CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/2/2018

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#:	ENY
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Eastern New York Youth Soccer Association 265 Sunrise Highway, Suite 38 Rockville Centre, NY 11570
Insurer A:	National Casualty Company — 11991
Insurer B:	Nationwide Life Insurance Company — 66869
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 18121091 **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**	X		KKO 75202-00	9/1/2018	9/1/2019	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$1,000,000
	[ ] 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	$3,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC							
A	**AUTOMOBILE LIABILITY**			KKO 75202-00	9/1/2018	9/1/2019	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 75204-00	9/1/2018	9/1/2019	EACH OCCURRENCE	$4,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$4,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			JXS-301213-00	9/1/2018	9/1/2019		$200,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

This certificate is issued on behalf of Eastern New York Youth Soccer Association & Long Island Junior Soccer League/West Islip SC. Only activities sanctioned by Eastern New York Youth Soccer, an affiliate of US Youth Soccer, and its registered members, teams and clubs. This certificate holder is named as an additional insured with respect to the liability insurance.

CERTIFICATE HOLDER

West Islip USFD, Captree Elementary School
Snedecor Ave
West Islip, NY 11795

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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