





**ADDITIONAL REMARKS SCHEDULE**

|  |  |   |  |
|--|--|---|--|
| AGENCY<br>Willis Towers Watson Southeast, Inc. |  | NAMED INSURED<br>US Lacrosse, Inc. dba USA Lacrosse<br>2 Loveton Circle<br>Sparks Glencoe, MD 21152 |  |
| POLICY NUMBER<br>See Page 1                    |  | NAIC CODE<br>See Page 1   |  |
| CARRIER<br>See Page 1                          |  | EFFECTIVE DATE: See Page 1  |  |

**ADDITIONAL REMARKS**

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

Name: Natalie Gray

Name of Team/League: Great Western Lacrosse League Inc (or GWLL)

City of Spokane is included as an Additional Insured as respects to General Liability where required by written contract.

INSURER AFFORDING COVERAGE: National Union Fire Ins Co of Pittsburgh NAIC#: 19445  
 POLICY NUMBER: SRG0009160719      EFF DATE: 01/01/2026      EXP DATE: 01/01/2027

|                                  |                    |               |
|----------------------------------|--------------------|---------------|
| TYPE OF INSURANCE:               | LIMIT DESCRIPTION: | LIMIT AMOUNT: |
| Catastrophic Accident            | Limit:             | \$1,000,000   |
| Accident Medical Expense Benefit |                    |               |

INSURER AFFORDING COVERAGE: National Union Fire Ins Co of Pittsburgh NAIC#: 19445  
 POLICY NUMBER: SRG0009160718      EFF DATE: 01/01/2026      EXP DATE: 01/01/2027

|                                  |                    |               |
|----------------------------------|--------------------|---------------|
| TYPE OF INSURANCE:               | LIMIT DESCRIPTION: | LIMIT AMOUNT: |
| Base Participant Accident        | Limit:             | \$100,000     |
| Accident Medical Expense Benefit |                    |               |