

**CERTIFICATE OF LIABILITY INSURANCE
AMATEUR ATHLETIC UNION OF THE U.S., INC.**

CERTIFICATEHOLDER Sherburne-Earlville Central School District 15 School Street SHERBURNE, NY 13460	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.
--	---

PRODUCER	Foy Insurance Group Inc. PO Box 1030 Exeter, NH 03833	INSURED	Amateur Athletic Union of the U.S., Inc. Walt Disney World Resort P.O. Box 1000 Lake Buena Vista, FL 32830-1000
		Mid-State Wolfpack P.O. BOX 387 EARLVILLE, NY 13332 ADBWWXK	Adirondack ADIRONDACK AAU 10 HUNTERSFIELD RD DELMAR, NY 12054 (518) 475-9480

COMPANIES AFFORDING COVERAGE

COMPANY A	Lexington Insurance Company	COMPANY B	American International Specialty Lines Insurance Company
COMPANY C	National Union Insurance Company		

COVERAGES - 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	COVERAGE EFF. DATE (MM/DD/YY)	COVERAGE EXP. DATE (MM/DD/YY)	COVERAGES/ \$ LIMITS	
C	Participant Accident	SGR-9101737	9/1/03 12:01 A.M.	9/1/04 12:01 A.M.	Accident Medical Accidental Death and Dismemberment	50,000 5,000
B	Excess Liability	9744353	9/1/03 12:01 A.M.	9/1/04 12:01 A.M.	Each Occurrence Policy Aggregate	9,000,000 9,000,000
A	General Liability	5420439	9/1/03 12:01 A.M.	9/1/04 12:01 A.M.	Each Occurrence Limit General Aggregate Limit Per Club Participant Legal Liability Personal and Advertising Injury Limit Products-Completed Operations Fire Damage to premises Rented to You (Any One Premises) Medical Expenses Limit (Any One Person)	1,000,000 3,000,000 1,000,000 1,000,000 1,000,000 5,000


ADDITIONAL INFORMATION / RESTRICTIONS / SPECIAL ITEMS

Coverage applies to Mid-State Wolfpack, Sanction # W4ADBWWX38 Basketball Practice from 09/03/2003 through 08/31/2004.

The Certificateholder shall be an Additional Insured, but only with respect to the operations of the Named Insured, subject to the provisions and Limitations of the policy(ies).

Coverage applies to AAU registered Clubs while participation in AAU sanctioned events/practices. For coverage to apply all participants in an AAU sanctioned event must be current registered members of the AAU.

CANCELLATION - Should any of the above described policies be canceled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days' written notice to the certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.



 Authorized Representative

DATE ISSUED: 09/01/03
Event Code: W4ADBWWX38
Certificate No. 20040134