

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/4/2018

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 liquid of such and or separate.

in li	eu 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			NAIC #
New York State West Youth Soccer Association				Insurer A: Na	Insurer A: National Casualty Company										
11397 LPGA Drive Corning, NY 14830				Insurer B: Nationwide Life Insurance Company			66869								
				Insurer C:											
Commig, 141 14050			Insurer D:												
				Insurer E:											
				Insurer F:											
CO	VERAGES CE	RTIFI	CATE NUMBER: 180044		F	REVISION NUMBER:	0								
THIS IND CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUC	S OF I EQUIRI PERT	NSURANCE LISTED BELOW HA EMENT, TERM OR CONDITION AIN, THE INSURANCE AFFORE CIES. LIMITS SHOWN MAY HAV	VE BEEN ISSUE OF ANY CONTR DED BY THE PO E BEEN REDUCT	ED TO THE INSUI RACT OR OTHER ILICIES DESCRIB ED BY PAID CLAI	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT T	HE POLICY PERIOD CT TO WHICH THIS								
INSR LTR	TYPE OF INSURANCE	ADD'L SU	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS									
A	GENERAL LIABILITY	X	KKO 75475-00	9/1/2018	9/1/2019	EACH OCCURRENCE	\$1,000,000								
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000								
	CLAIMS MADE X OCCUR					MED EXP (Any one person)	\$5,000								
						PERSONAL & ADV INJURY	\$1,000,000								
						GENERAL AGGREGATE	UNLIMITED								
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$1,000,000								
	POLICY PROJECT LOC					PARTICIPANT LEGAL LIABILITY	\$1,000,000								
A	AUTOMOBILE LIABILITY ANY AUTO		KKO 75475-00	9/1/2018	9/1/2019	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000								
	ALL OWNED AUTOS					BODILY INJURY (Per person)									
	SCHEDULED AUTOS					BODILY INJURY (Per accident)									
	X HIRED AUTOS					PROPERTY DAMAGE (Per accident)									
	X NON-OWNED AUTOS					(i ci decident)									
	X NON OWNED ACTES														
A	UMBRELLA LIAB X OCCUR		XKO 75476-00	9/1/2018	9/1/2019	EACH OCCUPPENCE	\$5,000,000								
A	X EXCESS LIAB CLAIMS-MADE		AKO 15410-00	7/1/2016	0/1/2019	AGGREGATE	\$5,000,000								
	DEDUCTIBLE					AGGREGATE	\$3,000,000								
	RETENTION \$														
						WC STATU- TORY LIMITS ER									
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N														
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE									
	(Mandatory in NH) If yes, describe under														
В	PARTICIPANT ACCIDENT MEDICAL		BAX-301669-00	9/1/2018	9/1/2019	E. L. DISEASE - POLICY LIMIT	\$100,000								
ъ	PARTICIPANT ACCIDENT MEDICAL		BAX-301009-00	9/1/2016	9/1/2019		\$100,000								
Thi	CRIPTION OF OPERATIONS/LOCATIONS/VE s certificate is issued on behalf o ditional Insured as respects the op	f New	York State West Youth Soc	cer Association	n & Hilton Parı		ate Holder is								
CE	RTIFICATE HOLDER			CANCELLATION											
Al	l Star Sports Arena			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE											
557 East Ridge Road Rochester, NY 14621				THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.											

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AUTHORIZED REPRESENTATIVE