TYPE OF INSURANCE</b>	<b>POLICY NUMBER</b>	<b>COVERAGE EFF. DATE (MM/DD/YY)</b>	<b>COVERAGE EXP. DATE (MM/DD/YY)</b>	<b>COVERAGES</b>	<b>LIMITS</b>
A	Participant Accident	US1182730	9/01/2024 12:01 AM.	9/1/2025 12:01 AM.	Accident Medical Accidental Death and Dismemberment	100,000 20,000
B	Excess Liability	SI8EX00142-241	9/01/2024 12:01 AM.	9/1/2025 12:01 AM.	Each Occurrence Policy Aggregate	3,000,000 3,000,000
C	Excess Liability	18HX3007	9/01/2024 12:01 AM.	9/1/2025 12:01 AM.	Each Occurrence Policy Aggregate	2,000,000 2,000,000
B	General Liability	SI8ML00176-241	9/01/2024 12:01 AM.	9/1/2025 12:01 AM.	Each Occurrence Limit General Aggregate Limit Participant Legal Liability Personal and Advertising Injury Limit Products-Completed Operations Aggregate Fire Damage to premises Rented to Policy Aggregate Cap Medical Expenses Limit (Any One Person) Sexual Abuse Liability Sexual Abuse Aggregate	1,000,000 3,000,000 1,000,000 1,000,000 3,000,000 1,000,000 20,000,000 5,000 1,000,000 3,000,000
<b>ADDITIONAL INFORMATION / RESTRICTIONS / SPECIAL ITEMS</b>  For said club to have coverage, all membership requirements in the AAU must be met.  For said club to have Extended Coverage (AB) program, all membership requirements in the AAU AB program must be met.						
<b>CANCELLATION</b> – Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions. But, failure to mail such notices shall impose no obligation for liability of any kind upon the insurer, its agents or representatives. <b>REVOCATION OF MEMBERSHIP</b> - will result in cancellation of coverage.						



Authorized Representative

Verification No.      W3CAT5

InsSpecimenCertClub.rpt

1