

## CERTIFICATE OF LIABILITY INSURANCE

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).

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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 Compa	ny 10120					
INSURED		INSURER B: Great American Insurance Compar	ny 16691					
South Texas Youth Soccer Assoc	iation	INSURER C:						
2851 Joe DiMaggio Blvd. #23		INSURER D:						
		INSURER E :						
Round Rock	TX 78665	INSURER F:						
COVERAGES CERTIFIC	CATE NUMBER: 144916	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 POLICE			DODGEOT TO ALL THE TERMS,					
	SUBR WVD POLICY NUMBER	POLICY EFF POLICY EXP (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** X OCCUR \$ 5,000,000 **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: Bulverde YSA

CERTIFICATE HOLDER		CANCELLATION
Comal County		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
195 David Jones Dr New Braunfels	TX 78132	AUTHORIZED REPRESENTATIVE
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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 1						
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	<b>IBER:</b> 144919	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 TE	RM OR CONDITION	OF ANY CONTRACT OR OTHER DOCUMENT WITH	I RESPECT TO V	VHICH THIS				

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.

	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		
	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000	
		CLAIMS-MADE X OCCUR		SI8ML0308	SI8ML03087-241	9/1/2024	9/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000	
			Υ					MED EXP (Any one person)	\$ EXCLUDED	
Α								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		SI8I		9/1/2024	9/1/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
		ANY AUTO						BODILY INJURY (Per person)	\$	
Α		OWNED SCHEDULED AUTOS ONLY AUTOS			SI8ML03087-241			BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY 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		
	ANYF	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	
	(Man	Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION 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: Bulverde YSA

WDDOA

CERTIFICATE HOLDER		CANCELLATION
YMCA of greater San Antonio		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
16103 Henderson pass San Antonio	TX 78232	AUTHORIZED REPRESENTATIVE
		© 1988-2015 ACORD CORPORATION. All rights reserved.



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LIC #40558248				PHONE (A/C, No, Ext): 612-345-9683 FAX (A/C, No):							
Pla	yer's Health Cover USA Inc.				E-MAIL ADDRE	ss: certificate	es@playersh	ealth.com			
718	3 Washington Ave North #402						URER(S) AFFOR	DING COVERAGE		NAIC#	
Mir	nneapolis			MN 55401	INSURE			rance Company		10120	
INSU	IRED							rance Company		16691	
	South Texas Youth Soccer A	ssoc	iation		INSURE			, ,			
	2851 Joe DiMaggio Blvd. #23										
					INSURER D : INSURER E :						
	Round Rock			TX 78665	INSURE						
CO		TIFIC	CATE	NUMBER: 144860	INSUKL	N.F.		REVISION NUMBER: 1			
	HIS IS TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO			HE POL	ICY PERIOD	
	IDICATED. NOTWITHSTANDING ANY RE										
	ERTIFICATE MAY BE ISSUED OR MAY I XCLUSIONS AND CONDITIONS OF SUCH							HEREIN IS SUBJECT TO	) ALL	THE TERMS,	
INSR		ADDL	SUBR		DELITI	POLICY EFF	POLICY EXP	LIMIT	·e		
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			00.000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED	- ,-	0.000	
	CLAIMS-MADE CCCUR							PREMISES (Ea occurrence)	*	,	
٨		Υ		CIOMI 02007 044		0/4/0004	0/4/0005	MED EXP (Any one person)		CLUDED	
Α		Y		SI8ML03087-241		9/1/2024	9/1/2025	PERSONAL & ADV INJURY	<del>*</del> /-	00,000	
	POLICY PROJECT LOC							GENERAL AGGREGATE	\$ 5,000,000		
								PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIAB	-	\$ 1,000,000	
	OTHER: PER EVENT AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	1,0	00,000	
	ANY AUTO								\$ 1,0 \$	00,000	
	OWNED SCHEDULED			010141 00007 044		9/1/2024	_,,,	BODILY INJURY (Per person)			
Α	AUTOS ONLY AUTOS SIBIV			SI8ML03087-241	SI8ML03087-241		9/1/2025	PROPERTY DAMAGE	\$		
	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							(Per accident)	\$		
									-		
	UMBRELLA LIAB X OCCUR			010=1/1=00 011		9/1/2024	9/1/2025	EACH OCCURRENCE	· · ·	00,000	
Α	X EXCESS LIAB CLAIMS-MADE			SI8EX1762-241				AGGREGATE	\$ 5,0	00,000	
	DED RETENTION \$ 0							PER OTH	\$		
	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	\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
В	Accident Medical			E758907-03		9/1/2024	9/1/2025	PER INJURY LIMIT	\$ 1	00,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL				le, may be	e attached if more	space is require	ed)			
	rtificate issued for sanctioned acticivities										
	rtificate Holder is Additional Insured as r	equir	ed by	written agreement per pol	icy end	orsement EC	G 20 600 05	09. This certificate is issu	ed on b	ehalf of:	
Bu	lverde YSA										
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.						
	i root of mouratioe.										
						ALITHORIZED REPRESENTATIVE					

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