





## ADDITIONAL REMARKS SCHEDULE

AGENCY <b>The Buckner Company</b>		NAMED INSURED <b>USA Water Polo 6 Morgan Suite 150 Irvine, CA 92618</b>	
POLICY NUMBER <b>SEE PAGE 1</b>			
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>	

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

## Description of Operations/Locations/Vehicles:

**Alt Pool 1: Coral Springs Aquatic Complex  
12441 Royal Palm Blvd.  
Coral Springs, FL 33065**

**Alt Pool 2: Pompano Beach Aquatic Complex  
820 Ne 18Th Ave  
Pompano Beach, FL 33060**

**Alt Pool 3: Boca Raton High School  
1501 NW 15th Court  
Boca Raton, FL 33486**

**Alt Pool 4: Fort Lauderdale Aquatic Complex  
501 Seabreeze Blvd.  
Fort Lauderdale, FL 33316**

**Alt Pool 5: Fort Lauderdale High School Aquatic Center  
1600 NE 4th Ave  
Fort Lauderdale, FL 33305**

**Alt Pool 6: South Broward High School  
1901 N Federal Highway  
Hollywood, FL 33020**

**Alt Pool 7: Plantation Central Park Pool  
9141 NW 2nd St  
Plantation, FL 33324**

**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**

<b>Name Of Additional Insured Person(s) Or Organization(s):</b>
Owners and/or Lessors of the premises leased, rented or loaned to you Sponsors Co-Promoters Coaches and Officials The United States Olympic Committee United States Center for Safe Sport Any person(s) or organization(s) where required by written contract executed prior to loss or claim
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.

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

**PRIMARY AND NONCONTRIBUTORY –  
OTHER INSURANCE CONDITION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

**Primary And Noncontributory Insurance**

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

(1) The additional insured is a Named Insured under such other insurance; and

(2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

Assigned Policy No. MR216169

**BLANKET ADDITIONAL INSURED ENDORSEMENT**

This endorsement modifies insurance provided under the following:

**BEAZLEY SAFEGUARD**

In consideration of the premium charged for this Policy, it is hereby understood and agreed that any entity for whom the **Insured Organization** performs work or operations is added as an additional insured under this Policy but solely in respect of any **Claim** where such entity is named alongside the **Insured Organization** or an **Insured Person**, provided always that:

- 1) a written contract or agreement is in effect between the **Insured Organization** and such entity requiring that such entity be an additional insured under the **Insured Organization's** sexual misconduct and molestation liability policy; and
- 2) such entity is only covered under this Policy because of a **Wrongful Act** of the **Insured Organization** or an **Insured Person** and is not covered for their own acts, errors or omissions.

It is further understood and agreed that Clause **XI. OTHER INSURANCE** is amended by the addition of the following:

Notwithstanding the foregoing, where required by a written contract or agreement, coverage under this Policy shall qualify as primary and non-contributory insurance to the above additional insured but only where the above additional insured's liability, if any, is solely due to its vicarious liability for the **Wrongful Acts** of the **Insured Organization** or an **Insured Person**.

All other terms and conditions of this policy remain unchanged.

## **IMPORTANT NOTICE:**

- 1. The insurance policy that you have purchased is being issued by an insurer that is not licensed by the State of California. These companies are called "nonadmitted" or "surplus line" insurers.**
- 2. The insurer is not subject to the financial solvency regulation and enforcement that apply to California licensed insurers.**
- 3. The insurer does not participate in any of the insurance guarantee funds created by California law. Therefore, these funds will not pay your claims or protect your assets if the insurer becomes insolvent and is unable to make payments as promised.**
- 4. The insurer should be licensed either as a foreign insurer in another state in the United States or as a non-United States (alien) insurer. You should ask questions of your insurance agent, broker, or "surplus line" broker or contact the California Department of Insurance at the toll-free number 1-800-927-4357 or internet website [www.insurance.ca.gov](http://www.insurance.ca.gov). Ask whether or not the insurer is licensed as a foreign or non-United States (alien) insurer and for additional information about the insurer. You may also visit the NAIC's internet website at [www.naic.org](http://www.naic.org). The NAIC-the National Association of Insurance Commissioners-is the regulatory support organization created and governed by the chief insurance regulators in the United States.**
- 5. Foreign insurers should be licensed by a state in the United States and you may contact that state's department of insurance to obtain more information about that insurer. You can find a link to each state from this NAIC internet website: [https://naic.org/state\\_web\\_map.htm](https://naic.org/state_web_map.htm).**
- 6. For non-United States (alien) insurers, the insurer should be licensed by a country outside of the United States and should be on**

**the NAIC's International Insurers Department (IID) listing of approved nonadmitted non-United States insurers. Ask your agent, broker, or "surplus line" broker to obtain more information about that insurer.**

**7. California maintains a "List of Approved Surplus Line Insurers (LASLI)." Ask your agent or broker if the insurer is on that list, or view that list at the internet website of the California Department of Insurance: [www.insurance.ca.gov/01-consumers/120-company/07-lasli/lasli.cfm](http://www.insurance.ca.gov/01-consumers/120-company/07-lasli/lasli.cfm).**

**8. If you, as the applicant, required that the insurance policy you have purchased be effective immediately, either because existing coverage was going to lapse within two business days or because you were required to have coverage within two business days, and you did not receive this disclosure form and a request for your signature until after coverage became effective, you have the right to cancel this policy within five days of receiving this disclosure. If you cancel coverage, the premium will be prorated and any broker's fee charged for this insurance will be returned to you.**