

**BEARC-4** 

OP ID: BL

DATE (MM/DD/YYYY) 02/17/15

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

се	ertificate holder in lieu of such endorsement(s).	Ç
Bolli 101 .	DUCER 800-446-5311 inger Sports & Leisure 973-921-2876	PHONE   FAX   (A/C, No, Ext): (A/C, No):
Shor	rt Hills, NJ 07078-5000 ada Lodato Ext. 8051	E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #
		INSURER A : Markel Insurance Company 38970
INSUF	RED Bear Creek Junior Sports Assoc DBA BCJSA	INSURER B:
	2750 S Wadsworth Blvd, S-C-204	INSURER C:
	Denver, CO 80227	INSURER D :
		INSURER E :
		INSURER F:
COV	/ERAGES CERTIFICATE NUMBER:	REVISION NUMBER:
INI	DICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS
EX	CLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE	
NSR LTR	ADDL SUBR  TYPE OF INSURANCE INSR   WVD   POLICY NUMBER	POLICY EFF   POLICY EXP
	CENEDAL LIABILITY	4 000 000

INSR LTR				SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3
	GEN	NERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
Α	Χ	COMMERCIAL GENERAL LIABILITY			3602AH235322	02/15/15	02/15/16	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
		CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$ 5,000
	Χ	Incl Participants						PERSONAL & ADV INJURY	\$ 1,000,000
								GENERAL AGGREGATE	\$ 3,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 1,000,000
		POLICY PRO- JECT LOC							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO						BODILY INJURY (Per person)	\$
		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
		RKERS COMPENSATION DEMPLOYERS' LIABILITY Y/N						WC STATU- OTH- TORY LIMITS ER	
		PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
	(Mai	ndatory in NH)	,,					E.L. DISEASE - EA EMPLOYEE	\$
	DES	es, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
Α	Acc	ident Insurance			4102AH0235321	02/15/15	02/15/16	Med Max:	100,000
	Full	Excess						Ded:	\$500/claim

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Coverage is provided under this policy only for sponsored/supervised activities of the named insured for which a premium has been paid.

CERTIFICATE HOLDER	CANCELLATION
ARAPYOU  Arapahoe Youth League Baseball	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
6834 University Blvd #243 Centennial, CO 80122	AUTHORIZED REPRESENTATIVE



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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to

PRO	ertificate holder in lieu of such endors DUCER inger Sports & Leisure		800-446-5311			FAX		
101	JFK Parkway rt Hills, NJ 07078-5000		973-921-2876	6 PHONE FAX (A/C, No, Ext): (A/C, No): E-MAIL				
	nda Lodato Ext. 8051			ADDRESS:				
					. ,	DING COVERAGE	NAIC#	
INSU	RED Bear Creek Junior Sports	Δεερι	•	INSURER A: Markel	insurance	Company	38970	
INSU	DBA BCJSA			INSURER B :				
	2750 S Wadsworth Blvd,	S-C-20	4	INSURER C :				
	Denver, CO 80227			INSURER D :				
				INSURER E :				
<u></u>	VERAGES CER	TIEICA	TE NUMBER:	INSURER F :		REVISION NUMBER:		
TH IN CI	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	OF INS EQUIREM PERTAIN	URANCE LISTED BELOW HA IENT, TERM OR CONDITION I, THE INSURANCE AFFORD	OF ANY CONTRACT	OR OTHER S DESCRIBE	ED NAMED ABOVE FOR THE PO DOCUMENT WITH RESPECT TO D HEREIN IS SUBJECT TO ALL	WHICH THIS	
NSR LTR	TYPE OF INSURANCE	ADDL SUE	BR	POLICY EFF	POLICY EXP	LIMITS		
. irt	GENERAL LIABILITY	INSR WV	FOLICT NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE \$	1,000,000	
Α	X COMMERCIAL GENERAL LIABILITY		3602AH235322	02/15/15	02/15/16	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	100,000	
	CLAIMS-MADE X OCCUR					MED EXP (Any one person) \$	5,000	
	X Incl Participants					PERSONAL & ADV INJURY \$	1,000,000	
	<u> </u>					GENERAL AGGREGATE \$	3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$	1,000,000	
	POLICY PRO- JECT LOC					\$		
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$		
	ANY AUTO					BODILY INJURY (Per person) \$		
	ALL OWNED SCHEDULED AUTOS AUTOS					BODILY INJURY (Per accident) \$		
	HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$		
	76166					\$		
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE \$		
	EXCESS LIAB CLAIMS-MADE					AGGREGATE \$		
	DED RETENTION \$					\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU- OTH- TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT \$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE \$		
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$		
Α	Accident Insurance		4102AH0235321	02/15/15	02/15/16	Med Max:	100,000	
	Full Excess					Ded:	\$500/claim	
ov	CRIPTION OF OPERATIONS/LOCATIONS/VEHICE erage is provided under th ivities of Bear Creek Junid.	is po	licy only for spons	ored and supe	rvised			
CE	RTIFICATE HOLDER			CANCELLATION				
UEI	TIFICATE HOLDER		BOYS	CANCELLATION				
	Bear Creek Junior Sports DBA BCJSA	s Assoc			N DATE TH	DESCRIBED POLICIES BE CANCE EREOF, NOTICE WILL BE D CY PROVISIONS.		
				AUTHORIZED REPRESE	NTATIVE			
				low/Cimpo				



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	PORTANT: If the certificate holder									
	e terms and conditions of the policy rtificate holder in lieu of such endor				dorsei	ment. A stat	ement on th	is certificate does not co	onfer r	ights to the
PROI	DUCER		-(-,		CONTAC NAME:	СТ				
	nger Sports & Leisure JFK Parkway			973-921-2876	PHONE (A/C, No	Fxt).		FAX (A/C, No):		
Sho	t Hills, NJ 07078-5000				E-MAIL ADDRES			1 (22,112)		
Brer	da Lodato Ext. 8051			<u> </u>		INSL	INSURER(S) AFFORDING COVERAGE NAIC #			
					INSURE	RA: Markel	Insurance (	Company		38970
INSU		s Ass	ОС		INSURE	RB:				
	DBA BCJSA 2750 S Wadsworth Blvd,	S-C-2	204		INSURE	RC:				
	Denver, CO 80227				INSURE	RD:				
				=	INSURER E:					
					INSURE	RF:				
CO	/ERAGES CEF	RTIFIC	ATE	NUMBER:				REVISION NUMBER:		
CE EX	DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY ICLUSIONS AND CONDITIONS OF SUCH	PERTA POLIC	AIN, IES.	THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE I	D BY	THE POLICIES REDUCED BY I	S DESCRIBEI PAID CLAIMS.	D HEREIN IS SUBJECT TO		
INSR LTR	TYPE OF INSURANCE	ADDL S		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3	
	GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
Α	X COMMERCIAL GENERAL LIABILITY			3602AH235322		02/15/15	02/15/16	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$	5,000
	X Incl Participants							PERSONAL & ADV INJURY	\$	1,000,000
								GENERAL AGGREGATE	\$	3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$	1,000,000
	POLICY PRO- JECT LOC							COMBINED SINGLE LIMIT	\$	
	AUTOMOBILE LIABILITY							(Ea accident)	\$	
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per person)	\$	
	AUTOS SCHEDULED AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE		
	HIRED AUTOS NON-OWNED AUTOS							(Per accident)	\$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) The certificate holder is named as an additional insured under the liability policy. Coverage is provided under this policy only for sponsored/supervised activities of the named insured for which a premium has been paid.

4102AH0235321

CERTIFICATE HOLDER	CANCELLATION
DDRC Attn: Rob DeHerrera	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
11177 W 8th Avenue, Suite 300 Lakewood, CO 80215	AUTHORIZED REPRESENTATIVE JONNO MARCON AND AUTHORIZED REPRESENTATIVE

02/15/15

02/15/16

AGGREGATE

Med Max:

Ded:

**EACH OCCURRENCE** 

WC STATU-TORY LIMITS

E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE \$

E.L. DISEASE - POLICY LIMIT | \$

\$

\$ \$

\$

100.000

\$500/claim

**UMBRELLA LIAB** 

WORKERS COMPENSATION

AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?

If yes, describe under DESCRIPTION OF OPERATIONS below

RETENTION \$

**EXCESS LIAB** 

DED

(Mandatory in NH)

Full Excess

**Accident Insurance** 

OCCUR

CLAIMS-MADE



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ti	the terms and conditions of the policy, ertificate holder in lieu of such endors	certaiı	n policies may require an e	ndorsen	nent. A sta			
	DUCER		800-446-5311	CONTAC NAME:	Т			
Bol 101	linger Sports & Leisure JFK Parkway	973-921-2876			FAV			
Sho	ort Hills, NJ 07078-5000			E-MAIL ADDRES			(A/O, NO).	
Bre	nda Lodato Ext. 8051			ADDRES		UDED(E) AFFOR	DING COVERAGE	NAIC #
						Insurance	DING COVERAGE	38970
INICI	JRED Bear Creek Junior Sports	. Aeen	ır.			insurance	Company	30970
INO	DBA BCJSA	, 7330		INSURER				
	2750 S Wadsworth Blvd,	S-C-20	04	INSURER	RC:			
	Denver, CO 80227			INSURE	R D :			
				INSURE	RE:			
				INSURE	R F :			
_			TE NUMBER:				REVISION NUMBER:	
IN C E	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RESERTIFICATE MAY BE ISSUED OR MAY INCLUSIONS AND CONDITIONS OF SUCH	QUIRE! PERTAI	MENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAVE	OF ANY ED BY T BEEN R	CONTRACT	OR OTHER I	DOCUMENT WITH RESPEC D HEREIN IS SUBJECT TO	T TO WHICH THIS
INSR LTR	TYPE OF INSURANCE	INSR W	VD POLICY NUMBER	(	MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY							\$ 1,000,00
Α	X COMMERCIAL GENERAL LIABILITY		3602AH235322		02/15/15	02/15/16	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$ 5,00
	X Incl Participants						PERSONAL & ADV INJURY	\$ 1,000,00
							GENERAL AGGREGATE	\$ 3,000,00
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 1,000,00
	POLICY PRO- JECT LOC							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO							\$
	ALL OWNED SCHEDULED						` ' '	\$
	AUTOS AUTOS NON-OWNED						PROPERTY DAMAGE	\$
	HIRED AUTOS AUTOS						(Fer accident)	\$
	UMBRELLA LIAB OCCUR							\$
	EXCESS LIAB CLAIMS-MADE							\$
	OLANIO-IVIADE							
	DED   RETENTION \$   WORKERS COMPENSATION						WC STATU- OTH-	\$
	AND EMPLOYERS' LIABILITY Y/N							_
		N/A						\$
	(Mandatory in NH)  If yes, describe under						E.L. DISEASE - EA EMPLOYEE	\$
_	If yes, describe under DESCRIPTION OF OPERATIONS below					22// 2// 2	E.L. DISEASE - POLICY LIMIT	
Α	Accident Insurance		4102AH0235321		02/15/15	02/15/16	Med Max:	100,00
	Full Excess						Ded:	\$500/clain
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	•						
oo]	e certificate holder is name licy. Coverage is provided	ed as under	this policy only f	irea ui	naer the onsored/	ılabılıt supervise	y d	
act	civities of the named insur-	ed fo	or which a premium h	as be	en paid.	- L - L - L - L - L - L - L - L - L - L	_	
CE	RTIFICATE HOLDER			CANC	ELLATION			
	- <del></del>		DENVERP	1				
			DENVEN				ESCRIBED POLICIES BE CA	
	Denver Public Schools						EREOF, NOTICE WILL B CY PROVISIONS.	E DELIVERED IN
	Community Use Dept.			ACCC	OKDANCE W	IIT IME POLIC	, PRUVISIUNS.	
	Attn: Carrie Bweno			AUTUOS	IZED DEDDES	NTATIVE		
	2800 W 7th avenue			1 . •	IZED REPRESE	INTATIVE		
	Denver CO 80204			1 /4 44	Man			



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	( )		
PRODUCER Bollinger Sports & Leisure 1 JFK Parkway Short Hills, NJ 07078-5000 Brenda Lodato Ext. 8051		800-446-5311 CONTACT NAME: 973-921-2876 PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
Brenda Lo	dato Ext. 8051	INSURER(S) AFFORDING COVER	RAGE NAIC #
		INSURER A: Markel Insurance Compan	y 38970
INSURED	Bear Creek Junior Sports Assoc	INSURER B:	
	DBA BCJSA 2750 S Wadsworth Blvd, S-C-204	INSURER C:	
	Denver, CO 80227	INSURER D:	
		INSURER E:	
		INSURER F:	
COVERAC	GES CERTIFICATE NUM	BER: REVISIO	N NUMBER:
TUICICI	O CERTIEV THAT THE ROLLOIDS OF INCHRANCE	ISTED DELOW HAVE DEEN ISSUED TO THE INCUDED NAMED	ABOVE FOR THE DOLLOV DEDIOD

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				SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	8
	GEN	NERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
Α	Χ	COMMERCIAL GENERAL LIABILITY			3602AH235322	02/15/15	02/15/16	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
		CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$ 5,000
	Χ	Incl Participants						PERSONAL & ADV INJURY	\$ 1,000,000
								GENERAL AGGREGATE	\$ 3,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 1,000,000
		POLICY PRO- JECT LOC							\$
	AUT	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO						BODILY INJURY (Per person)	\$
		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
		RKERS COMPENSATION DEMPLOYERS' LIABILITY						WC STATU- OTH- TORY LIMITS ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
	(Mai	ndatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$
	If ye DES	es, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
Α	Acc	ident Insurance			4102AH0235321	02/15/15	02/15/16	Med Max:	100,000
	Full	Excess						Ded:	\$500/claim

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Coverage is provided under this policy only for sponsored and supervised activities of Bear Creek Junior Sports Assoc. for which a premium has been paid. Certificate holder is included as an additional insured only for sponsored and supervised activities of Bear Creek Junior Sports Assoc. for which a premium has been paid.

OEKTII IOATE HOEDEK		DANGELLATION
Foothills Parks and Recreation Attn: Brenda	FOOTHIL	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
200 S. Old Kipling Lakewood, CO 80232		AUTHORIZED REPRESENTATIVE

CANCELL ATION

CERTIFICATE HOLDER



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certificat	te holder in lieu of such endorsement(	s).			
PRODUCER	No anto O I alauma	800-446-5311	CONTACT NAME:		
Bollinger Sports & Leisure 101 JFK Parkway Short Hills, NJ 07078-5000 Brenda Lodato Ext. 8051		973-921-2876	PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):	
Diciida Lo	dato Ext. 6661		INSURER(S) AFFOR	DING COVERAGE	NAIC #
			INSURER A: Markel Insurance	Company	38970
INSURED	Bear Creek Junior Sports Assoc DBA BCJSA	;	INSURER B :		
	2750 S Wadsworth Blvd, S-C-20	4	INSURER C:		
	Denver, CO 80227		INSURER D:		
			INSURER E :		
			INSURER F:		
COVERAC	GES CERTIFICAT	TE NUMBER:		REVISION NUMBER:	
	TO CERTIFY THAT THE POLICIES OF INSI ED. NOTWITHSTANDING ANY REQUIREM				
CEDTIEIC	NATE MAY BE ISSUED OF MAY DEPTAIN	THE INICIIDANICE ACCORD	ED BY THE BOLLOIES DESCRIBE	D HEDEIN IS SUBJECT TO ALL	THE TEDMS

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.

TYPE OF INSURANCE

ADDL SUBR INSR WYD POLICY NUMBER

MODL SUBR INSR WYD POLICY NUMBER

GENERAL LIABILITY

BACH OCCURRENCE \$ 1,000,00

LTR	TYPE OF INSURANCE	INSR	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	8
	GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
Α	X COMMERCIAL GENERAL LIABILITY			3602AH235322	02/15/15	02/15/16	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$ 5,000
	X Incl Participants						PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 1,000,000
	POLICY PRO- JECT LOC							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	,,,					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
Α	Accident Insurance			4102AH0235321	02/15/15	02/15/16	Med Max:	100,000
	Full Excess						Ded:	\$500/claim

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Coverage is provided under this policy only for sponsored/supervised
activities of the named insured for which a premium has been paid. The
certificate holder is named as additional insured with respect to the named
insureds activities for which a premium has been paid.

CERTIFICATE HOLDER		CANCELLATION
Front Range Christian School 6637 W Ottawa Avenue	FRONRAN	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Littleton, CO 80128		AUTHORIZED REPRESENTATIVE
_		low Crypo



BEARC-4

OP ID: BL

DATE (MM/DD/YYYY)

02/17/15

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).

101 JFK Pa Short Hills	Sports & Leisure arkway ,, NJ 07078-5000 dato Ext. 8051	973-921-2876	CONTACT VAME: HONE A/C. NO, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
Di ciida Lo	dato Ext. 6661		INSURER(S) AFFORDING COVERAGE	NAIC#
		IN	NSURER A: Markel Insurance Company	38970
INSURED	Bear Creek Junior Sports Assoc	I	NSURER B :	
	DBA BCJSA 2750 S Wadsworth Blvd, S-C-204	IN	NSURER C :	
	Denver, CO 80227	IN	NSURER D :	
		IN	NSURER E :	
		IN	NSURER F:	
COVEDA	CEQ CEDTIFICATE NI I	MDED.	DEVISION NII	MDED.

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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	S
	GEN	NERAL LIABILITY				,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	EACH OCCURRENCE	\$ 1,000,000
Α	Х	COMMERCIAL GENERAL LIABILITY			3602AH235322	02/15/15	02/15/16	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
		CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$ 5,000
	Х	Incl Participants						PERSONAL & ADV INJURY	\$ 1,000,000
								GENERAL AGGREGATE	\$ 3,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 1,000,000
		POLICY PRO- JECT LOC							\$
	AUT	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO						BODILY INJURY (Per person)	\$
		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
		RKERS COMPENSATION D EMPLOYERS' LIABILITY						WC STATU- OTH- TORY LIMITS ER	
	ANY	/ PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
	(Ma	indatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	If ye	es, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
Α	Acc	cident Insurance			4102AH0235321	02/15/15	02/15/16	Med Max:	100,000
	Full	Excess						Ded:	\$500/claim

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) The certificate holder is named as an additional insured under the liability policy. Coverage is provided under this policy only for sponsored/supervised activities of the named insured for which a premium has been paid.

CERTIFICATE HOLDER		CANCELLATION
The Gold Crown Foundation 7400 E Crestline Circle, #200	GOLDCRO	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Greenwood Village, CO 80111		AUTHORIZED REPRESENTATIVE
1		loris Cripso

CANCELL ATION

CERTIFICATE HOLDER



**BEARC-4** 

OP ID: BL

DATE (MM/DD/YYYY) 02/17/15

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)

		•				AUTHORIZED REPRESE	INTATIVE				
					HENRMID	THE EXPIRATION ACCORDANCE W	N DATE TH ITH THE POLIC	DESCRIBED POLICIES BE CA EREOF, NOTICE WILL B CY PROVISIONS.			
CER	TIF	ICATE HOLDER				CANCELLATION					
Cove	era	ION OF OPERATIONS / LOCATIONS / VEHICI ge is provided under th ties of the named insur	is	poli	icy only for sponso	ored/supervis					
	rull	Excess						Ded:	\$500/cla		
		ident Insurance			4102AH0235321	02/15/15	02/15/16	Med Max:	100,0		
$\rightarrow$	DÉS	CRIPTION OF OPERATIONS below			4400 411000 5004	604545	00/45/45	E.L. DISEASE - POLICY LIMIT			
	(Mar	ndatory in NH) s, describe under						E.L. DISEASE - EA EMPLOYEE			
	ANY	PROPRIETOR/PARTNER/EXECUTIVE -	N/A					E.L. EACH ACCIDENT	\$		
		RKERS COMPENSATION DEMPLOYERS' LIABILITY Y/N						WC STATU- TORY LIMITS ER			
_		DED RETENTION \$							\$		
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
		OCCUR						EACH OCCURRENCE	\$		
									\$		
ŀ		HIRED AUTOS NON-OWNED AUTOS						BROBERTY BALLAGE	\$		
		ANY AUTO ALL OWNED SCHEDULED AUTOS AUTOS						` ' '	\$		
-	AUT	OMOBILE LIABILITY						(Ea accident)	\$ \$		
_		POLICY PRO- JECT LOC						COMBINED SINGLE LIMIT	\$		
ŀ	GEN	L'L AGGREGATE LIMIT APPLIES PER:							\$ 3,000,0 \$ 1,000,0		
}	^	i di dioipanto							\$ 1,000,0 \$ 3,000,0		
-	X	Incl Participants						. , , ,	\$ 5,0 \$ 1,000,0		
A	Х	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR			3602AH235322	02/15/15	02/15/16	Titzimeze (za decamence)	\$ 100,0 \$ 5,0		
	GEN	IERAL LIABILITY							\$ 1,000,0		
NSR LTR		TYPE OF INSURANCE	addl INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
INI CE	DICA RTIF	S TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE FICATE MAY BE ISSUED OR MAY I ISIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPECT TO HEREIN IS SUBJECT TO	T TO WHICH THIS		
COV	/ER	AGES CER	TIFIC	CATE	E NUMBER:			REVISION NUMBER:			
						INSURER F:					
		2011101, 00 00221				INSURER E :					
		2750 S Wadsworth Blvd, Denver, CO 80227	S-C-	204		INSURER D :					
	DBA BCJSA					INSURER C :					
INSUF	RED	Bear Creek Junior Sports	As	soc		INSURER A : IVIAI REI	surance	σοπρατιγ	30310		
						INSURER A : Markel	. ,	Company	NAIC #		
101 JFK Parkway Short Hills, NJ 07078-5000 Brenda Lodato Ext. 8051				ADDRESS:							
				PHONE (A/C, No, Ext): E-MAIL		(A/C, No):					
Bollinger Sports & Leisure					NAME: PHONE FAX						
certificate holder in lieu of such endorsement(s).  PRODUCER 800-446-531					800-446-5311	1 CONTACT NAME:					



**BEARC-4** 

OP ID: BL

DATE (MM/DD/YYYY)
02/17/15

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.

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PRODUCER 800-446-531		CONTACT NAME:								
Bollinger Sports & Leisure 101 JFK Parkway 973-921-2876				FAV						
Short Hills, NJ 07078-5000					I E-MAIL	E-MAIL ADDRESS:				
Bre	nda Lodato Ext. 8051						URER(S) AFFOR	DING COVERAGE		NAIC #
					INSURE	R A : Markel	Insurance	Company		38970
INSU	JRED Bear Creek Junior Sports	s As	soc		INSURE			· · ·		
	DBA BCJSA	۰ ۵	204		INSURE					
	2750 S Wadsworth Blvd, Denver, CO 80227	3-C-	204		INSURE					
					INSURE					
					INSURE					
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C E	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY REERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TC	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSR	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
	GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
Α	X COMMERCIAL GENERAL LIABILITY			3602AH235322		02/15/15	02/15/16	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$	5,000
	X Incl Participants							PERSONAL & ADV INJURY	\$	1,000,000
								GENERAL AGGREGATE	\$	3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	1,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS							(Fer accident)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$							7.001.207.12	\$	
	WORKERS COMPENSATION							WC STATU- OTH- TORY LIMITS ER	•	
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Accident Insurance			4102AH0235321		02/15/15	02/15/16	Med Max:		100,000
	Full Excess							Ded:		\$500/claim
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC									
Cot	verage is provided under th vivities of Bear Creek Juni	is	poli	cy only for spons	ored	and supe	rvised			
CE	RTIFICATE HOLDER				CANO	CELLATION				
				JEFFEPS						
	Jefferson County Public Property Managment	Scho	ool		THE	EXPIRATIO	N DATE TH	ESCRIBED POLICIES BE C EREOF, NOTICE WILL I CY PROVISIONS.		

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Attn: Brenda

P.O. Box 4001 Golden, CO 80401 AUTHORIZED REPRESENTATIVE

low Cmm



**BEARC-4** 

OP ID: BL

DATE (MM/DD/YYYY)

02/17/15

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

CE		cate holder in lieu				).		mont A star		iio ooi tiiroata dooo iiot o		
	DUCE					800-446-5311	CONTA NAME:	CT				
Bollinger Sports & Leisure 101 JFK Parkway 973-921-2876					EAV							
Sho	rt Hi	ills, NJ 07078-5000 Lodato Ext. 8051					È-MÁIL ADDRE					
Diei	iua	LOGATO EXT. 6051						INS	URER(S) AFFOR	DING COVERAGE		NAIC#
							INSURI	<sub>ER A:</sub> Markel	Insurance	Company		38970
INSU	RED		Junior Sport	s As	soc		INSURI	ERB:				
		DBA BCJSA 2750 S Wad	a sworth Blvd,	S-C	-204		INSURI	ER C :				
		Denver, CO		•			INSURI	ER D :				
							INSUR	ER E :				
							INSUR	ER F:				
CO	VER	AGES	CEF	RTIFI	CATI	E NUMBER:				REVISION NUMBER:		
						RANCE LISTED BELOW HA						
						NT, TERM OR CONDITION THE INSURANCE AFFORD						
	KCLL	JSIONS AND CONDI	TIONS OF SUCH			LIMITS SHOWN MAY HAVE	BEEN			•		
NSR LTR		TYPE OF INSUR	ANCE		SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	5	
	_	NERAL LIABILITY								EACH OCCURRENCE	\$	1,000,000
Α	X					3602AH235322		02/15/15	02/15/16	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		CLAIMS-MADE	X OCCUR							MED EXP (Any one person)	\$	5,000
	X	Incl Participants								PERSONAL & ADV INJURY	\$	1,000,000
										GENERAL AGGREGATE	\$	3,000,000
	GEN	N'L AGGREGATE LIMIT A	PPLIES PER:							PRODUCTS - COMP/OP AGG	\$	1,000,000
		POLICY PRO- JECT	LOC							COMBINED SINGLE LIMIT	\$	
	AUT	OMOBILE LIABILITY								(Ea accident)	\$	
		ANY AUTO ALL OWNED	SCHEDULED							BODILY INJURY (Per person)	\$	
		AUTOS	AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
		HIRED AUTOS	AUTOS							(Per accident)	\$	
		UMBBELLA LIAB									\$	
		UMBRELLA LIAB EXCESS LIAB	OCCUR							EACH OCCURRENCE	\$	
			CLAIMS-MADE	-						AGGREGATE	\$	
	wo	DED   RETENTION RKERS COMPENSATION								WC STATU- OTH-	\$	
	AND	EMPLOYERS' LIABILIT	Y V/N								•	
	OFF	PROPRIETOR/PARTNEF	ED?	N/A						E.L. EACH ACCIDENT	\$	
	İfve	ndatory in NH) es, describe under	0101							E.L. DISEASE - EA EMPLOYEE		
A		SCRIPTION OF OPERATION OF STREET	ONS below			4102AH0235321		02/15/15	02/15/16	E.L. DISEASE - POLICY LIMIT	\$	100,000
^		Excess				TIOZATIOZOGOZI		02/10/10	02/10/10	Ded:		\$500/claim
	. u	LXUCUU								DCu.		ψοσονοιαιτι
DESC	RIPT	TION OF OPERATIONS / I	OCATIONS / VEHIC	LES (	Attach	ACORD 101, Additional Remarks	Schedule	. if more space is	required)			
Cov	era	ge is provide	ed under th	nis	pol:	icy only for spons	ored	and super	rvised			
aci pai		rities of Bear	c Creek Jur	nior	Spo	orts Assoc. for wh	ich a	a premium	has been			
CEI	RTIF	ICATE HOLDER					CAN	CELLATION				
						LAKEWOO						
										ESCRIBED POLICIES BE CA		
		City of Lake								EREOF, NOTICE WILL E CY PROVISIONS.	DE DE	LIVERED IN
		Attn: Brend					L					
		445 S. Alliso					AUTHO	RIZED REPRESE	NTATIVE			
	Lakewood, CO 80226				lo all'ino							



**BEARC-4** 

OP ID: BL

DATE (MM/DD/YYYY)

02/17/15

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.

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Certifica	te notaer in hea or such endorsement(s).				
101 JFK Pa Short Hills	Sports & Leisure arkway , NJ 07078-5000 dato Ext. 8051	973-921-2876	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):	
			INSURER(S) AFFORDING COVE	RAGE	NAIC #
			INSURER A: Markel Insurance Compan	у	38970
INSURED	Bear Creek Junior Sports Assoc DBA BCJSA		INSURER B :		
	2750 S Wadsworth Blvd, S-C-204		INSURER C:		
	Denver, CO 80227		INSURER D :		
			INSURER E :		
			INSURER F:		
COVERAC	GES CERTIFICATE NU	JMBER:	REVISIO	N NUMBER:	
	O CERTIFY THAT THE POLICIES OF INSURAN ED. NOTWITHSTANDING ANY REQUIREMENT.				

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		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3
	GEN	IERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
Α	X	COMMERCIAL GENERAL LIABILITY			3602AH235322	02/15/15	02/15/16	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
		CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$ 5,000
	X	Incl Participants						PERSONAL & ADV INJURY	\$ 1,000,000
								GENERAL AGGREGATE	\$ 3,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 1,000,000
		POLICY PRO- JECT LOC							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO						BODILY INJURY (Per person)	\$
		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
		RKERS COMPENSATION DEMPLOYERS' LIABILITY						WC STATU- OTH- TORY LIMITS ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
	(Mai	ICER/MEMBER EXCLUDED?	11, 7					E.L. DISEASE - EA EMPLOYEE	\$
	If ye DES	s, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
Α	Acc	ident Insurance			4102AH0235321	02/15/15	02/15/16	Med Max:	100,000
	Full	Excess						Ded:	\$500/claim

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Coverage is provided under this policy only for sponsored/supervised activities of the named insured for which a premium has been paid. Certificate holder is included as an addtional insured for premises located at: 9804 W Girton Drive, Denver, CO as landlord.

CERTIFICATE HOLDER		CANCELLATION
Sea to Sky Corp. 9818 West Girton Drive	SEATOSK	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Denver, CO 80227		AUTHORIZED REPRESENTATIVE
1		loriv l'impo