

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	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 NUM	IBER: 145377	REVISION NUMBER: 1	
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TE	RM OR CONDITION	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLIC OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO W 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 X OCCUR **EACH OCCURRENCE** X **EXCESS LIAB** SI8EX1762-241 9/1/2024 9/1/2025 5,000,000 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: Tri City YSA

CERTIFICATE HOLDER		CANCELLATION
American Legion		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1404 Zanderson Ave Jourdanton	TX 78026	AUTHORIZED REPRESENTATIVE
		© 1988-2015 ACORD CORPORATION. All rights reserved.



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

E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT PER INJURY LIMIT

\$

\$ 100,000

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lf	PORTANT: If the certificate holder i SUBROGATION IS WAIVED, subject is certificate does not confer rights t	to th	ne ter	rms and conditions of th	e polic	y, certain po	olicies may ı	•		
PROI	DUCER				CONTAC NAME:	CT				
LIC	#40558248				PHONE (A/C, No	, Ext): 612-34	5-9683	FAX (A/C, No):		
Pla	er's Health Cover USA Inc.				E-MAIL ADDRES	ss: certificate	es@playersh	ealth.com		
718	Washington Ave North #402					INS	URER(S) AFFOR	DING COVERAGE		NAIC#
Min	neapolis			MN 55401	INSURE	RA: Everest	National Insu	urance Company		10120
INSU	RED				INSURE	Rв: 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:				
CO	/ERAGES CER	TIFIC	CATE	NUMBER: 145329				REVISION NUMBER: 1		
IN CE	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY ICLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLIC	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD! LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT	OR OTHER I	DOCUMENT WITH RESPE	CT T	TO WHICH THIS
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs	
	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'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

COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED SI8ML03087-241 9/1/2024 9/1/2025 BODILY INJURY (Per accident) \$ Α PROPERTY DAMAGE (Per accident) \$ **AUTOS ONLY** \$ **UMBRELLA LIAB** X OCCUR EACH OCCURRENCE \$ 5,000,000 X **EXCESS LIAB** \$ <u>5,</u>000,000 SI8EX1762-241 9/1/2024 9/1/2025 AGGREGATE CLAIMS-MADE DED RETENTION \$ 0 WORKERS COMPENSATION PER STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT \$ N/A

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

E758907-03

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: Tri City YSA

9/1/2024

9/1/2025

Tri City YSA

AUTOMOBILE LIABILITY

(Mandatory in NH)

Accident Medical

If yes, describe under DESCRIPTION OF OPERATIONS below

CERTIFICATE HOLDER	CANCELLATION
Atascosa River Park	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1220 River Park Rd Pleasanton	TX 78064 AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE
	© 1988-2015 ACORD CORPORATION. All rights reserved.
A CODD 25 (2046/02)	The ACORD was and law and resistant inventor of ACORD



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this certificate does not confer rights to the certificate		uch endorsement(s).	terrierit 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 Association		INSURER C:	
2851 Joe DiMaggio Blvd. #23		INSURER D:	
		INSURER E:	
Round Rock	TX 78665	INSURER F:	
COVERAGES CERTIFICATE NUM	/IBER: 145568	REVISION NUMBER: 1	
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TE	ERM OR CONDITION NSURANCE AFFORD	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLIC OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO W ED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE BEEN REDUCED BY PAID CLAIMS.	HICH THIS

ADDL SUBR INSD WVD POLICY EFF POLICY EXP (MM/DD/YYYY) INSR LTR 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 PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIAB \$ 1,000,000 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** SI8EX1762-241 9/1/2024 9/1/2025 \$ 5,000,000 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: Tri City YSA

CERTIFICATE HOLDER	CANCELLATION
Gateway Church	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1610 W Goodwin St Pleasanton	TX 78064 AUTHORIZED REPRESENTATIVE
	© 1988-2015 ACORD CORPORATION. All rights reserved.
A CODD 2E (204C/02)	The ACORD name and laws are registered marks of ACORD



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this certificate does not confer rights to the		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 Associat	ion	INSURER C:	
2851 Joe DiMaggio Blvd. #23		INSURER D:	
		INSURER E:	
Round Rock	TX 78665	INSURER F:	
COVERAGES CERTIFICA	TE NUMBER: 145341	REVISION NUMBER: 1	
		VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLI	
		OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO VIED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL T	
EXCLUSIONS AND CONDITIONS OF SUCH POLICIE	S. LIMITS SHOWN MAY HAVE	BEEN REDUCED BY PAID CLAIMS.	,
INSR LTR TYPE OF INSURANCE ADDL SU INSD W		POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS	

INSR	R ADDLISUBR 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)

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CERTIFICATE HOLDER		CANCELLATION
Hunt 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.
900 E. Adams St Pleasanton	TX 78064	AUTHORIZED REPRESENTATIVE
		6 1098 2015 ANORD TOPPOPATION All rights recorved



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		atomont on			
	CONTACT NAME:				
	(A/C, No, Ext): 612-345-9683 (A/C, No):				
	E-MAIL ADDRESS: certificates@playershealth.com				
	INSURER(S) AFFORDING COVERAGE	NAIC#			
MN 55401	INSURER A: Everest National Insurance Company	10120			
	INSURER B: Great American Insurance Company	16691			
	INSURER C:				
	INSURER D:				
	INSURER E :				
TX 78665	INSURER F:				
BER: 145351	REVISION NUMBER: 1				
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,					
	BEEN REDUCED BY PAID CLAIMS.				
	MN 55401 TX 78665 BER: 145351 LISTED BELOW HAMM OR CONDITION SURANCE AFFORD	NAME: PHONE (A/C, No, Ext): 612-345-9683 E-MAIL ADDRESS: certificates@playershealth.com INSURER(S) AFFORDING COVERAGE INSURER A: Everest National Insurance Company INSURER B: Great American Insurance Company INSURER C: INSURER D: INSURER E: INSURER E: INSURER E: INSURER F: BER: 145351 REVISION NUMBER: 1 ISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLEM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO METAL AND CONTRACT OR OTHER DOCUMENT WITH RESPECT TO METAL AND CONTRACT OR OTHER DOCUMENT WITH RESPECT TO METAL AND CONTRACT OR OTHER DOCUMENT WITH RESPECT TO METAL AND CONTRACT OR OTHER DOCUMENT WITH RESPECT TO METAL AND CONTRACT OR OTHER DOCUMENT WITH RESPECT TO METAL AND CONTRACT OR OTHER DOCUMENT WITH RESPECT TO METAL AND CONTRACT OR OTHER DOCUMENT WITH RESPECT TO METAL AND CONTRACT OR OTHER DOCUMENT WITH RESPECT TO METAL AND CONTRACT OR OTHER DOCUMENT WITH RESPECT TO METAL AND CONTRACT OR OTHER DOCUMENT WITH RESPECT TO METAL AND CONTRACT OR OTHER DOCUMENT WITH RESPECT TO METAL AND CONTRACT OR OTHER DOCUMENT WITH RESPECT TO METAL AND CONTRACT OR OTHER DOCUMENT WITH RESPECT TO METAL AND CONTRACT OR OTHER DOCUMENT WITH RESPECT TO METAL AND CONTRACT OR OTHER DOCUMENT WITH RESPECT TO METAL AND CONTRACT OR OTHER DOCUMENT WITH RESPECT TO METAL AND CONTRACT OR OTHER DOCUMENT WITH RESPECT TO METAL AND CONTRACT OR OTHER DOCUMENT WITH RESPECT TO METAL AND CONTRACT OR OTHER DOCUMENT WITH RESPECT TO METAL AND CONTRACT OR OTHER DOCUMENT WITH RESPECT TO METAL AND CONTRACT OR OTHER DOCUMENT WITH RESPECT TO METAL AND CONTRACT OR OTHER DOCUMENT WITH RESPECT TO METAL AND CONTRACT OR OTHER DOCUMENT WITH RESPECT TO METAL AND CONTRACT OR OTHER DOCUMENT WITH RESPECT TO METAL AND CONTRACT OR OTHER DOCUMENT WITH RESPECT TO METAL AND CONTRACT OR OTHER DOCUMENT WITH RESPECT TO METAL AND CONTRACT OR OTHER DOCUMENT WITH RESPECT TO METAL AND CONTRACT OR OTHER DOCUMENT WITH RESPECT TO METAL AND CONTRACT OR OTHER DOCUMENT WITH RESPECT TO METAL AND CONTRACT OR OTHER DOCUMENT WITH RESPECT TO METAL AND CO			

INSD WVD TYPE OF INSURANCE POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) 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 PARTICIPANT LEGAL LIAB \$ 1,000,000 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

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CERTIFICATE HOLDER		CANCELLATION
Jourdanton City Park		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
748 Mulberry St Jourdanton	TX 78026	AUTHORIZED REPRESENTATIVE
		© 1988-2015 ACORD CORPORATION. All rights reserved.



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If SUBROGATION IS WAIVED, subject to the ter this certificate does not confer rights to the cert	rms and conditions of th	e policy, certain p	olicies may	•	
PRODUCER		CONTACT NAME:			
LIC #40558248		PHONE (A/C, No, Ext): 612-34	45-9683	FAX (A/C, No):	
Player's Health Cover USA Inc.		E-MAIL ADDRESS: certificat	tes@playersh	ealth.com	
718 Washington Ave North #402		INS	SURER(S) AFFOR	RDING COVERAGE	NAIC#
Minneapolis	MN 55401	INSURER A: Everest	t National Ins	urance Company	10120
INSURED		INSURER B: Great A	merican Insu	rance Company	16691
South Texas Youth Soccer Association	1	INSURER C:			
2851 Joe DiMaggio Blvd. #23		INSURER D :			
		INSURER E :			
Round Rock	TX 78665	INSURER F:			
COVERAGES CERTIFICATE	E NUMBER: 145397			REVISION NUMBER: 1	
THIS IS TO CERTIFY THAT THE POLICIES OF INSUFINDICATED. NOTWITHSTANDING ANY REQUIREMENT CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDS	OF ANY CONTRACT ED BY THE POLICIE	OR OTHER S S DESCRIBE	DOCUMENT WITH RESPECT D HEREIN IS SUBJECT TO	T TO WHICH THIS
INSR LTR TYPE OF INSURANCE INSD WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
COMMERCIAL GENERAL LIABILITY					1,000,000
CLAIMS-MADE X OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)	300,000
					EVELLIDED

INSR LTR	TYPE OF INSURANCE	ADDL SUBF	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	CLAIMS-MADE X OCCUR					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 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'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 (Ea accident)	\$ 1,000,000	
	ANY AUTO					BODILY INJURY (Per person)	\$	
Α	OWNED SCHEDULED AUTOS AUTOS		SI8ML03087-241	9/1/2024	9/1/2025	BODILY INJURY (Per accident)	\$	
	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						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	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: Tri City YSA

CERTIFICATE HOLDER		CANCELLATION
Jourdanton Sports Complex		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1492 Hwy 97 E Jourdanton	TX 78026	AUTHORIZED REPRESENTATIVE
		© 1988-2015 ACORD CORPORATION. All rights reserved.
A CORD 0E (204C/02)	The ACODD wasses and laws a	re registered marks of ACODD



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	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 NUM	BER: 145359	REVISION NUMBER: 1	
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TER	RM OR CONDITION SURANCE AFFORD	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLIC OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO W ED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE	HICH THIS

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSR LTR ADDL SUBR INSD WVD POLICY EFF POLICY EXP (MM/DD/YYYY) TYPE OF INSURANCE LIMITS POLICY NUMBER 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 AUTOS ONLY **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** 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: Tri City YSA

CERTIFICATE HOLDER		CANCELLATION
McMullen County ISD		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
901 River Street Tilden	TX 78072	AUTHORIZED REPRESENTATIVE
	TI 10000	© 1988-2015 ACORD CORPORATION. All rights reserved.



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 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 NUM	BER: 145386	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	EXCLOSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN WAT HAVE BEEN REDUCED BY PAID CLAIMS. R POLICY EXP									
LTR			INSD		POLICY NUMBER			LIMITS		
	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	I'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 AUTOS		SI8ML03087-241	SI8ML03087-241	9/1/2024	9/1/2025	BODILY INJURY (Per accident)	\$	
	X	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							\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANYF	PROPRIETOR/PARTNER/EXECUTIVE 1 / N	N/A					E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	
	DESC	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
В	Ac	cident 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: Tri City YSA

CERTIFICATE HOLDER		CANCELLATION
Pleasanton Sports Complex		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1413 Downey Dr Pleasanton	TX 78064	AUTHORIZED REPRESENTATIVE
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DATE (MM/DD/YYYY) 8/13/2024

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this certificate does not confer rights to the certificate	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 NUM	BER: 145305	REVISION NUM	MBER: 1	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TER CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE IN	RM OR CONDITION	OF ANY CONTRACT OR OTHER DOCUMENT WITH	H RESPECT TO V	WHICH 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) X \$ 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: Tri City YSA

CERTIFICATE HOLDER		CANCELLATION
Richter Property		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1133 Eagle View Pleasanton	TX 78064	AUTHORIZED REPRESENTATIVE
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8/13/2024

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th	is c	ertificate does	not confer rights t	o the	certi	ficate holder in lieu of su				oquii o uii oiiuoi			
PROI	DUCE	R					CONTA NAME:						
LIC	#40)558248					PHONE (A/C, No	o, Ext): 612-34	5-9683		FAX (A/C, No):		
Pla	yer's	Health Cover U	JSA Inc.				É-MAIL ADDRE		es@playersh	ealth.com			
718 Washington Ave North #402						INS	URER(S) AFFOR	DING COVERAGE			NAIC#		
Minneapolis MN 55401					INSURE	RA: Everest	National Insu	urance Company			10120		
INSU	RED						INSURE	Rв: Great A	merican Insu	rance Company			16691
		South Te	xas Youth Soccer A	ssoc	iation		INSURE	RC:					
		2851 Joe	DiMaggio Blvd. #23	3			INSURE	RD:					
							INSURE	RE:					
		Round R	ock			TX 78665	INSURE	RF:					
		AGES				NUMBER: 145316				REVISION NUM			
						RANCE LISTED BELOW HAV							
						NT, TERM OR CONDITION THE INSURANCE AFFORDI							
E				POLI	CIES.	LIMITS SHOWN MAY HAVE		REDUCED BY F	PAID CLAIMS.				
INSR LTR		TYPE OF IN	SURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	S	
	X	COMMERCIAL GE	NERAL LIABILITY							EACH OCCURRENCE		\$ 1,0	000,000
		CLAIMS-MAD	E X OCCUR							DAMAGE TO RENTE PREMISES (Ea occur	rence)	\$ 300	0,000
										MED EXP (Any one pe	erson)	\$ EX	CLUDED
Α				Υ		SI8ML03087-241		9/1/2024	9/1/2025	PERSONAL & ADV IN	JURY	\$ 1,0	000,000
	GEN	N'L AGGREGATE LIN								GENERAL AGGREGA	ATE	\$ 5,0	000,000
		POLICY PR	O- CT LOC							PRODUCTS - COMP/		\$ 1,0	000,000
	X	OTHER: PER E	VENT							PARTICIPANT LEGAL		\$ 1,0	000,000
	AUT	OMOBILE LIABILITY	Y							COMBINED SINGLE I (Ea accident)	LIMIT	\$ 1,0	000,000
		ANY AUTO								BODILY INJURY (Per	person)	\$	
Α		OWNED AUTOS ONLY	SCHEDULED AUTOS			SI8ML03087-241		9/1/2024	9/1/2025	BODILY INJURY (Per		\$	
	X	HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)		\$	
												\$	
		UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	E	\$ 5,0	000,000
Α	X	EXCESS LIAB	CLAIMS-MADE			SI8EX1762-241		9/1/2024	9/1/2025	AGGREGATE		\$ 5,0	000,000
			NTION \$ 0							1050	LOTIL	\$	
		RKERS COMPENSAT EMPLOYERS' LIAB								PER STATUTE	OTH- ER		
	ANYF	PROPRIETOR/PARTI CER/MEMBEREXCL	NER/EXECUTIVE	N/A						E.L. EACH ACCIDEN	Т	\$	
	(Man	ndatory in NH) s, describe under								E.L. DISEASE - EA EN	MPLOYEE	\$	
	DES	CRIPTION OF OPER	RATIONS below							E.L. DISEASE - POLIC	CY LIMIT	\$	
В	Ac	cident Medical				E758907-03		9/1/2024	9/1/2025	PER INJURY L	IMIT	\$ 1	00,000
DESC	RIPT	ION OF OPERATION	NS / LOCATIONS / VEHICI	LES (A	CORD	101, Additional Remarks Schedul	e, may be	attached if more	space is require	ed)			
Cer City	tifica / YS	ate Holder is Ad				te soccer association. written agreement per pol	icy end	orsement EC	G 20 600 05	09. This certificate	e is issue	ed on b	oehalf of: Tri
		IOATE HOLD					0411	NELL ATION					
CE	KTIF	ICATE HOLDE	<u>=K</u>			1	CANO	ELLATION					
										ESCRIBED POLICII			

River Park

1220 River

Pleasanton

TX 78064

ACCORDANCE WITH THE POLICY PROVISIONS.

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AUTHORIZED REPRESENTATIVE



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

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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 this certificate does not confer rights to the		ne policy, certain policies may require an endorsement. A st uch endorsement(s).	atement 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 Associ	ation	INSURER C:				
2851 Joe DiMaggio Blvd. #23		INSURER D:				
		INSURER E:				
Round Rock	TX 78665	INSURER F:				
COVERAGES CERTIFIC	CATE NUMBER: 145406	REVISION NUMBER: 1				
		VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POL				
		OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO ED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL.				
EXCLUSIONS AND CONDITIONS OF SUCH POLICE						
INSR LTR TYPE OF INSURANCE INSD		POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS				
V COMMERCIAL CENERAL LIABILITY			00.000			

INSR LTR			ADDL S		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	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, describe under DESCRIPTION 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: Tri City YSA

CERTIFICATE HOLDER	CANCELLATION
Schorsch Property	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1275 CR 325 Jourdanton	TX 78026 AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE
	© 1988-2015 ACORD CORPORATION. All rights reserved.
A CORD 25 (2046/02)	The ACORD name and large are registered marks of ACORD



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.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights t					•	require an endorsemen	t.	A statement on
PROD	DUCER			CONTAC NAME:	Т				
LIC	#40558248		PHONE (A/C, No, Ext): 612-345-9683 FAX (A/C, No):						
Pla	yer's Health Cover USA Inc.			E-MAIL ADDRESS: certificates@playershealth.com					
718	Washington Ave North #402			INSURER(S) AFFORDING COVERAGE					NAIC#
Min	neapolis		MN 55401	INSURER A: Everest National Insurance Company					10120
INSU	RED			INSURER	в: Great Ar	merican Insu	rance Company		16691
	South Texas Youth Soccer A	ssociat	on	INSURER C:					
	2851 Joe DiMaggio Blvd. #2	3	INSURER D:						
			INSURER E :						
	Round Rock		INSURER	(F:					
CO	VERAGES CER	TIFICA				REVISION NUMBER: 1	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									
	ERTIFICATE MAY BE ISSUED OR MAY								
ΕX	(CLUSIONS AND CONDITIONS OF SUCH							- '	· · · · · · · · · · · · · · · · · · ·
INSR LTR	TYPE OF INSURANCE	ADDL SU			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	TS	
	COMMERCIAL GENERAL LIABILITY							Τ.	1 000 000

INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
А	GEN	CLAIMS-MADE CCUR CLAIMS-MADE CCUR I'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC	Υ		SI8ML03087-241	9/1/2024	9/1/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIAB	\$ 1,000,000 \$ 300,000 \$ EXCLUDED \$ 1,000,000 \$ 5,000,000 \$ 1,000,000
А	AUT	OTHER: PER EVENT OMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY			SI8ML03087-241	9/1/2024	9/1/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 1,000,000 \$
A	X	UMBRELLA LIAB			SI8EX1762-241	9/1/2024	9/1/2025	AGGREGATE PER OTH- STATUTE OTH- ER	\$ 5,000,000 \$ 5,000,000 \$
	AND ANYF OFFI (Man	EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED? datory in NH) s, describe under CRIPTION OF OPERATIONS below	N/A					E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	\$ \$ \$
В	Ac	cident 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: Tri City YSA

CERTIFICATE HOLDER	CANCELLATION
Tower Field	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
126 Winship Rd Pleasanton	TX 78064 AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE
	© 1988-2015 ACORD CORPORATION. All rights reserved.
A CODD 25 (2046/02)	The ACORD name and large are registered marks of ACORD



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

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	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									
	is certificate does not confer rights t							equire an endorsen	ilelit. A S	tatement on
PRO	PRODUCER CONTACT NAME:									
LIC	#40558248				PHONE (A/C, No, Ext): 612-345-9683 FAX (A/C, No):					
Pla	yer's Health Cover USA Inc.				E-MAIL ADDRESS: certificates@playershealth.com					
718	3 Washington Ave North #402				INSURER(S) AFFORDING COVERAGE					NAIC#
Mir	neapolis			MN 55401	INSURE	RA: Everest	National Insu	urance Company		10120
INSU	RED				INSURE	Rв: Great A	merican Insu	rance Company		16691
	South Texas Youth Soccer A	ssoc	iation	l	INSURE	R C:				
	2851 Joe DiMaggio Blvd. #23	3			INSURER D:					
					INSURER E :					
	Round Rock			TX 78665	INSURER F:					
	COVERAGES CERTIFICATE NUMBER: 145099 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.						WHICH THIS				
INSR LTR TYPE OF INSURANCE INSD WVD POLICY NUMBER				POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)					
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,0	000,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence	\$ 30	0,000
								MED EXP (Any one person) \$ EX	CLUDED
Α		Υ		SI8ML03087-241		9/1/2024	9/1/2025	PERSONAL & ADV INJUR	y \$ 1,0	000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 5,0	000,000
	POLICY PRO- LOC							PRODUCTS - COMP/OP A		000,000

X 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 9/1/2025 BODILY INJURY (Per accident) \$ Α AUTOS ONLY HIRED AUTOS ONLY SI8ML03087-241 9/1/2024 PROPERTY DAMAGE (Per accident) \$ **AUTOS ONLY UMBRELLA LIAB** X OCCUR EACH OCCURRENCE \$ 5,000,000 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)

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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.
	AUTHORIZED REPRESENTATIVE
	Chris Rem
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