



# 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).


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| PRODUCER | Pullen Insurance Services, Inc.<br>2560 River Park Plaza, Suite 300<br>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<br>265 Sunrise Highway, Suite 38<br>Rockville Centre, NY 11570 | Insurer A: National Casualty Company         |
|          |  | Insurer B: Nationwide Life Insurance Company |
|          |  | Insurer C:                                   |
|          |  | Insurer D:                                   |
|          |  | Insurer E:                                   |
|          |  | Insurer F:                                   |

**COVERAGES**                      **CERTIFICATE NUMBER:** 18120371                      **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        | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | X           |          | KKO 75202-00  | 9/1/2018                         | 9/1/2019                          | EACH OCCURRENCE \$1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000<br>MED EXP (Any one person) \$5,000<br>PERSONAL & ADV INJURY \$1,000,000<br>GENERAL AGGREGATE UNLIMITED<br>PRODUCTS - COMP/OP AGG \$3,000,000 |
| A        | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS  |             |          | KKO 75202-00  | 9/1/2018                         | 9/1/2019                          | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident)  |
| A        | <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br><br>DEDUCTIBLE<br>RETENTION \$   |             |          | XKO 75204-00  | 9/1/2018                         | 9/1/2019                          | EACH OCCURRENCE \$4,000,000<br>AGGREGATE \$4,000,000   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/> Y/N<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under  |             | N/A      |               |                                  |                                   | WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/><br>E. L. EACH ACCIDENT<br>E. L. DISEASE - EA EMPLOYEE<br>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.

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| <b>CERTIFICATE HOLDER</b><br>KYJSL/WI Soccer Club, West Islip UFSD, Board of Education, Employees, Volunteer & Community Members using ISO form CG200<br>100 Sherman Ave<br>West Islip, NY 11795 | <b>CANCELLATION</b><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
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