

APPLICATION FOR PUBLIC ASSEMBLY

1. EVENT INFORMATION

Event Name: Gulf Coast Regional Volleyball Association Beach Series

Contact Information: (Applicant will serve as the sole contact for all requests from the City)

Applicant

Event Organizer

Name: Gulf Coast Region of USA Volleyball

Name: Gulf Coast Region of USA Volleyball

Address: PO BOX 1985 OB, AL 36561

Address: PO BOX 1985 OB, AL 36561

Phone#: 251-979-4227 Cell#: 251-979-4287

Phone#: 251-979-4287 Cell#: 251-979-4287

Email : gcrcommish@gmail.com

Email : gcrcommish@gmail.com

Web Address www.gulfcoastvolleyball.org

Purpose

Athletic/Recreation

Concert/Performance

Social

Outdoor Market

Fitness

Demonstration/Rally

Parade

Festival/Fair

Other

Description

Conduct USA Volleyball - Gulf Coast Region Sanctioned Beach Events for members on a Local, Regional and National level. The Gulf Coast Region is in its twenty third year of offering Indoor and Beach programming and has a widespread market appeal across the Southeast as well as Nationally. Our prestigious "BeachFest" Junior Beach tournament held the first weekend of May each year and in conjunction with the NCAA Collegiate Beach Championships, annually has the next level of top tier College Beach players as Junior participants. This past year "BeachFest" had a field of 449 teams participate, for 2023 the expected number of teams will be 450+.

Location*

Address: Gulf Shores Public Beach -West Gulf Place

*An official letter from owner of property permitting activity MUST accompany application, if not owned by applicant

Attendance

Anticipated Attendance Total 350 to 600 Per Day _____

Dates/Times

Setup Date/Time 5:00am Dismantle Date/Time 6:00 pm

Event Start Date please see Event End Date schedule Event Hours
*If requesting multiple days please detail each day and time of operation in the event description

Is this an annual event? Yes No How many years have you been holding this event? 18 years

2. EVENT ORGANIZATION INFORMATION/ PROCEEDS/ REPORTING

The applicant shall have made provision in a manner approved by the City's revenue division, under its current regulations and procedures for the payment of all necessary business licenses and remittance of all applicable sales taxes. Additional permits may be required. Please contact the Revenue Division at (251) 968-1120 to verify.

Charitable Organization (Copy of SOI(c) Required) Tax Exempt (Exemption Certificate Required)

Are patron admission, entry or participant fees required? Yes No

If yes please provide amounts: entry fees for participating teams, no admission fee for spectators

Are vendor or other fees required? Yes No

If yes please provide amounts:

Estimated gross receipts including ticket, entry, vendor, product and sponsorship sales from this event. Please explain how this amount was computed:

Average Beach Series Event has 85- 110 teams, BeachFest is the exception...cost per team is 90 dollars. approx gross receipts 9,000.00

Estimated expenses for this event: Between 5,800.00 to 7,600.00

What is the projected distribution or net dollar amount the Host Organization will receive from this event? To supplement funding necessary for our Junior Beach High Performance Program,

3. SITE PLAN

Each application shall be accompanied by detailed site drawings, diagrams and documentation of the proposed event including but not limited to the following:

- Site Plan Map of the entire event venue including the names of all streets or areas that are part of the venue and the surrounding area, including entrances and exits, emergency access, event staging, set up and break down plans.
- Site usage including requested dates and times of operations.

- Medical Services and Security Plan. The location of security and first aid facilities.

- Emergency Plan to include Contact Names and Guidelines in the case of an emergency.
- Parking, Transportation, and Accessibility. The location of event parking, transportation routes, street or lane closures, shuttle plans, and provisions for handicap accessibility.
- Utility requests including sources and locations of water, sewer, electricity, generators, lighting.
- Temporary Structures and Fencing including the location of all stages, platforms, scaffolding, bleachers, grandstands, canopies, tents, fences, portable toilets, booths, and other temporary structures, including engineered structural drawings.
- Entertainment list and schedule and noise abatement measures.
- Food, Beverages, and Concessions. Location and details of all food, beverage and concession areas including vendor identification and specifics of all cooking areas.
- Garbage, Recycling, and Sanitation Plan including any required Health Permits.
- County, State, or Federal permits that may be required to hold your event.
- Letters of Support (Property owners, City, etc.)

Event Features (check all that apply and include supporting documentation)

- | | | |
|--|---|---|
| <input type="checkbox"/> Beverage/Food Vendors | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Animals |
| <input type="checkbox"/> Merchandise Vendors | <input type="checkbox"/> Tents/Canopies | <input type="checkbox"/> Electrical/Generator Usage |
| <input type="checkbox"/> Stages/Platforms | <input type="checkbox"/> Restrooms | <input type="checkbox"/> Fencing/Barricades |
| <input type="checkbox"/> Pyrotechnics | <input type="checkbox"/> Use of Public Property | <input type="checkbox"/> Outdoor Cooking |
| <input type="checkbox"/> Shuttle Service | <input type="checkbox"/> Vehicles on Display | <input type="checkbox"/> Inflatables/Bounce Houses |

4. MEDICAL SERVICES AND SECURITY*

Have you hired a licensed professional emergency medical services provider to develop and manage your event's medical plan? Yes No

Medical Services Provider

Name: Andrews Institute

Address: Gulf Breeze, Florida

Phone #: The Athletic Training Staff

Email: gcrcommish@gmail.com

The applicant shall be responsible for making adequate plans for medical coverage of performers, employees, participants, customers and attendants. Please describe your medical plan including your communications plan, the number, certification levels (MD, RN, Paramedic, EMT) and types of resources that will be at your event and the manner in which they will be managed and deployed. Your plan should include hours of setup and dismantle of medical aid areas, details on first aid stations, personnel needs, medical materials and medical transport. When city paramedics are used for this purpose, the city shall be reimbursed by the applicant for all expense related to their presence. Please describe the medical service plan below. *Please contact Support Services at (251) 968-7422 to verify reimbursement rates.

The Athletic Training Staff from Andrews Institute is some of the most highly qualified AT's in the industry. Their service hours will be arrival an hour prior to competition start and their concluding hours will be an hour after competition ends.

Have you hired a licensed professional security company to develop and manage your event's security plan? Yes No

Security Company

Name: Severance Security

Address: 3757 Gulf Shores Pkwy Suite B-GS 36542

Phone#: 251-978-8656

Email: info@severancesecurity.us

The applicant shall employ at such applicant's own expense such security personnel as are necessary and sufficient to provide for the adequate security and protection of the maximum number of attendants at the assembly and for the preservation of order and protection of property in and around the site of the assembly. When city police officers are used for this purpose, the city shall be reimbursed by the applicant for all expense related to their presence. * Please contact Gulf Shores Police at (251) 968-2431 to verify reimbursement rates. No permit shall be issued unless the chief law enforcement officer for the city is satisfied that such necessary and sufficient security personnel will be provided by the applicant for the duration of the assembly. Please describe your security plan including crowd control, internal security or venue safety, number and certification levels of security personnel.

The Gulf Coast Region in our eighteen year Beach Series history has overseen our events with a management team of USAV and GCR staff as to monitor all courts of play and decorum of spectators. This has proved very successful over the years and has created a very family oriented viewing area and culture of support and sportsmanships for all players and families.

During "BeachFest" we do have the security company hired by the Sports Commission to watch at night our venue site as they make their rounds till we arrive at Sam each morning. During the event hours we use our hired local security company Severance Security to support our "BeachFest" event.

5. EMERGENCY PLAN

All event organizers should consider the possibilities of natural disasters and unplanned emergencies. A basic emergency response plan should be adopted and communicated with event staff, police/security personnel and on-site first aid providers. A plan should include the following minimum provisions where applicable:

- Identification of who will make key decisions such as canceling the event.
- Plans for communicating with event staff, volunteers, guests, media, vendors, on-site police and first aid providers.
- Methods for safely managing site evacuation.
- Steps for caring for injured participants and lost children.
- Steps for securing potentially dangerous items (tents, signage, propane tanks and items that can be propelled by high winds.)
- Methods for dealing with suspicious packages.
- Training for use of fire extinguishers.
- Access to local hotline or portable weather station for weather updates.
- Plans for a back-up public address system for announcements (generator or megaphones.)

Please describe your security plan including crowd control, internal security or venue safety, number and certification levels of security personnel.

The Gulf Coast Region Beach Series is overseen, managed and marketed by the Gulf Coast Regional Volleyball Association. We officiate our events with highly trained Officials holding a National, Zonal and Local USAV certifications. All Adults associated with our Beach Series are Background Screened, Safe Sport Certified and have passed Coaching Education Programs that train Coaches in not only the skills for the game to teach and instruct, but coaches are trained in AED use, concussion prevention and protocol, athlete care and oversee during high heat index play and wet bulb indices's over 82 measured...the Beach Series Tournament Director makes all decisions on weather related considerations, using Jack Edwards weather alerts to correct identify when hazardous weather would force stoppage of play and make beach evacuation a mandatory exercise.

6. TRANSPORTATION AND ACCESSIBILITY

The applicant shall provide sufficient parking to accommodate the number of persons attending the event. Applicant shall provide a sufficient number of parking attendants at all entrances, exits, and within the parking lots. Please describe your transportation and accessibility plan and include a diagram.

General Parking Lot at West Gulf Place at the Public Safety Building lot will be utilized as well as adjacent street parking. Also we will contact Mr. Ron Durham and Mr. Shaul Zislin and request to use their open lots as auxiliary parking for the BeachFest/NCAA weekend.

Will your event involve the use of a parking and/or shuttle plan? Yes No If yes, please explain:

Will your event require the use of public property or street closures? Yes No If yes, please explain:

Will your event involve the use of traffic safety equipment? Yes No If yes, please list:

Have you developed a Disabled Parking and/or Transportation Plan (including the use of public transportation or shuttle services) for your event? Yes No Please describe:

Utilization of City of Gulf Shores Public Accessible Parking and Transportation Plan

Will all food, beverage and vending areas be ADA accessible? Yes No Please describe:

If food or beverage vendors are utilized then they will be local businesses licensed by the city and will have a taxation number with the city, county and state already set up and operating.

If all areas of your event venue cannot be made accessible *will* maps or programs be made available to show the *location* of accessible rest rooms, parking, drinking fountains, and first aid *stations*?

Yes No Please describe:

All rest rooms, parking, drinking fountains and first aid stations utilized as public areas are City resources and are ADA accessible

Transportation Company

Name:

Address:

Phone#:

Fax#:

Email :

7. UTILITIES*

A Utility Plan showing the locations of existing and proposed utilities (electric, waterlines, telephone *lines*, etc.) shall be provided. Obtaining complete electrical and water needs information from vendors, musicians, tent lighting, entertainers, exhibitors, sponsors, etc. is the responsibility of the applicant.

The applicant shall provide a potable domestic water supply from a source approved by the *City*. Water shall not be dipped from a receptacle for drinking or cooking uses. All food concessions that prepare food *items* other than packaged or bottled goods must be supplied with hot and cold running water, under pressure, and a means of *disposing* of wastewater. Water services *in* parks and public beach areas are for cleaning purposes only.

The installation and distribution of all electrical power used to support the event shall be completed by a licensed electrician. In some cases, electrical distribution plans and load calculations prepared by a licensed electrical contractor or electrical engineer may be required. Existing city maintained lighting and outlet circuits may not be used for event power use unless prior approval is obtained in writing before the event date and time. The City may inspect power distribution safety at your event and may require onsite modifications. Please describe your utility plan.

City of Gulf Shores street and utilities department have laid the one electrical drop that we have used for our past 18 years a day prior to the event and remove that drop the day after our event

DYes DNo Will your event require potable water? If yes, please describe:

iiiYes DNo Will your event require electricity? If yes, please describe:

Roger Groves and the City of Gulf Shores street and utilities have laid the one electrical drop that we have used for our past 18 year a day prior to the event and remove that drop t

DYes DNo Will your event require generators? If yes, please describe:

DYes iNo Will your event require lighting after dark? If yes, please describe:

Electrical Contractor

Name: _____ Address:

Phone#: _____ Fax#: _____ Email :

8. GARBAGE, RECYCLING AND SANITATION*

The applicant shall demonstrate to the satisfaction of the public works department that an adequate garbage, recycling and sanitation plan has been prepared. All solid waste material shall be promptly removed from the site. The assembly area and parking area shall be returned to a litter-free condition after the assembly is concluded. Adequate toilet facilities for both sexes must be distributed throughout the event site and shall be maintained in a sanitary condition at all times. When applicable, the approval by the health department of applicant's sanitary facilities plans shall be a prerequisite for the issuance of a permit. Please describe your plan for cleanup and removal of garbage, recyclable goods, and sanitation during and after your event. *Please contact the Public Works department at (251) 968-1156 for specific disposal and recycling policies.

Event has in previous years utilize the present inventory of trash and re-cycle containers and those containers are overseen by event staff and emptied each morning by City of Gulf Shores street department workers

Do you plan to provide garbage, recycling and sanitation at your event? DYes DNo

If yes, provide the number of:

Trash Cans existing number Dumpsters _____ Recycling Containers existing number _____

Do you plan to provide portable rest room facilities at your event? DYes iiiNo

You may be required to provide portable rest room facilities with adequate hand sanitation*, at your event, unless you can substantiate the sufficient availability of both ADA accessible and non-accessible facilities in the immediate area of the event site which will be available to the public during your event.

*Acceptable hand sanitation units are portable sinks or waterless hand sanitizer dispensers at a 4:1ratio (restrooms to hand sanitizers).

Number of portable toilets

Number of ADA accessible portable toilets

If no, please explain:

Garbage/Recycling Company

Portable Toilet Company

Name:

Name:

Address:

Address:

Phone#:

Fax#:

Phone#:

Fax#:

Email :

Email

9- TEMPORARY STRUCTURES AND FENCING*

Describe the type of temporary structures proposed for the event, including but not limited to tents, stages, fences, the location of all stages, platforms, scaffolding, bleachers, grandstands, canopies, tents, booths, and other temporary structures. Engineered structural drawings may be required at the discretion of the City. *Additional permits may be required. Please contact the Building Official at (251) 968-1150 to verify.

Are temporary structures proposed at the event? DYes DNo If yes, please explain:

Only temporary canopies and umbrellas for athlete and spectator shade will be allowed and only 10' x 10' will be allowed

Number

Type

Sizes

Is temporary fencing proposed at the event? Yes No If yes, please explain:

Date of Installation

Date of Removal

Temporary Structure Company

Fence Company

Name

Name:

Address:

Address:

Phone#:

Fax#:

Phone#:

Fax#:

Email:

Email:

10. ENTERTAINMENT*

Will your event include musical entertainment? Yes No If yes, please explain:

Include an attachment listing all bands/performers, type of music, and performance schedule.

Will sound checks be conducted prior to the event? Yes No If yes:

Start time

Finish time

Will sound amplification be used? Yes No

If yes:

Start time

Finish time

Please describe the sound equipment that will be used for your event:

The Region uses a two speaker system at the Championship tent to relay event start times, court appearance times to participants and to alert both participants and spectators of weather related considerations if need be.

Will inflatables, hot air balloons or similar devices be used at your event? Yes No

If yes, please describe:

Does your event include the use of fireworks, rockets, lasers, or other pyrotechnics? Yes No

If yes, please describe:

Will your event include the use of any signs*, banners, decorations, or special lighting? Yes No

*Additional permits may be required. Please contact Planning & Zoning at (251) 968-1164 to verify.

If yes, please describe:

Ball stop banners at courts side to define the Championship Court and create pedestrian pathways around the courts for better staging of viewing and 2 to 4 feather flags at Championship Administration area

11. Food, Beverages and Concessions

Does your event include food concession and/or preparation areas? Yes No

If yes, please describe how food will be served and/or prepared

If a vendor is used it will be for the benefit of the athletes and thier families to have a healthy snack during play and that vendor will be Soulz Bowl.

Do you or your vendors intend to cook food in the event area? Yes No

If yes, please specify method:

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Gas | <input type="checkbox"/> Charcoal |
| <input type="checkbox"/> Electric | <input type="checkbox"/> Other (specify) |

Does your event involve the consumption of alcoholic beverages? Yes No

All alcohol sales must be in accordance with Federal, State of Alabama and City of Gulf Shores regulations. If *yes*, please check all that apply (Please refer to Item 13 for required certificates and endorsements):

- | | |
|--|--|
| <input type="checkbox"/> Free Alcohol | <input type="checkbox"/> Beer |
| <input type="checkbox"/> Alcohol Sales | <input type="checkbox"/> Wine |
| <input type="checkbox"/> Host and Sale Alcohol | <input type="checkbox"/> Distilled Spirits |

Will items or services be sold at your event? Yes No

If yes, please describe and attach a complete list of vendors and include a sample of the vendor pass that will be used.

Will items or services sold at your event present unique liability issues (e.g. body piercing, massage, animal rides, etc.)? Yes No If yes, please describe or attach a complete list of vendors.

12. MARKETING AND PROMOTION

Will this event be marketed, promoted, or advertised in any manner? Yes No

If yes, please describe:

Nationally, Regionally and Locally through social media as well as web sites of the Gulf Coast Region and USA Volleyball

Will there be live media coverage during the event? Yes No If yes, please describe:

Local Newspaper Sports Editors are always invited

Will media vehicles be parked within the event venue? Yes No If yes, please describe:

Do you have a plan to control or limit the placement and/or distribution of promotional signage, stickers, and other items? Yes No If yes, please describe:

All signage other than our USAV and GCR will be located at the Championship Administrative area therefore managing the visual representation in a way that it is appealing overall to the event viewership.

13. INSURANCE CERTIFICATE AND ENDORSEMENTS

In addition to completing the application form, and paying the permit and rental fees, applicant is required to submit an original certificate of insurance showing Commercial General Liability coverage with a minimum of \$1,000,000 combined single limit per occurrence. If automobiles or inflatables will be utilized, the applicant shall obtain a minimum of \$1,000,000 combined single limit coverage per accident, including owned, hired and non-owned automobiles or inflatables. If any alcohol will be served, liquor liability coverage must be obtained and is subject to Alabama's statutory limits. If the applicant has employees, workers' compensation insurance must be obtained and is subject to Alabama's statutory limits. The applicant also agrees to endorse the City of Gulf Shores (City of Gulf Shores, Alabama, Attn: Purchasing Officer, P.O. Box 299, Gulf Shores, AL 36547) as an additional insured on the general liability, auto, and liquor liability policy and to include a copy of each endorsement with the certificate of insurance. Proof of insurance, acceptable to the City, shall be furnished no later than five (5) days preceding the date of the assembly. Failure to provide proof of insurance will automatically revoke permit. Each certificate of insurance shall provide that the insurer must give the City of Gulf Shores at least thirty (30) days' prior written notice of cancellation and termination of the applicant's coverage there under.

14. ACKNOWLEDGEMENT AND SIGNATURE

I, the applicant understand that I am responsible to provide all information necessary to meet the conditions and requirements of the application process and that by providing such information it is no guarantee that my proposed event will be issued a permit by The City of Gulf Shores. I further agree to

defend, indemnify and hold The City of Gulf Shores harmless from and against all third party claims, demands, liabilities, losses, damages, suits, judgments, costs, expenses (collectively, "Third Party Claims") and reasonable attorney's fees in any manner arising out of or resulting from bodily injury, sickness, disease or death of any person or persons, or damage to or destruction of tangible property, including the loss of use resulting therefrom, or caused by or occurring during the course of performance of any services provided and to meet all department deadlines including submitting proof of proper insurance, a detailed site map, payment of all departmental fees, and details for any contract services required to make the proposed event safe and successful. I verify that I have read and understand this application and the conditions under which my request will be considered. The risk of promoting an event before the permit is issued is the sole responsibility of the applicant.

Philip Bryant

Philip Bryant

9-30-2022

Print Name of Applicant

Signature

Date

PERMIT AUTHORIZATION: FOR OFFICIAL USE ONLY

Estimated City Services/Fees	
Fire Department	\$
Police Department	\$
Public Works Department	\$
Planning & Zoning Department	\$
Building Department	\$
Finance Department	\$
City Facility Rentals/Fees	\$
Recreation & Cultural Affairs Department	\$
Total	\$

Fire Chief Date

Police Chief Date

Public Works Director Date

Planning & Zoning Director Date

Building Official Date

Emily Tidwell

From: Emily Tidwell
Sent: Tuesday, October 11, 2022 10:12 AM
To: Daniel Netemeyer; Mark Sealy; Lee W. Jones; Brandan Franklin; Mark Acreman; Noel Hand
Cc: Andy Bauer; Wanda Parris; Mindy Singleton; Amy Denk; Shelby DeBiieux; Layla Andrews; Alicia Talley; Bill Cowan; Joseph R. Taylor; Josh Coleman; George Surry; Melvin Shepard; Samantha Thomas; Brian Dugall; Brigitte Reynolds; Lauren Traywick; Lindsey Hart
Subject: Gulf Coast Regional Volleyball Association Beach Series Assembly Permit
Attachments: SKM_C250i22101109570.pdf "

Tracking:	Recipient	Delivery	Response
	Daniel Netemeyer	Delivered: 10/11/2022 10:12 AM	Approve: 10/11/2022 12:36 PM
	Mark Sealy	Delivered: 10/11/2022 10:12 AM	Approve: 10/12/2022 2:29PM
	Lee W. Jones	Delivered: 10/11/2022 10:12 AM	Approve: 10/11/2022 10:23 AM
	Brandan Franklin	Delivered: 10/11/2022 10:12 AM	Approve: 10/11/2022 10:45 AM
	Mark Acreman	Delivered: 10/11/2022 10:12 AM	Approve: 10/11/2022 10:42 AM
	Noel Hand		Approve: 10/11/2022 10:25 AM

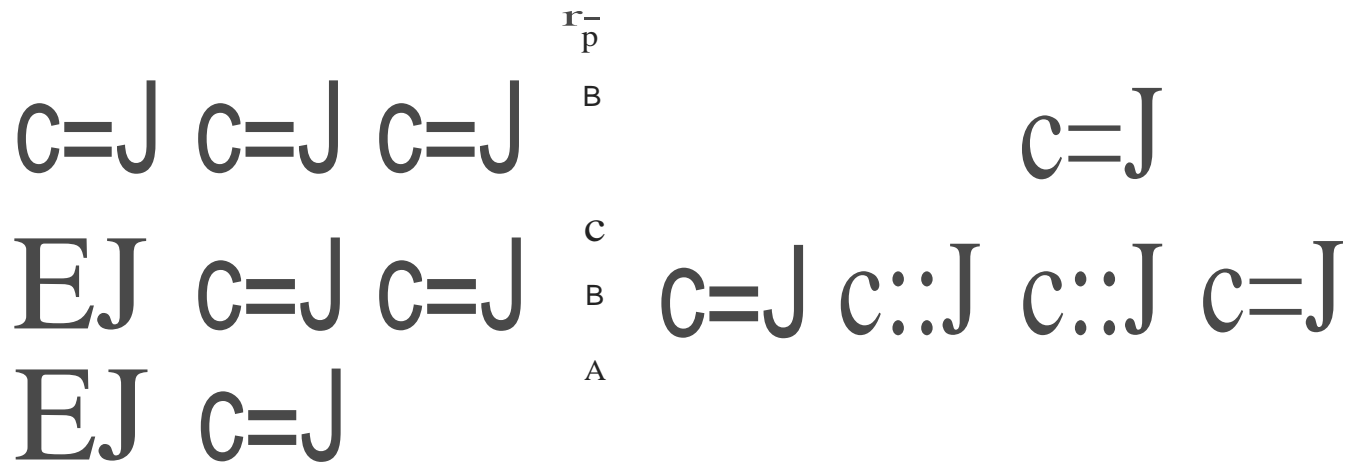
CITY ADMINISTRATOR  11/15/22



2023 Gulf Coast Region Beach Series – West Gulf Place

GULF of MEXICO

VOLLEYBALL ASSOCIATION



Job Cart parking during the day

Match Officials Area

Athletic Area

A

BOARDWALK

Vendor Space (if used)

Tournament Administration Area

Site Trailer Parking NE Corner of Lot

Beach Safety Building

Public Restrooms

t
[— Powersuitcase |

CERTIFICATE OF INSURANCE

5909 Peachtree Dunwoody Road, Suite 800
Atlanta, GA 30328

678-324-3300 (Phone), 676-324-3303 (Fax)

NAMED INSURED:

USA Volleyball (National Office)
4065 Sinton Road
Colorado Springs CO 80907

Gulf Coast Region
PO Box 1986
Orange Beach AL 36561

CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE:

INSURER A: Accredited Surety and Casualty Company, Inc. NAIC# 2837e

EVENT INFORMATION:

All Gulf Coast Region's Sanctioned Events and Activities (-)

POLICY COVERAGE INFORMATION:

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INS TYPE OF INSURANCE: POLICY NUMBER(\$): EFFECTIVE DATE: EXPIRES: LIMITS:

A GENERAL LIABILITY

<input checked="" type="checkbox"/>	Occurrence	12:01,	12:01 AM	GENERAL AGGREGATE (Applies Per Event)	\$4,000,000
<input checked="" type="checkbox"/>	Participant Legal Liability			GENERAL AGGREGATE (Policy Cap)	\$15,000,000
				EACH OCCURRENCE	\$2,000,000
				DAMAGE TO RENTED PREMISES (Each Occ.)	\$2,000,000
				MEDICAL EXPENSE (Any one person)	EXCLUDED
				PERSONAL & ADV INJURY	\$2,000,000
				PRODUCT-COMPLETION AGG	\$2,000,000

A UMBRELLA/EXCESS LIABILITY

<input checked="" type="checkbox"/>	Occurrence	1-TRE-C0-17-01338536-00	9/1/2022 12:01 AM	91112023 12:01 AM	EACH OCCURRENCE	\$3,000,000
					AGGREGATE (Applies Per Event)	\$3,000,000

DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES, EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:

Evidence of Coverage Only.

Coverage applies to the above Named Insured but only with respect to activities sanctioned or approved by USA Volleyball (USAV) or High School Regional Volleyball Association (RVA).

No coverage will apply for RVAs and RVA clubs for events conducted in which all participants are not registered with USAV.

The General Liability Policy includes \$2,000,000 Each Occurrence / \$4,000,000 Aggregate of Sexual Abuse and Molestation coverage.

Coverage is available under a Participant Accident policy #IHH000539-941 with QBE Insurance Corporation on file with the policyholder - Accident Medical Coverage \$25,000, deductible \$250 - Accidental Death & Dismemberment \$10,000. Policy effective date: September 1, 2022 / Policy expiration date: September 1, 2023.

CERTIFICATE HOLDER:

PO Box 1985
Orange Beach AL 36561

NOTICE OF CANCELLATION:

Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in **with** the policy provision.

AUTHORIZED REPRESENTATIVE:



-...-...u...-

BRQ- Beach Regional Qualifier- USA Volleyball National Beach Tour qualification for the Club Division at National Championships (top 4 teams qualify)

BNQ- Beach National Qualifier- USA Volleyball National Beach Tour qualification for the Open Division at National Championships (top 3 teams qualify)