

DATE (MM/DD/YYYY) 8/13/2024

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 have ADDITIONAL INSURED provisions or 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).

this certificate does not confer rights to the certificate	e holder in lieu of s	uch endorsement(s).	
PRODUCER		CONTACT NAME:	
LIC #40558248		PHONE (A/C, No, Ext): 612-345-9683 FAX (A/C, No):	
Player's Health Cover USA Inc.		E-MAIL ADDRESS: certificates@playershealth.com	
718 Washington Ave North #402		INSURER(S) AFFORDING COVERAGE	NAIC#
Minneapolis	MN 55401	INSURER A: Everest National Insurance Company	10120
INSURED		INSURER B: Great American Insurance Company	16691
South Texas Youth Soccer Association		INSURER C:	
2851 Joe DiMaggio Blvd. #23		INSURER D:	
		INSURER E :	
Round Rock	TX 78665	INSURER F:	
COVERAGES CERTIFICATE NUI	<b>MBER:</b> 145370	REVISION NUMBER: 1	
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, T	ERM OR CONDITION	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLIC OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WI ED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL TH	HICH THIS

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR INSD WVD POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER LIMITS COMMERCIAL GENERAL LIABILITY \$ 1,000,000 EACH OCCURRENCE DAMAGE TO RENTED CLAIMS-MADE |X | OCCUR \$ 300,000 PREMISES (Ea occurrence) \$ EXCLUDED MED EXP (Any one person) Υ SI8ML03087-241 9/1/2024 9/1/2025 \$ 1,000,000 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ 5,000,000 PRO-JECT POLICY \$ 1,000,000 PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIAB OTHER: PER EVENT \$ 1,000,000 COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY 1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED **BODILY INJURY (Per accident)** \$ Α SI8ML03087-241 9/1/2024 9/1/2025 PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** \$ **UMBRELLA LIAB** \$ 5,000,000 OCCUR **EACH OCCURRENCE** X **EXCESS LIAB** SI8EX1762-241 9/1/2024 9/1/2025 5,000,000 CLAIMS-MADE AGGREGATE RETENTION \$ 0 DED WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT \$ N/A (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT PER INJURY LIMIT \$ 100,000 Accident Medical E758907-03 9/1/2024 9/1/2025

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

Certificate issued for sanctioned acticivities of the state soccer association.

Certificate Holder is Additional Insured as required by written agreement per policy endorsement ECG 20 600 05 09. This certificate is issued on behalf of: Legends FC

Home games/practice/AAYSA

CERTIFICATE HOLDER		CANCELLATION
COTA - Circuit of the Americas		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
7800 McAngus Rd, Del Valle Cota	TX 78617	AUTHORIZED REPRESENTATIVE
		© 1988-2015 ACORD CORPORATION. All rights reserved.



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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

		e policy, certain policies may require an endorseme	nt. A statement on
this certificate does not confer rights to the ce	ertificate holder in lieu of su	· · · · · · · · · · · · · · · · · · ·	
PRODUCER		CONTACT NAME:	
LIC #40558248		PHONE (A/C, No, Ext): 612-345-9683 FAX (A/C, No	o):
Player's Health Cover USA Inc.		E-MAIL ADDRESS: certificates@playershealth.com	
718 Washington Ave North #402		INSURER(S) AFFORDING COVERAGE	NAIC#
Minneapolis	MN 55401	INSURER A: Everest National Insurance Company	10120
INSURED		INSURER B: Great American Insurance Company	16691
South Texas Youth Soccer Associati	ion	INSURER C:	
2851 Joe DiMaggio Blvd. #23		INSURER D:	
		INSURER E:	
Round Rock	TX 78665	INSURER F:	
COVERAGES CERTIFICA	TE NUMBER: 145259	REVISION NUMBER:	1
		/E BEEN ISSUED TO THE INSURED NAMED ABOVE FOR	
		OF ANY CONTRACT OR OTHER DOCUMENT WITH RESP	
	,	ED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT	TO ALL THE TERMS,
EXCLUSIONS AND CONDITIONS OF SUCH POLICIE			
INSR LTR TYPE OF INSURANCE ADDL SU INSD W		POLICY EFF POLICY EXP (MM/DD/YYYY) LIN	MITS
> /			

INSR	R   ADDL SUBR    POLICY EFF   POLICY EXP							
LTR	TYPE OF INSURANCE	INSD V	VVD POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	CLAIMS-MADE X OCCUR					EACH OCCURRENCE \$ 1,000,000  DAMAGE TO RENTED		
						MED EXP (Any one person) \$ EXCLUDED		
Α		Υ	SI8ML03087-241	9/1/2024	9/1/2025	PERSONAL & ADV INJURY \$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 5,000,000		
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG \$ 1,000,000		
	X OTHER: PER EVENT					PARTICIPANT LEGAL LIAB \$ 1,000,000		
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT \$ 1,000,000		
	ANY AUTO					BODILY INJURY (Per person) \$		
Α	OWNED SCHEDULED AUTOS		SI8ML03087-241	9/1/2024	9/1/2025	BODILY INJURY (Per accident) \$		
	X HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$		
						\$		
	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE \$ 5,000,000		
Α	X EXCESS LIAB CLAIMS-MADE		SI8EX1762-241	9/1/2024	9/1/2025	AGGREGATE \$ 5,000,000		
	DED RETENTION \$ 0					\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	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 \$		
В	Accident Medical		E758907-03	9/1/2024	9/1/2025	PER INJURY LIMIT \$ 100,000		

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

Certificate issued for sanctioned acticivities of the state soccer association.

Certificate Holder is Additional Insured as required by written agreement per policy endorsement ECG 20 600 05 09. This certificate is issued on behalf of: Legends FC

Practice AAYSA

CERTIFICATE HOLDER		CANCELLATION
Hyde Park High School		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
11400 N Mopac Expy Austin	TX 78759	AUTHORIZED REPRESENTATIVE
A CORD OF (004C/00)	The ACORD warms and laws on	© 1988-2015 ACORD CORPORATION. All rights reserved.



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this certificate does not co					quire an endorsement. A su	atement on
PRODUCER			CONTACT NAME:			
LIC #40558248			PHONE (A/C, No, Ext): 6	12-345-9683	FAX (A/C, No):	
Player's Health Cover USA Inc	<b>).</b>		E-MAIL ADDRESS: Cer	tificates@playershe	alth.com	
718 Washington Ave North #4	02			INSURER(S) AFFORD	ING COVERAGE	NAIC#
Minneapolis		MN 55401	INSURER A : EV	erest National Insur	ance Company	10120
INSURED			INSURER B: Gr	eat American Insura	ance Company	16691
South Texas Yo	uth Soccer Association		INSURER C:			
2851 Joe DiMag	gio Blvd. #23		INSURER D:			
			INSURER E :			
Round Rock		TX 78665	INSURER F:			
COVERAGES	CERTIFICATE NUM	MBER: 145339		R	REVISION NUMBER: 1	
					NAMED ABOVE FOR THE POL	
					OCUMENT WITH RESPECT TO \ HEREIN IS SUBJECT TO ALL T	
EXCLUSIONS AND CONDITION		S SHOWN MAY HAVE				
INSR LTR TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY (MM/DD/)	EFF POLICY EXP	LIMITS	

COMMERCIAL GENERAL LIABILITY \$ 1,000,000 EACH OCCURRENCE DAMAGE TO RENTED CLAIMS-MADE X OCCUR \$ 300,000 PREMISES (Ea occurrence) \$ EXCLUDED MED EXP (Any one person) Υ SI8ML03087-241 9/1/2024 9/1/2025 \$ 1,000,000 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ 5,000,000 PRO-JECT POLICY PRODUCTS - COMP/OP AGG \$ 1,000,000 PARTICIPANT LEGAL LIAB OTHER: PER EVENT \$ 1,000,000 COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY 1,000,000 ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED BODILY INJURY (Per accident) \$ Α SI8ML03087-241 9/1/2024 9/1/2025 PROPERTY DAMAGE (Per accident) \$ **AUTOS ONLY UMBRELLA LIAB** \$ 5,000,000 X OCCUR **EACH OCCURRENCE** X **EXCESS LIAB** \$ <u>5,</u>000,000 SI8EX1762-241 9/1/2024 9/1/2025 CLAIMS-MADE AGGREGATE DED RETENTION \$ 0 WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT \$ N/A (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT PER INJURY LIMIT \$ 100,000 Accident Medical E758907-03 9/1/2024 9/1/2025

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

Certificate issued for sanctioned acticivities of the state soccer association.

Certificate Holder is Additional Insured as required by written agreement per policy endorsement ECG 20 600 05 09. This certificate is issued on behalf of: Legends FC

Practice / AAYSA

CERTIFICATE HOLDER		CANCELLATION
Northwoods		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
17530 Henderson Pass San Antonio	TX 78232	AUTHORIZED REPRESENTATIVE
		© 1988-2015 ACORD CORPORATION. All rights reserved.



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this certificate does not confer rights to		ne policy, certain policies may require an endorsement. A sta uch endorsement(s).	itement on
PRODUCER		CONTACT NAME:	
LIC #40558248		PHONE (A/C, No, Ext): 612-345-9683 FAX (A/C, No):	
Player's Health Cover USA Inc.		E-MAIL ADDRESS: certificates@playershealth.com	
718 Washington Ave North #402		INSURER(S) AFFORDING COVERAGE	NAIC#
Minneapolis	MN 55401	INSURER A: Everest National Insurance Company	10120
INSURED		INSURER B: Great American Insurance Company	16691
South Texas Youth Soccer A	ssociation	INSURER C:	
2851 Joe DiMaggio Blvd. #23	3	INSURER D:	
		INSURER E :	
Round Rock	TX 78665	INSURER F:	
COVERAGES CER	TIFICATE NUMBER: 145335	REVISION NUMBER: 1	
		VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLI	
		OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO NED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL T	
EXCLUSIONS AND CONDITIONS OF SUCH	POLICIES. LIMITS SHOWN MAY HAVE	BEEN REDUCED BY PAID CLAIMS.	,
INSR LTR TYPE OF INSURANCE	ADDL SUBR INSD WVD POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS	

INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	CLAIMS-MADE X OCCUR						EACH OCCURRENCE         \$ 1,000,000           DAMAGE TO RENTED PREMISES (Ea occurrence)         \$ 300,000           MED EXP (Any one person)         \$ EXCLUDED
А		Y		SI8ML03087-241	9/1/2024	9/1/2025	PERSONAL & ADV INJURY \$ 1,000,000
	POLICY PRO- LOC						GENERAL AGGREGATE
	OTHER: PER EVENT						PARTICIPANT LEGAL LIAB \$ 1,000,000
	ANY AUTO						(Ea accident) \$ 1,000,000  BODILY INJURY (Per person) \$
А	OWNED AUTOS ONLY AUTOS  HIRED SCHEDULED AUTOS NON-OWNED			SI8ML03087-241	9/1/2024	9/1/2025	BODILY INJURY (Per accident) \$ PROPERTY DAMAGE
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE \$ 5,000,000
Α	DED RETENTION \$ 0			SI8EX1762-241	9/1/2024	9/1/2025	AGGREGATE \$ 5,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N						PER OTH- STATUTE ER
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT \$
	(Mandatory in NH)  If yes, describe under						E.L. DISEASE - EA EMPLOYEE \$
	DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$
В	Accident Medical			E758907-03	9/1/2024	9/1/2025	PER INJURY LIMIT \$ 100,000

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

Certificate issued for sanctioned acticivities of the state soccer association.

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Home games/ practice /AAYSA

CERTIFICATE HOLDER		CANCELLATION
Premier Soccer Fields		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
12119 Wetmore Rd San Antonio	TX 78258	AUTHORIZED REPRESENTATIVE
		© 1988-2015 ACORD CORPORATION. All rights reserved.



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	DGATION IS WAIVED, subject ficate does not confer rights t				•	•	•	require an endorsement	. A s	statement on
PRODUCER					CONTA NAME:	СТ	,			
LIC #40558	3248				PHONE (A/C, No	o, Ext): 612-34	15-9683	FAX (A/C, No):		
Player's He	alth Cover USA Inc.				E-MAIL ADDRE	ss: certificat	es@playersh	ealth.com		
718 Washii	ngton Ave North #402					INS	SURER(S) AFFOR	RDING COVERAGE		NAIC#
Minneapoli	s			MN 55401	INSURE	RA: Everest	National Ins	urance Company		10120
INSURED					INSURE	RB: Great A	merican Insu	rance Company		16691
	South Texas Youth Soccer A	ssoc	iation		INSURE	RC:				
	2851 Joe DiMaggio Blvd. #23	3			INSURE	RD:				
					INSURE	RE:				
	Round Rock			TX 78665	INSURE	RF:				
COVERAG	ES CER	TIFIC	CATE	NUMBER: 145347				<b>REVISION NUMBER:</b> 1		
INDICATE CERTIFICA	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		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
X co	MMERCIAL GENERAL LIABILITY					,		EACH OCCURRENCE	\$ 1,	000,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED	\$ 30	00.000

INSR LTR			ADDL S		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
								MED EXP (Any one person)	\$ EXCLUDED
Α			Υ		SI8ML03087-241	9/1/2024	9/1/2025	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 5,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 1,000,000
	X	OTHER: PER EVENT						PARTICIPANT LEGAL LIAB	\$ 1,000,000
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
Α		OWNED SCHEDULED AUTOS ONLY			SI8ML03087-241	9/1/2024	9/1/2025	BODILY INJURY (Per accident)	\$
	X	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 5,000,000
Α	X	EXCESS LIAB CLAIMS-MADE			SI8EX1762-241	9/1/2024	9/1/2025	AGGREGATE	\$ 5,000,000
		DED RETENTION \$ 0							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Man	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Ac	ccident Medical			E758907-03	9/1/2024	9/1/2025	PER INJURY LIMIT	\$ 100,000

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

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Certificate Holder is Additional Insured as required by written agreement per policy endorsement ECG 20 600 05 09. This certificate is issued on behalf of: Legends FC

Home games/practice / AAYSA

CERTIFICATE HOLDER		CANCELLATION
Round Rock Multipurpose		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
2001 North Kenney Fort Blvd Round Rock	TX 78665	AUTHORIZED REPRESENTATIVE
ACORD 25 (2016/02)	The ACORD name and logo at	© 1988-2015 ACORD CORPORATION. All rights reserved.



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PROD	UCER				CONTA NAME:	.CT					
LIC #40558248						PHONE (A/C, No, Ext): 612-345-9683 FAX (A/C, No):					
Player's Health Cover USA Inc.						E-MAIL ADDRESS: certificates@playershealth.com					
718 Washington Ave North #402						INSURER(S) AFFORDING COVERAGE				NAIC#	
Minneapolis MN 55401						INSURER A: Everest National Insurance Company				10120	
INSURED					INSURER B: Great American Insurance Company 16691						
South Texas Youth Soccer Association						INSURER C:					
2851 Joe DiMaggio Blvd. #23					INSURER D:						
					INSURER E:						
Round Rock TX 78665						INSURER F:					
COVERAGES CERTIFICATE NUMBER: 145081						REVISION NUMBER: 1					
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 INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE		\$ 1,00	00,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTE PREMISES (Ea occur		\$ 300	0,000
								MED EXP (Any one pe	erson)	\$ EXC	CLUDED
Α		Υ		SI8ML03087-241		9/1/2024	9/1/2025	PERSONAL & ADV IN	NJURY	\$ 1,00	00,000
		1	1	1		1		1	- 1		

INSR LTR			ADDL S INSD		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
А	X	COMMERCIAL GENERAL LIABILITY			SI8ML03087-241	9/1/2024	9/1/2025	EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
								MED EXP (Any one person)	\$ EXCLUDED
			Υ					PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 5,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 1,000,000
	X	OTHER: PER EVENT						PARTICIPANT LEGAL LIAB	\$ 1,000,000
A	AUT	OMOBILE LIABILITY			SI8ML03087-241	9/1/2024	9/1/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	X	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB X OCCUR			SI8EX1762-241	9/1/2024	9/1/2025	EACH OCCURRENCE	\$ 5,000,000
Α	X	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 5,000,000
		DED RETENTION \$ 0							\$
		WORKERS COMPENSATION						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
(Mandat		ndatory in NH)	,					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Ac	ccident Medical			E758907-03	9/1/2024	9/1/2025	PER INJURY LIMIT	\$ 100,000

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

Certificate issued for sanctioned acticivities of the state soccer association.

Certificate Holder is Additional Insured as required by written agreement per policy endorsement ECG 20 600 05 09. This certificate is issued on behalf of: Legends FC

CERTIFICATE HOLDER	CANCELLATION
Proof of Insurance.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1	AUTHORIZED REPRESENTATIVE  AUTHORIZED REPRESENTATIVE
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