

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.	CONTACT NAME: Sports Division				
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-299	93			
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com				
		PRODUCER CUSTOMER ID#: ENY				
		INSURERS AFFORDING COVERAGE	NAIC #			
INSURED	Eastern New York Youth Soccer Association	Insurer A: National Casualty Company	11991			
	265 Sunrise Highway, Suite 38	Insurer B: Nationwide Life Insurance Company 66869				
	Rockville Centre, NY 11570	Insurer C:				
	,	Insurer D:				
		Insurer E:				
		Insurer F:				
COVER	AGES CERTIFICATE NUMBER: 1801746	4 REVISION NUMBER: 0				
TI 110 10 TO	OFFICE THE BOURSE OF MOURANCE HOTER RELOWAN	A DEEN LOOKED TO THE INCLINED MAMER ABOVE FOR THE	F DOLLOW DEDICE			

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 REDUICED 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 ANY AUTO			KKO 75202-00	9/1/2018	9/1/2019	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ALL OWNED AUTOS						BODILY INJURY (Per person)	
	SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	H						PROPERTY DAMAGE (Per accident)	
	 1 						(Fer accident)	
	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						WC STATU- TORY LIMITS ER	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EYECUTIVE	N1/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	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/Lake Grove/Newfield 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	CANCELLATION
County of Suffolk Attn: c/o Department of Parks P.O. Box 144	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
West Sayville, , NY 11796	AUTHORIZED REPRESENTATIVE Satikbull



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

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in lieu of s	such endorsement(s).						
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division					
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-299	93				
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com					
	1 510 11 51011	PRODUCER CUSTOMER ID#: ENY					
		INSURERS AFFORDING COVERAGE	NAIC #				
INSURED	Eastern New York Youth Soccer Association	Insurer A: National Casualty Company	11991				
	265 Sunrise Highway, Suite 38	Insurer B: Nationwide Life Insurance Company 66869					
	Rockville Centre, NY 11570	Insurer C:					
	,	Insurer D:					
		Insurer E:					
		Insurer F:					
COVERA	AGES CERTIFICATE NUMBER: 1802491	14 REVISION NUMBER: 0)				
INDICATED	CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAD NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION ITE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD	OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPEC	T TO WHICH THIS				

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	
Α	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: POLICY PROJECT LOC						PRODUCTS - COMP/OP AGG	\$3,000,000
A	AUTOMOBILE LIABILITY ANY AUTO			KKO 75202-00	9/1/2018	9/1/2019	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ALL OWNED AUTOS						BODILY INJURY (Per person)	
	SCHEDULED AUTOS						BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
	71						(Fer accident)	
	X NON-OWNED AUTOS							
Α	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						WC STATU- TORY LIMITS ER	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR PARTNER EYECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	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/Lake Grove/Newfield 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	CANCELLATION
County of Suffolk Attn: c/o Parks Department PO Box 144	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
West Sayville, NY 11796	AUTHORIZED REPRESENTATIVE Satisfull



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

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in lie	eu of such endorsement(s).	J.1.010	Ju	y require an endorsement.	A Statement on	inio dei inidate d	oes not come rights to the	
PROD	Pullen Insurance Se	ervio	ces.	Inc.	CONTACT NAME: Sports Division			
	2560 River Park Pla				PHONE: (817) 738-6100 FAX: (817) 738-2993			
					E-MAIL ADDRESS: contact@pullenins.com			
	1 010 (, 01011, 111 / 0 .				PRODUCER CUST	OMER ID#: ENY		
					INSURERS AF	FORDING COVE	RAGE	NAIC #
INSU	Eastern New York Yo	nuth	Soc	cer Association	Insurer A: N	ational Casualty	Company	11991
	265 Sunrise Highway						nsurance Company	66869
	Rockville Centre, NY			,0	Insurer C:			
	Rockvine Centre, 1v1	11.	,,,		Insurer D:			
					Insurer E:			
					Insurer F:			
CO	VERAGES CE	RTI	FIC/	ATE NUMBER: 180174	58	R	EVISION NUMBER:	0
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY R TIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUC	REQU / PEF CH PO	IREM RTAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAV	OF ANY CONT DED BY THE PC E BEEN REDUC	RACT OR OTHER DLICIES DESCRIB ED BY PAID CLAIN	DOCUMENT WITH RESPEC ED HEREIN IS SUBJECT TO	CT TO WHICH THIS
INSR LTR	TYPE OF INSURANCE		SUBR WVD		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	
	HIRED AUTOS						(Per accident)	
	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						WC STATU- TORY LIMITS ER	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	111/					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			JXS-301213-00	9/1/2018	9/1/2019		\$200,000
This SC. club	RIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf or Only activities sanctioned by E pos. This certificate holder is named and the control of the certificate holder.	f Eas aster	stern n Ne	New York Youth Soccer ew York Youth Soccer, an	Association & affiliate of U	Long Island Ju S Youth Soccer, bility insurance	, and its registered memb	
	fstra University						DESCRIBED POLICIES BE CAI	
	5 Hofstra University				THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			

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Hempstead, NY 11549

AUTHORIZED REPRESENTATIVE



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

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and conditions of the policy, certain point lieu of such endorsement(s).	licies	may require an endorsement	. A statement on	this certificate of	loes not confer rights to th	e certificate holder	
PRODUCER Pullen Insurance Se	rvice	s Inc	CONTACT NAME: Sports Division				
2560 River Park Pla			PHONE: (817) 738-6100 FAX: (817) 738-2993				
Fort Worth, TX 761		rate 500	E-MAIL ADDRESS	contact@pu	llenins.com		
Tolt Worth, 121 701	10		PRODUCER CUST				
			INSURERS A	FFORDING COVE	ERAGE	NAIC #	
INSURED Eastern New York Yo	uth S	Soccer Association		ational Casualty		11991	
265 Sunrise Highway,					Insurance Company	66869	
Rockville Centre, NY			Insurer C:	ationwide Life	insurance company	00007	
Rockville Cellue, IV I	113	70	Insurer D:				
			Insurer E:				
			Insurer F:				
COVERAGES CE	DTIE	CATE NUMBER: 180174	_		REVISION NUMBER:	0	
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUC	S OF EQUIR PERT H POL	NSURANCE LISTED BELOW H EMENT, TERM OR CONDITION AIN, THE INSURANCE AFFOR CIES. LIMITS SHOWN MAY HA	IAVE BEEN ISSUIN OF ANY CONT RIDED BY THE PO VE BEEN REDUC	ED TO THE INSUI RACT OR OTHER DLICIES DESCRIB ED BY PAID CLAII	RED NAMED ABOVE FOR TI DOCUMENT WITH RESPE ED HEREIN IS SUBJECT TO	HE POLICY PERIOD	
INSR LTR TYPE OF INSURANCE	ADD'L S INSRD V	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: POLICY PROJECT LOC					PRODUCTS - COMP/OP AGG	\$3,000,000	
A AUTOMOBILE LIABILITY ANY AUTO		KKO 75202-00	9/1/2018	9/1/2019	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
ALL OWNED AUTOS					BODILY INJURY (Per person)		
SCHEDULED AUTOS					BODILY INJURY (Per accident)		
X HIRED AUTOS					PROPERTY DAMAGE (Per accident)		
X NON-OWNED AUTOS					(i.e. accasiny		
A UMBRELLA LIAB X OCCUR		XKO 75204-00	9/1/2018	9/1/2019	EACH OCCURRENCE	\$4,000,000	
X EXCESS LIAB CLAIMS-MADE		AKO 73204-00	9/1/2018	9/1/2019		\$4,000,000	
DEDUCTIBLE RETENTION \$					AGGREGATE	φ+,000,000	
					WC STATU- OTH-		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					TORY LIMITS ER E. L. EACH ACCIDENT		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E. L. DISEASE - EA EMPLOYEE		
(Mandatory in NH) If yes, describe under					E. L. DISEASE - POLICY LIMIT		
B PARTICIPANT ACCIDENT MEDICAL		JXS-301213-00	9/1/2018	9/1/2019	E. L. DISEASE - POLICY LIMIT	\$200,000	
This certificate is issued on behalf of SC. Only activities sanctioned by Eaclubs. This certificate holder is name	f Easte astern	ern New York Youth Socce New York Youth Soccer, a	r Association & un affiliate of U	t Long Island Ju S Youth Soccer	, and its registered memb		
CERTIFICATE HOLDER			CANCELLA	ATION			
Lake Grove-Newfield Soccer P.O. Box 1562 Ronkonkoma, NY 11779	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 Satisfull				



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

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PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division					
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com					
	,	PRODUCER CUSTOMER ID#: ENY					
		INSURERS AFFORDING COVERAGE	NAIC #				
INSURED	Eastern New York Youth Soccer Association	Insurer A: National Casualty Company	11991				
	265 Sunrise Highway, Suite 38	Insurer B: Nationwide Life Insurance Company 66869					
	Rockville Centre, NY 11570	Insurer C:					
	,	Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 1801746	REVISION NUMBER: ()				
THIS IS TO	CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR TH	E POLICY PERIOD				

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NSR 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 DAMAGE TO RENTED PREMISES (Ea occurance)	\$1,000,000
	CLAIMS MADE X OCCUR						PREMISES (Ea occurance) MED EXP (Any one person)	\$1,000,000 \$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC						PRODUCTS - COMP/OP AGG	\$3,000,000
A	AUTOMOBILE LIABILITY			KKO 75202-00	9/1/2018	9/1/2019	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ANY AUTO ALL OWNED AUTOS						BODILY INJURY (Per person)	
	SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	X HIRED AUTOS						PROPERTY DAMAGE (Per accident)	
	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 \$						WC STATU- OTH-	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E. L. EACH ACCIDENT	
	(Mandatory in NH)						E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	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)

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CERTIFICATE HOLDER	CANCELLATION
Middle Country Central School District 8 43rd Street Centereach, NY 11720	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 Satik Pull



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	eu of such endorsement(s).	olicies	s ma	y require an endorsement.	A statement on t	inis certificate d	loes not conter rights to the	e certificate noider		
PRODUCER Pullen Insurance Services, Inc.					CONTACT NAME: Sports Division					
	2560 River Park Pla				PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 76116					E-MAIL ADDRESS: contact@pullenins.com				
	FOR WORLD, IA 70.	110			PRODUCER CUSTO					
						FORDING COVE		NIAIO #		
								NAIC #		
INSU	Eastern New York Yo	outh (Soc	cer Association		tional Casualty		11991		
	265 Sunrise Highway,	, Sui	te 3	8	Insurer B: Na	tionwide Life l	Insurance Company	66869		
	Rockville Centre, NY	115	70		Insurer C:					
	,				Insurer D:					
					Insurer E:					
					Insurer F:					
CO	VERAGES CE	RTIF	FICA	TE NUMBER: 180335		R	REVISION NUMBER:	0		
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUC	REQUIF PER H POL	REM TAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	OF ANY CONTR DED BY THE POL E BEEN REDUCE	ACT OR OTHER LICIES DESCRIB D BY PAID CLAIR	DOCUMENT WITH RESPECT TO THE SECTION OF THE SECTION	CT TO WHICH THIS		
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:							\$3,000,000		
	POLICY PROJECT LOC						PRODUCTS - COMP/OP AGG	ψ3,000,000		
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			
	X HIRED AUTOS						(Per accident)			
	X NON-OWNED AUTOS									
Α	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						NOOKEONIE	+ 1,000,000		
	RETENTION \$									
							WC STATU- OTH-			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						TORY LIMITS ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E. L. EACH ACCIDENT			
	(Mandatory in NH)						E. L. DISEASE - EA EMPLOYEE			
	If yes, describe under						E. L. DISEASE - POLICY LIMIT			
В	PARTICIPANT ACCIDENT MEDICAL			JXS-301213-00	9/1/2018	9/1/2019		\$200,000		
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLES	(Atta	ch ACORD 101, Additional Remarks S	L chedule, if more space	is required)				
	s certificate is issued on behalf or						inior Soccer League/Lake	e Grove/Newfield		
	Only activities sanctioned by E bs. This certificate holder is nam							ers, teams and		
CE	RTIFICATE HOLDER				CANCELLA	TION				
NYIT 300 Carleton Ave. Central Islip, NY 11722					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 Satikbull						



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

\$200,000

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)

in lieu o	f such endorsement(s).		.,						
PRODUCE	Pullen Insurance Se	ervice	s. Inc.	CONTACT NAME: Sports Division					
	2560 River Park Pl			PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 76	,		E-MAIL ADDRESS:	contact@pul	lenins.com			
				PRODUCER CUSTO	OMER ID#: ENY				
				INSURERS AF	FORDING COVE	RAGE	NAIC #		
INSURED	Eastern New York Yo	outh S	occer Association	Insurer A: Na	tional Casualty	Company	11991		
	265 Sunrise Highway	. Suite	2 38	Insurer B: Na	tionwide Life l	nsurance Company	66869		
	Rockville Centre, NY			Insurer C:					
	,			Insurer D:					
				Insurer E:					
				Insurer F:					
COVE	RAGES CE	RTIFI	CATE NUMBER: 180335	57	R	EVISION NUMBER:	0		
INDICAT CERTIFIC EXCLUS	TO CERTIFY THAT THE POLICIE ED. NOTWITHSTANDING ANY R CATE MAY BE ISSUED OR MAY IONS AND CONDITIONS OF SUC	REQUIRE Y PERTA CH POLIC	EMENT, TERM OR CONDITION AIN, THE INSURANCE AFFORI CIES. LIMITS SHOWN MAY HAV	I OF ANY CONTR DED BY THE PO 'E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAIN	DOCUMENT WITH RESPE ED HEREIN IS SUBJECT TO	CT TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADD'L SU	BR POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
^^ ├──	ERAL 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		
<u> </u>						GENERAL AGGREGATE	UNLIMITE		
_	L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$3,000,000		
-	POLICY PROJECT LOC OMOBILE LIABILITY		KKO 75202-00	9/1/2018	9/1/2019	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
	ANY AUTO					,			
	ALL OWNED AUTOS					BODILY INJURY (Per person)			
	SCHEDULED AUTOS					BODILY INJURY (Per accident) PROPERTY DAMAGE			
X	HIRED AUTOS					(Per accident)			
X	NON-OWNED AUTOS								
Α	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 \$								
	RKERS COMPENSATION EMPLOYERS' LIABILITY Y/N					WC STATU- TORY LIMITS OTH- ER			
	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A				E. L. EACH ACCIDENT			
OFFIC (Man	CER/MEMBER EXCLUDED?					E. L. DISEASE - EA EMPLOYEE			
If yes	, describe under	1				E I DISEASE BOLICYLIMIT			

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

JXS-301213-00

This certificate is issued on behalf of Eastern New York Youth Soccer Association & Long Island Junior Soccer League/Lake Grove/Newfield 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.

9/1/2018

9/1/2019

CERTIFICATE HOLDER	CANCELLATION
NYIT 300 Carleton Ave. Central Islip , NY 11722	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 Satisfull—

PARTICIPANT ACCIDENT MEDICAL



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

\$4,000,000

\$4,000,000

\$200,000

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 cuch endorsement(s)

in lieu	of such endorsement(s).	onoic.	Jillu	y require an endorsement.	A Statement o	in tino oci tinodic d	oes not come, rights to th	ic dertinoute notaer	
PRODUC	Pullen Insurance S	ervic	es.	Inc.	CONTACT NAME: Sports Division				
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76	,			E-MAIL ADDRES	s: contact@pul	lenins.com		
	1 010 11 01011, 111 7 0	110			PRODUCER CUS	STOMER ID#: ENY			
					INSURERS A	AFFORDING COVE	RAGE	NAIC #	
INSURED	Eastern New York York	outh	Soc	cer Association	Insurer A:	National Casualty	Company	11991	
	265 Sunrise Highway	, Sui	ite 3	38	Insurer B:	Nationwide Life I	nsurance Company	66869	
	Rockville Centre, NY				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:				
COVE	RAGES CE	ERTI	FICA	ATE NUMBER: 180174	62	R	EVISION NUMBER:	0	
CERTIF EXCLU	TED. NOTWITHSTANDING ANY I ICATE MAY BE ISSUED OR MA SIONS AND CONDITIONS OF SU	Y PER CH PO	CTAIN LICIE	I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAV	DED BY THE F E BEEN REDU	POLICIES DESCRIBI CED BY PAID CLAIN	ED HEREIN IS SUBJECT T	CT TO WHICH THIS O ALL THE TERMS,	
INSR LTR	TYPE OF INSURANCE	ADD'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIV DATE (MM/DD/YY	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
' 	NERAL 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	
GE	N'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$3,000,000	
	POLICY PROJECT LOC								
A AU	TOMOBILE LIABILITY ANY AUTO			KKO 75202-00	9/1/2018	9/1/2019	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
_	ALL OWNED AUTOS						BODILY INJURY (Per person)		
_	SCHEDULED AUTOS						BODILY INJURY (Per accident)		
v	HIRED AUTOS						PROPERTY DAMAGE (Per accident)		
$\frac{\Lambda}{\mathbf{v}}$	NON-OWNED AUTOS						(i oi accident)		
Λ	INOIN-OVVINED AUTOS								

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

N/A

XKO 75204-00

JXS-301213-00

This certificate is issued on behalf of Eastern New York Youth Soccer Association & Long Island Junior Soccer League/Lake Grove/Newfield 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.

9/1/2018

9/1/2018

9/1/2019

9/1/2019

CERTIFICATE HOLDER	CANCELLATION
Sachem Central School District Samoset Administrative Office 51 School Street	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Lake Ronkonkoma, NY 11779	AUTHORIZED REPRESENTATIVE Satik Pull

EACH OCCURRENCE

E. L. EACH ACCIDENT

E. L. DISEASE - EA EMPLOYEE

E. L. DISEASE - POLICY LIMIT

AGGREGATE

UMBRELLA LIAB X OCCUR

PARTICIPANT ACCIDENT MEDICAL

EXCESS LIAB

DEDUCTIBLE
RETENTION \$

WORKERS COMPENSATION
AND EMPLOYERS' LIABILITY
ANY PROPRIETOR/PARTNER/EXECUTIVE
OFFICER/MEMBER EXCLUDED?
(Mandatory in NH)

If ves. describe under

CLAIMS-MADE



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.

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		Insurer F:				
		Insurer E:				
		Insurer D:				
]		Insurer C:				
,	265 Sunrise Highway, Suite 38	Insurer B: Nationwide Life Insurance Company	66869			
INSURED]	Eastern New York Youth Soccer Association	Insurer A: National Casualty Company	11991			
		INSURERS AFFORDING COVERAGE	NAIC #			
		PRODUCER CUSTOMER ID#: ENY				
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com				
	,	PHONE: (817) 738-6100 FAX: (817) 738-29	93			
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division				

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: POLICY PROJECT LOC						PRODUCTS - COMP/OP AGG	\$3,000,000
A	AUTOMOBILE LIABILITY ANY AUTO			KKO 75202-00	9/1/2018	9/1/2019	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ALL OWNED AUTOS						BODILY INJURY (Per person)	
	SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	X HIRED AUTOS						PROPERTY DAMAGE (Per accident)	
	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 ER	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E. L. EACH ACCIDENT	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	14//					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	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/Lake Grove/Newfield 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.

CANCELLATION

CENTIFICATE HOLDEN	CANCELLATION
State University of New York @ Stony Brook, State University of New York, State of New York Nicolls Rd Stony Brook, NY 11790	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Stony Brook, NY 11790	AUTHORIZED REPRESENTATIVE Satisfull-

CERTIFICATE HOLDER



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

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and conditions of the policy, certain point lieu of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate d	oes not confer rights to the	e certificate holder		
PRODUCER Pullen Insurance So	arvi	200	Inc	CONTACT NAME: Sports Division					
2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993					
Fort Worth, TX 76		Su	ne 300	E-MAIL ADDRESS: contact@pullenins.com					
Fort Worth, 1A 70	110			PRODUCER CUSTO					
					FORDING COVE		NAIC #		
INSURED Fastorn Now Vork Vo	41-	C -		+			11991		
Lastelli New Tolk 10					tional Casualty	1 7			
265 Sunrise Highway			38		monwide Life i	Insurance Company	66869		
Rockville Centre, NY	113	5/0		Insurer C:					
				Insurer D:					
				Insurer E:					
				Insurer F:					
COVERAGES CE	:RTI	FIC	ATE NUMBER: 180174	65	R	REVISION NUMBER:	0		
THIS IS TO CERTIFY THAT THE POLICII INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MA' EXCLUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREM RTAIN DLICIE	IENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	DOCUMENT WITH RESPECT TO	CT TO WHICH THIS		
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 ANY AUTO			KKO 75202-00	9/1/2018	9/1/2019	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
						BODILY INJURY (Per person)			
ALL OWNED AUTOS						BODILY INJURY (Per accident)			
SCHEDULED AUTOS						PROPERTY DAMAGE			
X HIRED AUTOS						(Per accident)			
X NON-OWNED AUTOS									
A UMBRELLA LIAB X OCCUR		-	XKO 75204-00	9/1/2018	9/1/2019		\$4,000,000		
A UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE			XKO /3204-00	9/1/2016	9/1/2019	EACH OCCURRENCE	\$4,000,000		
	-					AGGREGATE	\$4,000,000		
DEDUCTIBLE									
RETENTION \$						WC STATU- OTH-			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						TORY LIMITS ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E. L. EACH ACCIDENT			
(Mandatory in NH)						E. L. DISEASE - EA EMPLOYEE			
If yes, describe under						E. L. DISEASE - POLICY LIMIT			
B PARTICIPANT ACCIDENT MEDICAL			JXS-301213-00	9/1/2018	9/1/2019		\$200,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VE									
This certificate is issued on behalf of SC. Only activities sanctioned by Eclubs. This certificate holder is named to be a substantial to the substantial control of the substantial co	astei	n Ne	ew York Youth Soccer, an	affiliate of US	Youth Soccer	, and its registered memb			
				1	J				
CERTIFICATE HOLDER				CANCELLA	TION				
		D1.	1-	CANCLLLA	IIIOIN				
Suffolk County -H Lee Denni 100 Veterans Memorial High Hauppauge, NY 11788			ıg.	THE EXPIRATION	OF THE ABOVE I ON DATE THEREO LICY PROVISIONS	DESCRIBED POLICIES BE CAI F, NOTICE WILL BE DELIVEREI	NCELLED BEFORE DIN ACCORDANCE		
				AUTHORIZED REPI	RESENTATIVE	\cap			
					,	Jatik Dulle	-		

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

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PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division				
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-29	93			
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com				
	1 010 11 0100, 111 7 0110	PRODUCER CUSTOMER ID#: ENY				
		INSURERS AFFORDING COVERAGE	NAIC #			
INSURED	Eastern New York Youth Soccer Association	Insurer A: National Casualty Company	11991			
	265 Sunrise Highway, Suite 38	Insurer B: Nationwide Life Insurance Company	66869			
	Rockville Centre, NY 11570	Insurer C:				
		Insurer D:				
		Insurer E:				
		Insurer F:				
COVER	AGES CERTIFICATE NUMBER: 1801746	REVISION NUMBER: ()			
TI IIO 10 TO	OFFICE THAT THE BOLIGIES OF MOUDANCE LIGHED BELOW HA	VE DEEN JOOUED TO THE INCLIDED NAMED ABOVE FOR TH	E BOLIOV BEDIOD			

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, EXPLICITIONS AND CONDITIONS OF SUCH PROTECTION OF ANY PARTY PROTECTION OF ANY PARTY PROTECTION.

NSR 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 COMMERCIAL GENERAL LIABILITY	X		KKO 75202-00	9/1/2018	9/1/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance)	\$1,000,000 \$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: POLICY PROJECT LOC						PRODUCTS - COMP/OP AGG	\$3,000,000
A	AUTOMOBILE LIABILITY ANY AUTO			KKO 75202-00	9/1/2018	9/1/2019	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ALL OWNED AUTOS						BODILY INJURY (Per person)	
	SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	X HIRED AUTOS						PROPERTY DAMAGE (Per accident)	
	X NON-OWNED AUTOS							
Α	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	N/A					E. L. EACH ACCIDENT	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	,,					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	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/Lake Grove/Newfield 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	CANCELLATION
Town of Brookhaven Attn: c/o Department of Parks 286 Hawkins Road	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Centereach, NY 11720	AUTHORIZED REPRESENTATIVE Jatik Pull



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).

COVER/	AGES CERTIFICATE NUMBER: 1801746	REVISION NUMBER: ()			
		Insurer F:				
		Insurer E:				
		Insurer D:				
		Insurer C:				
	265 Sunrise Highway, Suite 38	Insurer B: Nationwide Life Insurance Company	66869			
INSURED	Eastern New York Youth Soccer Association	Insurer A: National Casualty Company	11991			
		INSURERS AFFORDING COVERAGE	NAIC #			
		PRODUCER CUSTOMER ID#: ENY				
		E-MAIL ADDRESS: contact@pullenins.com				
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-29	93			
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division				

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 REDUICED 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 COMMERCIAL GENERAL LIABILITY	X		KKO 75202-00	9/1/2018	9/1/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance)	\$1,000,000 \$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: POLICY PROJECT LOC						PRODUCTS - COMP/OP AGG	\$3,000,000
A	AUTOMOBILE LIABILITY ANY AUTO			KKO 75202-00	9/1/2018	9/1/2019	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ALL OWNED AUTOS						BODILY INJURY (Per person)	
	SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	X HIRED AUTOS						PROPERTY DAMAGE (Per accident)	
	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 \$						WC STATU- OTH-	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						TORY LIMITS ER E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E. L. DISEASE - EA EMPLOYEE	
	(Mandatory in NH) If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			JXS-301213-00	9/1/2018	9/1/2019	L. L. DISEASE - FOLICT LIMIT	\$200,000

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

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CERTIFICATE HOLDER	CANCELLATION
Town of Brookhaven Department of Parks & Recreation 1130 Old Town Road Coram, NY 11727	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 Satik Well-