



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/25/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division PHONE: (817) 738-6100 FAX: (817) 738-2993 E-MAIL ADDRESS: contact@pullenins.com PRODUCER CUSTOMER ID#: NYW INSURERS AFFORDING COVERAGE Insurer A: National Casualty Company Insurer B: Mutual of Omaha Insurer C: Insurer D: Insurer E: Insurer F:
INSURED New York State West Youth Soccer Association 11397 LPGA Drive Corning, NY 14830	NAIC # 11991 71412

COVERAGES **CERTIFICATE NUMBER:** 17005672 **REVISION NUMBER:** 0

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS														
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	X		KRO 7039800	9/1/2017	9/1/2018	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">EACH OCCURRENCE</td> <td style="text-align: right; padding: 2px;">\$1,000,000</td> </tr> <tr> <td style="padding: 2px;">DAMAGE TO RENTED PREMISES (Ea occurrence)</td> <td style="text-align: right; padding: 2px;">\$300,000</td> </tr> <tr> <td style="padding: 2px;">MED EXP (Any one person)</td> <td style="text-align: right; padding: 2px;">\$5,000</td> </tr> <tr> <td style="padding: 2px;">PERSONAL & ADV INJURY</td> <td style="text-align: right; padding: 2px;">\$1,000,000</td> </tr> <tr> <td style="padding: 2px;">GENERAL AGGREGATE</td> <td style="text-align: right; padding: 2px;">UNLIMITED</td> </tr> <tr> <td style="padding: 2px;">PRODUCTS - COMP/OP AGG</td> <td style="text-align: right; padding: 2px;">\$1,000,000</td> </tr> <tr> <td style="padding: 2px;">PARTICIPANT LEGAL LIABILITY</td> <td style="text-align: right; padding: 2px;">\$1,000,000</td> </tr> </table>	EACH OCCURRENCE	\$1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000	MED EXP (Any one person)	\$5,000	PERSONAL & ADV INJURY	\$1,000,000	GENERAL AGGREGATE	UNLIMITED	PRODUCTS - COMP/OP AGG	\$1,000,000	PARTICIPANT LEGAL LIABILITY	\$1,000,000
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A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			KRO 7039800	9/1/2017	9/1/2018	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">COMBINED SINGLE LIMIT (Ea accident)</td> <td style="text-align: right; padding: 2px;">\$1,000,000</td> </tr> <tr> <td style="padding: 2px;">BODILY INJURY (Per person)</td> <td></td> </tr> <tr> <td style="padding: 2px;">BODILY INJURY (Per accident)</td> <td></td> </tr> <tr> <td style="padding: 2px;">PROPERTY DAMAGE (Per accident)</td> <td></td> </tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	BODILY INJURY (Per person)		BODILY INJURY (Per accident)		PROPERTY DAMAGE (Per accident)							
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	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	N/A					<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><input type="checkbox"/> WC STATU-TORY LIMITS</td> <td style="padding: 2px;"><input type="checkbox"/> OTH-ER</td> </tr> <tr> <td style="padding: 2px;">E. L. EACH ACCIDENT</td> <td></td> </tr> <tr> <td style="padding: 2px;">E. L. DISEASE - EA EMPLOYEE</td> <td></td> </tr> <tr> <td style="padding: 2px;">E. L. DISEASE - POLICY LIMIT</td> <td></td> </tr> </table>	<input type="checkbox"/> WC STATU-TORY LIMITS	<input type="checkbox"/> OTH-ER	E. L. EACH ACCIDENT		E. L. DISEASE - EA EMPLOYEE		E. L. DISEASE - POLICY LIMIT							
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B	PARTICIPANT ACCIDENT MEDICAL			SRSOCCNYW-P-053225	9/1/2017	9/1/2018	\$100,000														

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 This certificate is issued on behalf of New York State West Youth Soccer Association & Empire United Soccer Academy. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER Brighton Sports Zone Lone Star Recreation 3195 Brighton-Henrietta TL Rd Rochester, NY 14623	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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