

3/17/2015

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.

	e terms and conditions of the policy, ertificate holder in lieu of such endors				in endorsement. A statement on this certificate does not confer rights to th					ights to the	
	DUCER			CONTACT Bene-Marc, Inc							
					PHONE (A/C, No	p. Ext): (817	7) 738-6899	FAX (A/C, No):	(817)	738-1811	
	Bene-Marc, Inc.				È-MÁIL ADDRES	ss: cont	tact@bene-m				
(6301 Southwest Blvd, Suite 101						URER(S) AFFOR	RDING COVERAGE		NAIC#	
]	Fort Worth, TX 76132				INSURE	RA: Tudor I	Insurance Co	ompany		 L	
INSU	RED				INSURE						
	Tri County Adult Soccer League				INSURE						
Ī					INSURE	RD:					
	P. O. Box 6611				INSURE	RE:		,			
	Bridgewater, NJ 08807				INSURE	RF:	ee.man				
				E NUMBER: Cert #: 170				REVISION NUMBER:			
INI	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I CCLUSIONS AND CONDITIONS OF SUCH I	QUIF PERT POLI	REMEI TAIN, CIES.	ENT, TERM OR CONDITION OF THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE	AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PER N OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH T DED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TER IE BEEN REDUCED BY PAID CLAIMS.						
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	GENERAL LIABILITY	111011				,,		EACH OCCURRENCE	\$ 1.	,000,000.00	
A	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00	
	CLAIMS-MADE X OCCUR	ĺ		DCD0006520		4/1/2015	4/1/0016	MED EXP (Any one person)	\$	5,000.00	
	X Excludes Participant			PGP0806529		4/1/2015	4/1/2016	PERSONAL & ADV INJURY	\$ 1,	,000,000,000	
	Legal Liability					12:01 am	12:01 am	GENERAL AGGREGATE	\$ 3,	000,000.00	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$	Included	
	POLICY PRO- JECT LOC		igwdap					Med Exp COMBINED SINGLE LIMIT (Ea accident)		ctators Only	
 	\neg							(Ea accident) BODILY INJURY (Per person)	\$		
 	ANY AUTO ALL OWNED SCHEDULED						}	BODILY INJURY (Per person) BODILY INJURY (Per accident)	\$		
	AUTOS AUTOS NON-OWNED						-	PROPERTY DAMAGE	\$		
	HIRED AUTOS AUTOS						}	(Per accident)	\$		
	UMBRELLA LIAB OCCUR		\vdash					CAOU OCCUPRENCE		-	
	EXCESS LIAB OCCUR CLAIMS-MADE					ı	}	ACCRECATE	\$		
	DED RETENTION\$						ŀ	AGGREGATE	\$ \$		
	WORKERS COMPENSATION		\vdash					WC STATU- OTH- TORY LIMITS ER	Ф		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE					ı		E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				ı İ	į	E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under DESCRIPTION OF OPERATIONS below					1	-	E.L. DISEASE - POLICY LIMIT	•		
	BESSKII HOIVOI OI EIVYHONO BEISW							E.E. DIOLEGE - TOCIOT LIMIT	•		
	RIPTION OF OPERATIONS / LOCATIONS / VEHICL ered activities: adult soccer league.	.ES (A	ittach /	ACORD 101, Additional Remarks S	ichedule,	, if more space is	required)				
CER	TIFICATE HOLDER Cert #: 1704-	-297	55		CANC	ELLATION					
Tri County Adult Soccer League					SHO	ULD ANY OF T	HE ABOVE DI	ESCRIBED POLICIES BE CA	ANCELL	ED BEFORE	
•••	coming trainer society designs					THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
P. C	P. O. Box 6611					AUTHORITE PERFECTIVATE					
Bric	lgewater, NJ 08807				AUTHORIZED REPRESENTATIVE						
	: Randall H. Dahme				alisa Lynn Hall						



DATE (MM/DD/YYYY) 3/17/2015

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.

PRODUCER			CONTACT NAME: Bene-Marc, Inc									
Bene-Marc, Inc.			PH (A/ E-N	ONE C, No, Ext): (81'	7) 738-6899 tact@bene-n	FAX (A/C, No): (817)	738-1811					
6301 Southwest Blvd, Suite 101			AU		_	RDING COVERAGE	NAIC#					
Fort Worth, TX 76132			INS	URERA: Tudor I			IVAIO#					
INSURED			1	URER B :	iisiianee Co	ппрапу						
Tri County Adult Soccer League				INSURER C:								
P. O. Box 6611				INSURER D :								
Bridgewater, NJ 08807				INSURER F:								
	TIFIC	CATE	NUMBER: Cert #: 1704-29	·		REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	QUIF	REMEI AIN,	NT, TERM OR CONDITION OF THE INSURANCE AFFORDED	ANY CONTRACT BY THE POLICIE	OR OTHER I S DESCRIBEI	DOCUMENT WITH RESPECT TO '	WHICH THIS					
INSR LTR TYPE OF INSURANCE		SUBR	POLICY NUMBER			LIMITS						
GENERAL LIABILITY	IIVSIX	WVD	1 OLIOT NOMBER	(WINNIEDT CTTT)	(MINI/DD/1111)		00,000.00					
A X COMMERCIAL GENERAL LIABILITY							00,000.00					
CLAIMS-MADE X OCCUR						MED EXP (Any one person) \$	5,000.00					
X EXCLUDES Participant	X		202000	4/ 1/2015	4/ 1/2016	PERSONAL & ADV INJURY \$ 1,0	00,000.00					
Legal Liability	Λ		PGP0806529	12:01 am		GENERAL AGGREGATE \$ 3,0	00,000.00					
GEN'L AGGREGATE LIMIT APPLIES PER:				12.01 am	12:01 am	PRODUCTS - COMP/OP AGG \$	Included					
POLICY PRO- JECT LOC AUTOMOBILE LIABILITY						Med Exp for Spo	ectators Only					
ANY AUTO						(Ea accident) \$ BODILY INJURY (Per person) \$						
ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident) \$						
HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$						
AUTOS						(rer accident)						
UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$						
EXCESS LIAB CLAIMS-MADE						AGGREGATE \$						
DED RETENTION \$						\$						
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Ì				WC STATU- OTH- TORY LIMITS ER						
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT \$						
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE \$						
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$						
		Ì										
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES /A	ttach /	ACORD 101 Additional Remarks Sales	dute if more eners 's	maulme'							
	•		•									
Certificate Holder is named as Add'l Inst	irea	as res	spects to the operations of th	e named insured	i.							
Covered activities: adult soccer league.												
							İ					
CERTIFICATE HOLDER				NCELLATION.	 							
CERTIFICATE HOLDER				NCELLATION			1					
Cert #: 1704-29755-208780-0			т		DATE THE	ESCRIBED POLICIES BE CANCELL REOF, NOTICE WILL BE DEL Y PROVISIONS.						
Bridgewater Township Recreation Dept.												
100 Commons Way			AUT	HORIZED REPRESE	NTATIVE A	0 010						
Bridgewater, NJ 08807					- (sa Lynn Hall	Į					
					$\cup \mathcal{M} $	om othing i man						
				© 1988-2010 ACORD CORPORATION. All rights reserved.								



DATE (MM/DD/YYYY) 3/17/2015

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.

	the terms and conditions of the policy certificate holder in lieu of such endor	•			naorse	ment. A sta	tement on th	is certificate does not c	onter r	ignts to the
PR	ODUCER				CONTACT NAME: Bene-Marc, Inc					
	Bene-Marc, Inc.				PHONE (A/C, No	D, Ext): (81'	7) 738-6899	FAX (A/C, No):	(817)	738-1811
	•				E-MAIL ADDRE		tact@bene-n	narc.com		1
	6301 Southwest Blvd, Suite 101							DING COVERAGE		NAIC#
INIS	Fort Worth, TX 76132				1	RA: Tudor I	nsurance Co	mpany		
1					INSURE					
'	ri County Adult Soccer League				INSURE					-
l p	. O. Box 6611				INSURE					
1	Bridgewater, NJ 08807				INSURE					
		RTIFI	CATE	E NUMBER: Cert #: 1704	•			REVISION NUMBER:		
	THIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUII PER	REME ΓΑΙΝ,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER DESCRIBED	DOCUMENT WITH RESPE	ст то	WHICH THIS
INS LT		ADDI	SUBR	1		POLICY EFF (MM/DD/YYYY)		LIMIT	s	
<u> </u>	GENERAL LIABILITY	IIVSI	1	TODAY NOMBER		THURSDOY LAY	(MARIO DI L'ITI)	EACH OCCURRENCE		00,000,000
$ _{A}$	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00
	CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$	5,000.00
	X EXCLUDES Participant	v				4/ 1/2015	4/ 1/2016	PERSONAL & ADV INJURY	\$ 1,0	00,000,000
	Legal Liability	X		PGP0806529		12:01 am	12:01 am	GENERAL AGGREGATE	\$ 3,0	00,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					12.01 alli	12.01 am	PRODUCTS - COMP/OP AGG	\$	Included
<u> </u>	POLICY PRO- JECT LOC	-							for Sp	ectators Only
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per person) BODILY INJURY (Per accident)	\$	
ļ	AUTOS AUTOS NON-OWNED							PROPERTY DAMAGE	\$	
	HIRED AUTOS AUTOS							(Per accident)	\$	
	UMBRELLA LIAB OCCUR	-						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION\$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		T					WC STATU- OTH- TORY LIMITS ER		
	AND EMPLOYERS CIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)	"						E.L. DISEASE - EA EMPLOYEE	\$	
L	If yes, describe under DESCRIPTION OF OPERATIONS below	ļ						E.L. DISEASE - POLICY LIMIT	\$	
DE	SCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	i FS (Attach	ACORD 101 Additional Remarks	Schadula	if more enace is	required)			
	ertificate Holder is named as Add'l Ins					,	,			
	overed activities: adult soccer league.									
١٢	overed activities, adult soccer league.									
l										
CE	RTIFICATE HOLDER				CANC	ELLATION				
	ert #: 1704-29755-208781-0 illsborough Township				THE	EXPIRATION	I DATE THE	ESCRIBED POLICIES BE CAREOF, NOTICE WILL E Y PROVISIONS.		
	South Branch Rd.				AUTHORIZED REPRESENTATIVE 1 0 1 00					
	illsborough, NJ 08844						- (M. Inm. An	/V,	
	1				authorized Representation aliba Lynn Hall					



3/17/2015

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.

certificate holder in lieu of such endo	sem	ent(s)	Loover			 		
PRODUCER				CONTACT NAME: Bene-Marc, Inc PHONE FAX					
Bene-Marc, Inc.				PHONE (A/C, No E-MAIL	o, Ext): (81	7) 738-6899	(A/C, No):	(817)	738-1811
,				ADDRE	ss: con	tact@bene-n			T
6301 Southwest Blvd, Suite 101						* *	RDING COVERAGE		NAIC#
Fort Worth, TX 76132			(PRACE NO. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		RA: Tudor l	Insurance Co	ompany		
Tri County Adult Soccer League				INSURE					
Til County Adult Soccer League				INSURE					
P. O. Box 6611				INSURE					+
Bridgewater, NJ 08807				INSURE					
	TIFI	CATI	E NUMBER: Cert #: 170	INSURE			REVISION NUMBER:		<u></u>
THIS IS TO CERTIFY THAT THE POLICIE								HE POL	LICY PERIOD
INDICATED. NOTWITHSTANDING ANY R	EQUI	REME	ENT, TERM OR CONDITION	OF AN	Y CONTRACT	OR OTHER I	DOCUMENT WITH RESPE	CT TO	WHICH THIS
CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH								J ALL	THE TERMS,
INSR LTR TYPE OF INSURANCE	ADDI	SUBF	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT		
GENERAL LIABILITY	11100	I			111111111111111111111111111111111111111	111111111111111111111111111111111111111	EACH OCCURRENCE		000,000.00
A X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1	100,000.00
CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$	5,000.00
X EXCLUDES Participant	_,				4/1/2015	4/1/0016	PERSONAL & ADV INJURY	\$ 1,0	000,000.00
Legal Liability	X		PGP0806529		4/ 1/2015	4/ 1/2016	GENERAL AGGREGATE	\$ 3,0	000,000.00
GEN'L AGGREGATE LIMIT APPLIES PER:					12:01 am	12:01 am	PRODUCTS - COMP/OP AGG	\$	Included
POLICY PRO- JECT LOC								for Sp	ectators Only
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	•
ANY AUTO							BODILY INJURY (Per person)	\$	
ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident)	\$	
HIRED AUTOS NON-OWNED AUTOS		İ					PROPERTY DAMAGE (Per accident)	\$	
								\$	
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
DED RETENTION\$								\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							WC STATU- OTH- TORY LIMITS ER	<u> </u>	
ANY PROPRIETOR/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	\$	
DESCRIPTION OF OREDATIONS (1 COATIONS (1/5/1/6	1 50 /	A 44 4.	ACCEP 404 A 14W I B I	0 . l l. l					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC			*						
Certificate Holder is named as Add'l Ins	urea	as re	espects to the operations of	of the n	amed insured	1.			
Covered activities: adult soccer league.									
CERTIFICATE HOLDER				CANC	ELLATION		· · · · · · · · · · · · · · · · · · ·		
CERTIFICATE HOLDER				CAN	JELLA HON				
Cert #: 1704-29755-208782-0				SHO	ULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE C	ANCELI	LED BEFORE
Cole II. 1701 25755 200762 0							REOF, NOTICE WILL IN PROVISIONS.	3E DEI	LIVERED IN
Township of Bedminster Admin. & Exec. O	ffices			^00	CUDVIACE AND	III INE POLIC	TI NOVIGIONS.		
130 Hillside Avenue				AUTHORIZED REPRESENTATIVE A A					
Bedminster, NJ 07921						- / I V:	sa Lapur Ha	III.	
1						UM	ma azinhan 1 100	W	
<u> </u>				L			 		



DATE (MM/DD/YYYY)

3/17/2015

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.

cert	ficate holder in lieu of such endor	seme	ent(s)								
PRODUC	EER				CONTA NAME:	кст Ben	e-Marc, Inc				
					PHONE (A/C, N E-MAIL	o, Ext): (81'	7) 738-6899	(A/C, No):	(817)	-738-1811	
-	ene-Marc, Inc.				E-MAIL ADDRE	ss: con	tact@bene-n	narc.com			
6	301 Southwest Blvd, Suite 101						_	RDING COVERAGE		NAIC#	
	ort Worth, TX 76132				INSURE	ERA: Tudor l	nsurance Co	ompany			
INSURE)				INSURE						
Tri C	ounty Adult Soccer League				INSURER C:						
					INSURER D:						
P.O	Box 6611				INSURE	ER E :					
Brid	gewater, NJ 08807				INSURE	ERF:					
				E NUMBER: Cert #: 1704				REVISION NUMBER:			
	IS TO CERTIFY THAT THE POLICIES										
	CATED. NOTWITHSTANDING ANY RE CIFICATE MAY BE ISSUED OR MAY										
EXCI	USIONS AND CONDITIONS OF SUCH	POLI	CIES.	LIMITS SHOWN MAY HAVE		REDUCED BY	PAID CLAIMS			,	
INSR LTR	TYPE OF INSURANCE	INSR	SUBR WVD	POLICY NUMBER	_	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
GI	NERAL LIABILITY		ĺ					EACH OCCURRENCE	\$ 1,0	00.000,000	
A	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00	
	CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$	5,000.00	
L X	_EXCLUDES Participant					4/1/2015	4/1/0016	PERSONAL & ADV INJURY	\$ 1,0	000,000.00	
	Legal Liability	X		PGP0806529		4/ 1/2015	4/ 1/2016	GENERAL AGGREGATE	\$ 3,0	00,000,000	
GI	N'L AGGREGATE LIMIT APPLIES PER:					12:01 am	12:01 am	PRODUCTS - COMP/OP AGG	\$	Included	
	POLICY PRO- JECT LOC							Med Exp	for Sp	ectators Only	
Al	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED AUTOS		-					BODILY INJURY (Per accident)	\$		
	HIRED AUTOS NON-OWNED AUTOS						;	PROPERTY DAMAGE (Per accident)	\$		
	7.0100							(1 or doordon)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION\$								\$		
	ORKERS COMPENSATION							WC STATU- OTH- TORY LIMITS ER			
AN.	D EMPLOYERS' LIABILITY Y PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
OF (M	FICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE			
ify	es, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
									<u> </u>		
•											
DESCRIF	TION OF OPERATIONS / LOCATIONS / VEHIC	ES (/	Attach	ACORD 101, Additional Remarks	Schedule	, if more space is	required)				
Certif	cate Holder is named as Add'l Inst	ired	as re	spects to the operations of	of the n	amed insured	1.				
				specie to the operations o	- 4.1.		••				
Cove	ed activities: adult soccer league.										
COVC	ed detivities, addit soccer reague.										
CERTI	FICATE HOLDER				CANO	CELLATION					
Cert #	1704-29755-208783-0							ESCRIBED POLICIES BE CA			
"								EREOF, NOTICE WILL E BY PROVISIONS.	JE DEI	LIVERED IN	
Town	of Raritan				700	CHUMINUL III					
	nnsylvania Avenue				AUTHO	RIZED REPRESE	NTATIV5~ A	٠٥ ٨٠			
	igton, NJ 08822						- [] V:	oa Layan Ha]]].		
i iÇilill	1						UM	na azuhna 1 100	W		
-					-	@ 40		ODD CORPORATION			



DATE (MM/DD/YYYY) 3/17/2015

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.

PRODUCER				CONTA NAME:	Ben	e-Marc, Inc						
Bene-Marc, Inc.	Bene-Marc, Inc.						PHONE (A/C, No, Ext): (817) 738-6899 FAX (A/C, No): (817) 738-1811 E-MAIL ADDRESS: contact@bene-marc.com					
6301 Southwest Blvd, Suite 101				ADDRE			RDING COVERAGE		NAIC#			
Fort Worth, TX 76132				INSURE	RA: Tudor I				NAIO#			
INSURED				INSURE		insurunee oc	лирину		_			
Tri County Adult Soccer League				INSURE								
				INSURER D:								
P. O. Box 6611				INSURE				,,,				
Bridgewater, NJ 08807				INSURE								
COVERAGES CER	RTIFI	CATE	E NUMBER: Cert #: 1704	1-29755	5-208784-0		REVISION NUI	MBER:				
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY	OR OTHER I	DOCUMENT WITH D HEREIN IS SU	H RESPECT TO	WHICH THIS								
EXCLUSIONS AND CONDITIONS OF SUCH		CIES. ISUBR		BEEN			·					
INSR TYPE OF INSURANCE	INSR	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS	000 000 00			
GENERAL LIABILITY		1					EACH OCCURRENT DAMAGE TO RENT	FD T	000,000.00 100,000.00			
A X COMMERCIAL GENERAL LIABILITY	İ	ĺ					PREMISES (Ea occi	urrence) \$				
CLAIMS-MADE X OCCUR							MED EXP (Any one	1	5,000.00			
X EXCLUDES Participant Legal Liability	X		PGP0806529		4/ 1/2015	4/ 1/2016	PERSONAL & ADV	2	000,000.00			
			1 01 00002		12:01 am	12:01 am	GENERAL AGGREC		000,000.00 Included			
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							PRODUCTS - COM					
POLICY JECT LOC AUTOMOBILE LIABILITY	+	!					COMBINED SINGLE	Med Exp for Sp	ectators Omy			
ANY AUTO							(Ea accident) BODILY INJURY (Po	er person) \$				
ALL OWNED SCHEDULED	ł						BODILY INJURY (Po					
AUTOS AUTOS NON-OWNED AUTOS AUTOS							PROPERTY DAMAG					
HIRED AUTOS AUTOS							(Per accident)	\$				
UMBRELLA LIAB OCCUR							EACH OCCURRENCE		-			
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$				
DED RETENTION\$	1						AGONEGATE	s				
WORKERS COMPENSATION							WC STATU- TORY LIMITS	OTH- ER				
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE					
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA I					
If yes, describe under DESCRIPTION OF OPERATIONS below	ĺ						E.L. DISEASE - POL					
							·					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (Attach	ACORD 101, Additional Remarks	Schedule	, if more space is	required)						
Certificate Holder is named as Add'l Ins	ured	as res	spects to the operations of	f the na	amed insured							
Covered activities: adult soccer league.												
							•					
OFFICIOATE HOLDES												
CERTIFICATE HOLDER				CANC	ELLATION							
Cert #: 1704-29755-208784-0				THE	EXPIRATION	DATE THE	ESCRIBED POLICEREOF, NOTICE Y PROVISIONS.					
Washington Township	Washington Township											
350 Rt. 57 West	Rt. 57 West						\Phi	21 00				
Washington, NJ 07882						Uli	oa Lrynn	, Hall				
					@ 198	88-2010 ACC	ORD CORPORA	ATION All rig	hte reconved			



ACORD 25 (2010/05)

ERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/17/2015

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.

-	ficate holder in lieu of such endor	seme	ent(s)		CONTA	CT				
PRODUC	SER			NAME: Bene-Iviarc, inc						
В	ene-Marc, Inc.				(A/C, No	o, Ext): (81	7) 738-6899		<u>(817)</u>	738-1811
6	301 Southwest Blvd, Suite 101				ADDRE	ss: con	tact@bene-n			
i .	ort Worth, TX 76132				<u> </u>			RDING COVERAGE		NAIC#
INSURED						RA: Tudor I	nsurance Co	ompany		
	ounty Adult Soccer League				INSURE	•				
1110	ounty Adult Soccer League				INSURE	RC:				
P. O.	Box 6611				INSURE					
	gewater, NJ 08807				INSURE					
		TIFI	CATE	E AU IMPED	INSURE			DC//010N NUMBER		<u> </u>
	IS TO CERTIFY THAT THE POLICIES			ENUMBER: Cert #: 170-				REVISION NUMBER:	UE DOI	ICV BEBIOD
INDIC	CATED. NOTWITHSTANDING ANY RE	QUIF	REME	NT. TERM OR CONDITION	OF AN'	Y CONTRACT	OR OTHER I	OCCUMENT WITH RESPE	CT TO 1	WHICH THIS
CERT	TIFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH	PERT	AIN,	THE INSURANCE AFFORD	ED BY	THE POLICIE	S DESCRIBE	HEREIN IS SUBJECT TO	O ALL 1	THE TERMS,
INSR LTR		ADDL	SUBR	1	DECIN					
	TYPE OF INSURANCE	INSR	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	1.0	00,000,000
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	1	00,000.00
$A \vdash^X$									Ψ	5,000.00
	 							MED EXP (Any one person)	\$ 1:0	000,000.00
<u> X</u>	EXCLUDES Participant Legal Liability	X		PGP0806529	-	4/ 1/2015	4/ 1/2016	PERSONAL & ADV INJURY	2 0	00,000.00
	J					12:01 am	12:01 am	GENERAL AGGREGATE		Included
GE	POLICY PRO- LOC		İ			PRODUCTS - COMP/OP AGG	S Sn Cn			
AU	POLICY JECT LOC TOMOBILE LIABILITY		-					COMBINED SINGLE LIMIT		ectators Only
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
<u> </u>	AUTOS AUTOS NON-OWNED				ļ			PROPERTY DAMAGE	\$	-
-	HIRED AUTOS AUTOS							(Per accident)	\$	****
	UMBRELLA LIAB OCCUR		-					EAGLI GOOLIDDENIGE		
	EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE	\$	
	DED RETENTION\$							AGGREGATE	\$	
	ORKERS COMPENSATION							WC STATU- OTH-	3	
AN'	D EMPLOYERS' LIABILITY Y PROPRIETOR/PARTNER/EXECUTIVE							TORY LIMITS ER E.L. EACH ACCIDENT	\$	
OF	FICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE		
lf v	es, describe under SCRIPTION OF OPERATIONS below						}	E.L. DISEASE - POLICY LIMIT	\$	
100	SOME MEN OF CALIFORNIA BOOM							L.L. DISEASE - FOLIGIT LIMIT	J	
					ļ					
DESCRIP	TION OF OPERATIONS / LOCATIONS / VEHICE	ES (A	ttach /	ACORD 101, Additional Remarks	Schedule	, if more space is	required)			
Certifi	cate Holder is named as Add'l Inst	ired	as res	spects to the operations o	f the na	amed insured	ļ <u>.</u>			
Cover	ed activities: adult soccer league.									
CERTII	FICATE HOLDER			·	CANC	ELLATION				
					<u> </u>				-	
Cert #:	1704-29755-208785-0							SCRIBED POLICIES BE CA		
								REOF, NOTICE WILL E Y PROVISIONS.	E DEL	IVERED IN
Somers	set County Parks Commission and the	Cour	ty of	Somerset						
P. O. E	30x 5327			İ	AUTHORIZED REPRESENTATIVE 1					
North I	Branch, NJ 08876						(sa Lagnar Hal	IV,	
							VIV	on original rice	<i>N</i>	
						@ 109	38-2010 ACC	ORD CORPORATION	All rich	to recented



DATE (MM/DD/YYYY) 3/17/2015

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.

PRO	DUCER			Ċ	CONTACT NAME: Bene-Marc, Inc								
	Bene-Marc, Inc.			Pi (A E-	HONE VC, No, Ext): (8	17) 738-6899	FAX (A/C, No): (817)	738-1811					
	6301 Southwest Blvd, Suite 101			A		ntact@bene-n		11210 #					
	Fort Worth, TX 76132			n.			RDING COVERAGE	NAIC#					
INSU					ISURER A: Tudo	r insurance Co	ompany						
Tri	County Adult Soccer League				ISURER B :								
	County reduct booods Bougae				INSURER C:								
P.	O. Box 6611				INSURER D : INSURER E :								
Rr	idgewater, NJ 08807				INSURER F:								
		ΓIFIC	ATE		9755-208786-0		REVISION NUMBER:						
	IIS IS TO CERTIFY THAT THE POLICIES			Colt W. 170 + Z				ICY PERIOD					
CI	DICATED. NOTWITHSTANDING ANY RE- ERTIFICATE MAY BE ISSUED OR MAY F (CLUSIONS AND CONDITIONS OF SUCH F	ERT	AIN.	THE INSURANCE AFFORDED	BY THE POLICE	IES DESCRIBE	D HEREIN IS SUBJECT TO ALL	WHICH THIS THE TERMS,					
INSR LTR		ADDL	SUBR		POLICY EFF	POLICY EXP	LIMITS						
	GENERAL LIABILITY	INSK	WVU	T OLIGI HOMBLIC	(INIGINODITITI	(MININGERTY)		00,000,000					
Α	X COMMERCIAL GENERAL LIABILITY						BILLIAE TO SELITES	00,000,00					
71	CLAIMS-MADE X OCCUR						MED EXP (Any one person) \$	5,000.00					
	X EXCLUDES Participant							00,000,000					
	Legal Liability	X		PGP0806529	4/ 1/201:	5 4/ 1/2016	,	000,000.00					
	GEN'L AGGREGATE LIMIT APPLIES PER:				12:01 a	n 12:01 am	PRODUCTS - COMP/OP AGG \$	Included					
	POLICY PRO- JECT LOC						Med Exp for Sp						
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$	otatore only					
	ANY AUTO						BODILY INJURY (Per person) \$						
	ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident) \$						
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$						
							(el accident)						
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$						
	EXCESS LIAB CLAIMS-MADE						AGGREGATE \$						
Ì	DED RETENTION\$					Ì	\$						
	WORKERS COMPENSATION						WC STATU- OTH- TORY LIMITS ER						
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT \$						
	(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE \$						
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$						
							·						
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	ttach /	ACORD 101, Additional Remarks Sch	edule, if more space	is required)							
	tificate Holder is named as Add'l Insu				-	-							
001	initiate Horaer is named as rad i misa	iou	15 100	specis to the operations of the	ne named msur	cu.							
Cox	vered activities: adult soccer league.												
CU	refed activities, addit soccer league.												
CEF	TIFICATE HOLDER			C	ANCELLATIO	<u> </u>							
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
Cer	t #: 1704-29755-208786-0				ESCRIBED POLICIES BE CANCELL								
							REOF, NOTICE WILL BE DEI Y PROVISIONS.	IVERED IN					
Uni	on Township Municipal Bldg.				ACCORDANCE WITH THE POLICY PROVISIONS.								
	Perryville Road			AU	JTHORIZED REPRES	SENTATIVE	D 01 00						
	npton, NJ 08827					(sa Lynn Hall	l					
							SO OZINIMO I ICCO						
		-		<u> </u>	© 1988-2010 ACORD CORPORATION. All rights reserved.								



DATE (MM/DD/YYYY)

3/17/2015

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.

PRO	DUCER				CONTACT NAME: Bene-Marc, Inc							
					PHONE (A/C, No		7) 738-6899	F	AX A(C. No):	(917)	738-1811	
	Bene-Marc, Inc.				E-MAIL ADDRE	•	tact@bene-n		<u>,,.</u>	(017)	/30=1011	
	6301 Southwest Blvd, Suite 101						\sim	DING COVERAGE			NAIC#	
	Fort Worth, TX 76132				INSURE	RA: Tudor I	nsurance Co	mpany				
INSU	RED				INSURE							
Tri	County Adult Soccer League				INSURER C:							
					INSURER D :							
P.	O. Box 6611				INSURE							
Br	dgewater, NJ 08807				INSURE	RF:						
				NUMBER: Cert #: 1704				REVISION NUME				
	IIS IS TO CERTIFY THAT THE POLICIES											
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHI CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE												
E)	CLUSIONS AND CONDITIONS OF SUCH	POLI	CIES.	LIMITS SHOWN MAY HAVE		REDUCED BY	PAID CLAIMS.					
INSR LTR	TYPE OF INSURANCE	INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	S		
	GENERAL LIABILITY	İ						EACH OCCURRENCE		\$ 1,0	000,000.00	
Α	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurre	ence)	\$ 1	100,000.00	
	CLAIMS-MADE X OCCUR							MED EXP (Any one per	rson)	\$	5,000.00	
	X EXCLUDES Participant	***				4/ 1/2015	4/1/2016	PERSONAL & ADV IN.	JURY	\$ 1,0	00.000,000	
	Legal Liability	X		PGP0806529			4/ 1/2016	GENERAL AGGREGAT	TE	\$ 3,0	00,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					12:01 am	12:01 am	PRODUCTS - COMP/C)P AGG	\$	Included	
	POLICY PRO- JECT LOC							Me	d Exp	fbr Spe	ectators Only	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LI (Ea accident)	MIT	\$	•	
	ANY AUTO							BODILY INJURY (Per p	person)	\$	- 11	
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per a	accident)	\$		
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)		\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE		\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION\$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATU- TORY LIMITS	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT		\$		
	(Mandatory in NH)							E.L. DISEASE - EA EM	PLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC	Y LIMIT	\$		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ttach /	ACORD 101, Additional Remarks	Schedule,	if more space is	required)					
Cer	ificate Holder is named as Add'l Insu	ired :	as res	spects to the operations o	f the na	amed insured	l.					
Cov	rered activities: adult soccer league.											
	· ·											
CEF	TIFICATE HOLDER				CANC	ELLATION						
	#: 1704-29755-208787-0				THE	EXPIRATION	DATE THE	ESCRIBED POLICIES REOF, NOTICE V Y PROVISIONS.				
	. Bard				A11=							
80 Central Avenue AUTHORIZED REPRESENTATIVE ().									21 1	Λ		
Nev	Providence, NJ 07974							sai Lapuri	Hall	b		
								ORD CORPORAT				
						© 198	oo-∠UTU ACC	ノベレ ししんだしにんて	IUN. A	vii riat	us reserved.	



3/17/2015

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.

	e terms and conditions of the policy ertificate holder in lieu of such endor				laorse	ment. A sta	ternent on th	is certificate does not co	onier r	ights to the	
PRO	DUCER				CONTA NAME:	Ст Ber	ne-Marc, Inc				
	D 14 1				PHONE (A/C, No		7) 738-6899	FAX (A/C, No):	(817)	738-1811	
	Bene-Marc, Inc.				E-MAIL ADDRE	-	tact@bene-n	narc.com	(017)	750 1011	
	6301 Southwest Blvd, Suite 101							RDING COVERAGE		NAIC#	
	Fort Worth, TX 76132				INSURE	RA: Tudor l	• • •				
INSU	RED				INSURER B:						
Tri	County Adult Soccer League				INSURE						
					INSURE						
P.	O. Box 6611				INSURER E :						
Br	idgewater, NJ 08807				INSURE						
	- Y	TIFIC	CATE	E NUMBER: Cert #: 1704				REVISION NUMBER:			
Th	IIS IS TO CERTIFY THAT THE POLICIES	OF	INSUF	RANCE LISTED BELOW HAV	/E BEE	N ISSUED TO	THE INSURE	D NAMED ABOVE FOR TH			
	DICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY										
E	CLUSIONS AND CONDITIONS OF SUCH	POLI	CIES.	. LIMITS SHOWN MAY HAVE	BEEN F	REDUCED BY	PAID CLAIMS.	HEREIN IS SUBJECT TO	ALL	HE LEKIVIS,	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	S		
	GENERAL LIABILITY	INSK	1440	T OLIO THOMBER		(MANUSE) TEST	(MINI/DD) 1 1 1 2 7	EACH OCCURRENCE		000,000.00	
$ _{\mathbf{A}} $	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)		00,000.00	
11	CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$	5,000.00	
	X EXCLUDES Participant					4/1/0015		PERSONAL & ADV INJURY		00,000.00	
	Legal Liability	X		PGP0806529		4/ 1/2015	4/ 1/2016	GENERAL AGGREGATE	_	00,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					12:01 am	12:01 am	PRODUCTS - COMP/OP AGG	\$	Included	
l	POLICY PRO- JECT LOC								. <u>. </u>	ectators Only	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	ALLOWNED SCHEDULED							` ` · · · · · · · · · · · · · · · · · ·	\$		
	NON-OWNED							PROPERTY DAMAGE	\$		
	HIRED AUTOS AUTOS	İ						(Per accident)	\$		
	UMBRELLA LIAB OCCUR	-						EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION\$	ł						AGGREGATE	\$		
	WORKERS COMPENSATION							WC STATU- OTH- TORY LIMITS ER	Ψ		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							TORY LIMITS ER	\$		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT			
	DESCRIPTION OF CERTIFICAS DEIGW							L.L. DISEASE - POLICI EIIVITI	Ψ		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	Attach /	ACORD 101. Additional Remarks S	Schedule	. if more space is	required)				
	tificate Holder is named as Add'l Ins			,		,					
001	anoute from 15 hamed as Frad I his	ui vu	us 10	opects to the operations o	i the m	anica msarca	4.				
Co	vered activities: adult soccer league.										
Co	refed activities; adult soccer league.										
CEE	TIEICATE HOLDER				CANC	SELL ATION					
CER	TIFICATE HOLDER			<u> </u>	CANC	ELLATION					
Cer	t #: 1704-29755-208788-0				SHO	ULD ANY OF 1	THE ABOVE D	ESCRIBED POLICIES BE CA	NCELL	ED BEFORE	
CCI	.#. 1704-29733-200700-0				THE	EXPIRATION	I DATE THE	REOF, NOTICE WILL B			
NIa-	v Providence SC				ACC	ORDANCE WI	TH THE POLIC	Y PROVISIONS.			
							NTATIVE -		٠ -		
					AUTHUR	תוגבט תביאבאבו	```^''Y	Y "L			
Nev	v Providence, NJ 07974						UM	DOU OLAYAAN MU	X)		
	1			1	authorized representativa Liba Liynu Hall						



3/17/2015

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.

	- timedite mender in near or each emach	501110	(0)										
PROD	UCER				CONTACT NAME: Bene-Marc, Inc								
	Bene-Marc, Inc.				PHONE (A/C, No	(81), Ext):	7) 738-6899	FAX (A/C, No): (817)	738-1811			
	·				E-MAIL ADDRES	ss: con	tact@bene-n						
	6301 Southwest Blvd, Suite 101					INS	URER(S) AFFOR	DING COVERAGE		NAIC#			
	Fort Worth, TX 76132				INSURE	RA: Tudor I	nsurance Co	mpany					
INSUF					INSURE	RB:		·····					
III	County Adult Soccer League				INSURE	.							
P	O. Box 6611			-	INSURE								
					INSURER E :								
	dgewater, NJ 08807 /ERAGES CER	TIFI	` A TE	ALLMADED. G II 1804	INSURE			DEL/GLON NUMBER					
	IS IS TO CERTIFY THAT THE POLICIES			NUMBER: Cert #: 1704				REVISION NUMBER:	= POI	ICV BEBIOD			
INI	DICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION (THE INSURANCE AFFORDE	OF ANY	CONTRACT	OR OTHER DESCRIBED	OCUMENT WITH RESPECT	TO V	WHICH THIS			
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
	GENERAL LIABILITY	IIVOR	WVD	TODOT NOMOCIN		(MANUSCONT TTT)	(MINIOD/TTTT)	EACH OCCURRENCE S	1,0	00,000.00			
Α	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	1	00,000.00			
-^^	CLAIMS-MADE X OCCUR							MED EXP (Any one person)		5,000.00			
	X EXCLUDES Participant					4/1/0015		PERSONAL & ADV INJURY		00,000.00			
	Legal Liability	X		PGP0806529		4/ 1/2015	4/ 1/2016	GENERAL AGGREGATE	2.0	00,000.00			
Ì	GEN'L AGGREGATE LIMIT APPLIES PER:					12:01 am	12:01 am	PRODUCTS - COMP/OP AGG \$	3	Included			
Ī	POLICY PRO- JECT LOC				ŀ			Med Exp f	òr Spe	ectators Only			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	<u>+</u>				
	ANY AUTO							BODILY INJURY (Per person) \$	3	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident) \$;				
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	;				
								\$;				
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$;	,			
	EXCESS LIAB CLAIMS-MADE						_	AGGREGATE \$					
	DED RETENTION \$							\$	i .				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				İ			WC STATU- TORY LIMITS ER					
	ANY PROPRIETOR/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 \$					
Ì													
DESS:													
	RIPTION OF OPERATIONS / LOCATIONS / VEHICI	•		•	•	•	• •						
Cert	ificate Holder is named as Add'l Inst	ared	as res	spects to the operations of	t the na	amed insured	l.						
Cov	ered activities: adult soccer league.												
CED	TIFICATE HOLDER				04410	ELLATION							
CER	TIFICATE HOLDER				CANC	ELLATION							
Cert	#: 1704-29755-208789-0				THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CAN REOF, NOTICE WILL BE Y PROVISIONS.					
Read	ding Township Recreation			1									
	Route 523			ļ	AUTHOR	IZED REPRESEN	TATIVE 1	D 010	<u> </u>				
Whi	tehouse Station, NJ 08889			j			- (A Vis	sa Lrynn Hall	١,				
	1						VIM	w usiyin i ica	,				
			•		© 1988-2010 ACORD CORPORATION. All rights reserved.								



DATE (MM/DD/YYYY) 3/17/2015

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.

certificate nolder in lieu	or such endor	seme	nt(s)									
PRODUCER					CONTACT NAME: Bene-Marc, Inc							
Bene-Marc, Inc.					PHONE (A/C, No E-MAIL	o, Ext): (81)	7) 738-6899	FAX (A/C, No):	(817)	738-1811		
					ADDRE	ss: cont	tact@bene-n	narc.com		I		
6301 Southwest Blvc	•							IDING COVERAGE		NAIC#		
Fort Worth, TX 761:	32				INSURE	RA: Tudor I	nsurance Co	mpany				
INSURED	T				INSURER B:							
Tri County Adult Soccer	League				INSURER C:							
P. O. Box 6611					INSURE							
	7				INSURE							
Bridgewater, NJ 0880 COVERAGES		TIEI	ATE	NUMBER: Cert #: 1706	INSURE			REVISION NUMBER:				
									HE POL	ICY PERIOD		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE P INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALI EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.										WHICH THIS		
INSR LTR TYPE OF INSUR			SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
GENERAL LIABILITY		IIVSIX	T T	1 02.01 (10		(MARIE DE L'I I I I I	(MANAGER) CTTY	EACH OCCURRENCE		00,000,000		
A X COMMERCIAL GENERA	L LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	s 1	00,000.00		
	X OCCUR							MED EXP (Any one person)	\$	5,000.00		
X EXCLUDES Partic	ipant	37				4/ 1/2015	4/1/2016	PERSONAL & ADV INJURY	\$ 1,0	00,000,000		
Legal Liability		X		PGP0806529			4/ 1/2016	GENERAL AGGREGATE	\$ 3,0	00,000.00		
GEN'L AGGREGATE LIMIT A	PLIES PER:					12:01 am	12:01 am	PRODUCTS - COMP/OP AGG	\$	Included		
POLICY PRO- JECT	LOC							Med Exp	fbr Spe	ectators Only		
AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$			
ANY AUTO	COLLEGE							BODILY INJURY (Per person)	\$			
ALL OWNED AUTOS	SCHEDULED AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$			
HIRED AUTOS	AUTOS							(Per accident)	\$			
									\$			
UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$			
EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$			
DED RETENTION	V\$							WC STATU- OTH-	\$			
AND EMPLOYERS' LIABILITY								TORY LIMITS ER				
ANY PROPRIETOR/PARTNER OFFICER/MEMBER EXCLUDE	D?	N/A						E.L. EACH ACCIDENT	\$			
(Mandatory in NH) If yes, describe under								E.L. DISEASE - EA EMPLOYEE				
DÉSCRIPTION OF OPERATION	NS below							E.L. DISEASE - POLICY LIMIT	\$			
DESCRIPTION OF OPERATIONS / L	OCATIONS / VEHIC	LES //	\ttach	ACORD 101, Additional Remarks	Schedule	, if more snace is	required)					
Certificate Holder is name												
Covered activities: adult s	occer league.											
CERTIFICATE HOLDER	····				CANC	ELLATION				 1		
Cert #: 1704-29755-208790-	Cert #: 1704-29755-208790-0 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.											
Township of Warren												
46 Mountain Blvd.	46 Mountain Blvd.											
Warren, NJ 07059					aliba Lynn Hall							
						@ 19	88-2010 ACC	ORD CORPORATION.	All righ	nte recerved		



3/17/2015

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.

certificate holder in lieu of such endorsen	nent(s).								
PRODUCER		CONTA NAME:	Ber	e-Marc, Inc	T-				
Bene-Marc, Inc.		PHONE (A/C, No E-MAIL	o, Ext): (81	7) 738-6899		FAX (A/C, No): (817)	738-1811		
6301 Southwest Blvd, Suite 101		ADDRE	ss: con	tact@bene-n					
Fort Worth, TX 76132					RDING COVERAGE		NAIC#		
INSURED		T i	ERA: Tudorl	nsurance Co	ompany				
Tri County Adult Soccer League		INSURE							
		INSURE							
P. O. Box 6611		INSURE							
Bridgewater, NJ 08807		INSURER F:							
			5-208791-0		REVISION NUM				
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQU CERTIFICATE MAY BE ISSUED OR MAY PER EXCLUSIONS AND CONDITIONS OF SUCH PO	IREMENT, TERM OR CONDITION THE INSURANCE AFFOLICIES. LIMITS SHOWN MAY HA	ON OF AN' RDED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS	DOCUMENT WITH D HEREIN IS SUB.	RESPECT TO V	WHICH THIS		
INSR LTR TYPE OF INSURANCE INS	DL SUBR R WVD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS			
GENERAL LIABILITY					EACH OCCURRENCE	<u> </u>	000,000.00		
A X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTEL PREMISES (Ea occurr	rence) \$ 1	00,000.00		
CLAIMS-MADE X OCCUR					MED EXP (Any one pe	1 0	5,000.00		
X EXCLUDES Participant Legal Liability	PGP080652	9	4/ 1/2015	4/ 1/2016	PERSONAL & ADV IN	2.0	00,000,000		
		••	12:01 am	12:01 am	GENERAL AGGREGA	+ /	Included		
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC				PRODUCTS - COMP/O	led Exp for Spe				
AUTOMOBILE LIABILITY					COMBINED SINGLE L (Ea accident)		zotatoro Omy		
ANY AUTO					BODILY INJURY (Per				
ALL OWNED SCHEDULED AUTOS AUTOS					BODILY INJURY (Per	'			
HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$			
						\$			
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	E \$			
EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$			
DED RETENTION\$ WORKERS COMPENSATION					WC STATU- TORY LIMITS	OTH-			
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCIDENT	T \$			
OFFICERMEMBER EXCLUDED? N//	A				E.L. DISEASE - EA EM				
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLIC				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	•		•						
Certificate Holder is named as Add'l Insure	d as respects to the operation	s of the n	amed insured	1.					
Constitution of the constitution									
Covered activities: adult soccer league.									
CERTIFICATE HOLDER		CANC	CELLATION						
Cert #: 1704-29755-208791-0					ESCRIBED POLICIE EREOF, NOTICE				
Trans of December 1					Y PROVISIONS.	· -			
Town of Branchburg		A/1710	DIZED DEDDECT	NTA TIME		<u> </u>			
1077 US Hwy. 202 North		AUTHO	RIZED REPRESEI	''''''''	Υ Υ	Hall			
Branchburg, NJ 08876		authorized representative Clipa Lynn Hall							
<u> </u>					/				



3/17/2015

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.

PROI	DUCER			CONTACT NAME: Bene-Marc, Inc								
	Bene-Marc, Inc.			PHONE (A/C, No E-MAIL ADDRES	o, Ext): (817	7) 738-6899 act@bene-m	FAX (A/C, No): (817)	738-1811				
	6301 Southwest Blvd, Suite 101			-	ADDRES			IDING COVERAGE	NAIC#			
	Fort Worth, TX 76132			-	INSURE	RA: Tudor I			IVAIC#			
INSU					INSURE		iisurance co	mpany				
Tri	County Adult Soccer League				INSURE	•						
				ľ	INSURE							
P.	O. Box 6611			i i	INSURE							
Br	idgewater, NJ 08807				INSURE			.				
CO	ERAGES CER	TIFIC	ATE	NUMBER: Cert #: 1704				REVISION NUMBER:				
					HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD ON OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS							
CE	RTIFICATE MAY BE ISSUED OR MAY F CLUSIONS AND CONDITIONS OF SUCH I	PERT	AIN,	THE INSURANCE AFFORDE	D BY	THE POLICIES	S DESCRIBED					
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
GENERAL LIABILITY						EACH OCCURRENCE			00,000.00			
A	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1	00,000.00			
	CLAIMS-MADE X OCCUR							MED EXP (Any one person) \$	5,000.00			
	X EXCLUDES Participant	*7				4/ 1/2015	4/ 1/2016	PERSONAL & ADV INJURY \$ 1,0	00,000.00			
	Legal Liability	X		PGP0806529			4/ 1/2016	GENERAL AGGREGATE \$ 3,0	00,000.00			
	GEN'L AGGREGATE LIMIT APPLIES PER:					12:01 am	12:01 am	PRODUCTS - COMP/OP AGG \$	Included			
	POLICY PRO- JECT LOC							Med Exp for Spe	ctators Only			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$				
	ANY AUTO						_	BODILY INJURY (Per person) \$				
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident) \$				
ļ	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident) \$				
				#. -				\$				
-	UMBRELLA LIAB OCCUR				İ			EACH OCCURRENCE \$				
-	EXCESS LIAB CLAIMS-MADE						,	AGGREGATE \$				
	DED RETENTION\$							\$ MC STATE				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						}	WC STATU- OTH- TORY LIMITS ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A			İ		-	E.L. EACH ACCIDENT \$				
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						-	E.L. DISEASE - EA EMPLOYEE \$				
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$				
					1							
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES 14	ttach /	ACORD 101 Additional Remarks S	chadula	if more enace is	required)					
	tificate Holder is named as Add'l Insu	•		•		•						
COI	inicate floider is named as 7 dd i mst	ii cu	us 10.	specis to the operations of	the ne	inica msarca	•					
Cor	vered activities: adult soccer league.											
Co	refed activities, addit soccer league.											
CER	TIFICATE HOLDER				CANC	ELLATION						
Cer	: #: 1704-29755-208792-0							SCRIBED POLICIES BE CANCELL				
								REOF, NOTICE WILL BE DEI Y PROVISIONS.	IVERED IN			
Piso	ataway Township											
455	Hoes Lane			[7	AUTHORIZED REPRESENTATIVE 1 0 0 1 00							
Pisc	ataway, NJ 08854						(A lin	sa Lynn Hall]			
	<u> </u>							Λ				
					© 1988-2010 ACORD CORPORATION. All rights reserved.							



DATE (MM/DD/YYYY)

3/17/2015

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.

certificate holder in lieu of such endo	rsem	ent(s).							
PRODUCER				CONTA NAME:	Ber	ne-Marc, Inc				
Dana Mara Ina				PHONE (A/C, No	o,Ext): (XI	7) 738-6899		FAX (A/C, No):	(817)	738-1811
Bene-Marc, Inc.				E-MAIL ADDRE	ss: con	tact@bene-n	narc.com		()	
6301 Southwest Blvd, Suite 101					INS	SURER(S) AFFOR	RDING COVERAGE			NAIC#
Fort Worth, TX 76132				INSURE	RA: Tudor	Insurance Co	mpany			
INSURED				INSURE	RB:					
Tri County Adult Soccer League				INSURE	RC:					
D 0 D 444				INSURE	RD:					
P. O. Box 6611				INSURE	RE:					
Bridgewater, NJ 08807				INSURE	RF:					
			E NUMBER: Cert #: 170				REVISION NUM			
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY	EQUI	REME	NT, TERM OR CONDITION	OF AN'	Y CONTRACT	OR OTHER I	DOCUMENT WITH	H RESPEC	OT T	WHICH THIS
EXCLUSIONS AND CONDITIONS OF SUCH	ł POL	CIES.	. LIMITS SHOWN MAY HAVE	BEEN F	REDUCED BY	PAID CLAIMS.			,,	
INSR LTR TYPE OF INSURANCE	INSF	SUBF	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	;	
GENERAL LIABILITY		-					EACH OCCURRENC		\$ 1,0	00.000,000
A X COMMERCIAL GENERAL LIABILITY	ŀ					·	DAMAGE TO RENTE PREMISES (Ea occu	ED urrence)	\$	100,000.00
CLAIMS-MADE X OCCUR							MED EXP (Any one	person)	\$	5,000.00
X EXCLUDES Participant	X				4/ 1/2015	4/ 1/2016	PERSONAL & ADV I	INJURY	\$ 1,0	00,000,000
Legal Liability	. ^		PGP0806529				GENERAL AGGREG	SATE	\$ 3,0	00,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:					12:01 am	12:01 am	PRODUCTS - COMP	P/OP AGG	\$	Included
POLICY PRO- JECT LOC							Ŋ	Aed Exp	o r Sp	ectators Only
AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
ANY AUTO							BODILY INJURY (Pe	er person)	\$	
ALL OWNED SCHEDULED AUTOS	Ì						BODILY INJURY (Pe	- 1	\$	
HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAG (Per accident)	SE .	\$	
	ļ								\$	
UMBRELLA LIAB OCCUR		İ				ļ	EACH OCCURRENC	CE	\$	
EXCESS LIAB CLAIMS-MAD							AGGREGATE		\$	
DED RETENTION\$	ļ.,	ļ							\$	<u> </u>
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N				İ			WC STATU- TORY LIMITS	OTH- ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				:		E.L. EACH ACCIDEN	NT	\$	
(Mandatory in NH) If yes, describe under		1					E.L. DISEASE - EA E	MPLOYEE	\$	
DESCRIPTION OF OPERATIONS below	1	<u> </u>					E.L. DISEASE - POLI	ICY LIMIT	\$	
Certificate Holder is named as Add'l In:					•					
Covered activities: adult soccer league.										
_										
CERTIFICATE HOLDER				CANC	ELLATION					
Cert #: 1704-29755-208793-0				SHO THE	ULD ANY OF 1 EXPIRATION	DATE THE	ESCRIBED POLICI REOF, NOTICE Y PROVISIONS.			
Bethlehem Township				AUTHOR	RIZED REPRESEI	NTATIVE~ -		<u> </u>		· ·
18 Mine Rd. Asbury, NJ 08802				AUINUI	MEED REPRESE	Üli	sai Liyini	Hal	l	
					© 19		ORD CORPORA			nts reserved.



DATE (MM/DD/YYYY) 3/17/2015

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.

	icate noider in neu of such endois	Seille	iii(S)	<u>, </u>	LOOUTA	AT.						
PRODUC	ER			CONTACT NAME: Bene-Marc, Inc								
Be	ene-Marc, Inc.				PHONE (A/C, No E-MAIL	o, Ext): (817	<u>738-6899</u>		(817)	738-1811		
1	01 Southwest Blvd, Suite 101				ADDRE	ss: cont	act@bene-n					
l .	ort Worth, TX 76132							RDING COVERAGE		NAIC#		
INSURED						RA: Tudor I	nsurance Co	mpany				
	ounty Adult Soccer League				INSURE							
111 00	diffy Addit Soccer League				INSURE							
P. O.	Box 6611				INSURE							
	ewater, NJ 08807				INSURER E : INSURER F :							
COVE		TIFIC	CATE	E NUMBER: Cert #: 1704	•			REVISION NUMBER:				
	IS TO CERTIFY THAT THE POLICIES								HE POL	ICY PERIOD		
INDIC CERT	ATED. NOTWITHSTANDING ANY RE IFICATE MAY BE ISSUED OR MAY I USIONS AND CONDITIONS OF SUCH	QUIF PERT	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN'	Y CONTRACT	OR OTHER I	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO	WHICH THIS		
INSR LTR TYPE OF INSURANCE INSR WVD POLICY NUMBER						POLICY EFF POLICY EXP						
	NERAL LIABILITY	a tolt	,,,,,	- Care Homes				EACH OCCURRENCE	<u> </u>	00,000.00		
AX	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	<u> </u>	00,000.00		
	CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$	5,000.00		
Х	EXCLUDES Participant	**				4/1/2015	4/1/2016	PERSONAL & ADV INJURY	\$ 1,0	00,000.00		
	Legal Liability	X		PGP0806529		4/ 1/2015	4/ 1/2016	GENERAL AGGREGATE	\$ 3,0	00,000.00		
GE	GEN'L AGGREGATE LIMIT APPLIES PER:					12:01 am	12:01 am	PRODUCTS - COMP/OP AGG	\$	Included		
	POLICY PRO- JECT LOC							f & r Spe	ectators Only			
AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$			
	ANY AUTO							BODILY INJURY (Per person)	\$			
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$			
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$			
									\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION\$							LUIS STATULA COTA	\$			
	RKERS COMPENSATION D EMPLOYERS' LIABILITY Y/N							WC STATU- OTH- TORY LIMITS ER				
AN' OF	PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$			
(Ma	Indatory in NH) es, describe under							E.L. DISEASE - EA EMPLOYEE	\$			
DÉS	SCRIPTION OF OPERATIONS below		ļ					E.L. DISEASE - POLICY LIMIT	\$	· · · · · · · · · · · · · · · · · · ·		
DESCRIP	TION OF OPERATIONS / LOCATIONS / VEHICL	.ES (A	Attach .	ACORD 101, Additional Remarks	Schedule	, If more space is	required)					
Certific	eate Holder is named as Add'l Insu	red a	as res	spects to the operations o	f the na	amed insured						
Covere	ed activities: adult soccer league.											
CERTIF	FICATE HOLDER				CANC	ELLATION						
	1704-29755-208794-0 f Berkeley Heights				THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL E Y PROVISIONS.				
	imbus Avenue				AUTHO	RIZED REPRESE	NTATIVET A	9 910	10			
	y Heights, NJ 07922						Uli	sa Liyun Hal	b			
						@ 400	20 2040 604	APD COPPOPATION	A II wissel	te recomind		



3/17/2015

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.

Bene-Mare, Inc. 6301 Southwest Blvd, Suite 101 For Worth, TX 76132 NAMERICA Tri County Adult Soccer League P. O. Box 6611 Bridgewater, NJ 08807 CERTIFICATE NUMBER: Cart #: 1704-29755-208795-0 THIS B TO GOTTPY THAT THE POLICIES OF RESURANCE LISTED BELOW HAVE BEEN INSUED TO THE INSURED HEREN INSUED TO THE INSURED HEREN INSUED TO THE INSURED HEREN INSURED TO THE INSURED HEREN INSURED TO THE INSURED HEREN INSURED TO THE INSURED HEREN INSURED TO THE INSURED HEREN INSURED TO THE INSURED HEREN INSURED TO THE INSURED THE POLICIES DESCONSED HEREN INSURED TO THE INSURED HEREN INSURED TO THE INSURED HEREN INSURED TO THE INSURED HEREN INSURED TO THE INSURED HEREN INSURED TO THE INSURED HEREN INSURED TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PADD CLAMB. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PADD CLAMB. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PADD CLAMB. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PADD CLAMB. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PADD CLAMB. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PADD CLAMB. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PADD CLAMB. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PADD CLAMB. EXCLUSIONS AND CONDITIONS OF SUCH PADD CLAMB. EXCLUSIONS AND CONDITIONS OF SUCH PADD CLAMB. EXCLUSIONS AND CONDITIONS OF SUCH PADD CLAMB. EXCLUSIONS AND CONDITIONS OF SUCH PADD CLAMB. EXCLUSIONS AND CONDITIONS OF SUCH PADD CLAMB. EXCLUSIONS AND CONDITIONS OF SUCH PADD CLAMB. EXCLUSIONS AND CONDITIONS OF SUCH PADD CLAMB. EXCLUSIONS AND CONDITIONS OF SUCH PADD CLAMB. EXCLUSIONS AND CONDITIONS OF SUCH PADD CLAMB. EXCLUSIONS AND CONDITIONS OF SUCH PADD CLAMB. EXCLUSIONS AND CONDITIONS OF SUCH PADD CLAMB. EXCLUSIONS AND CONDITIONS OF SUCH PADD CLAMB. EXCLUSIONS AN	се	rtificate holder in lieu of such endor	seme	nt(s)).								
Bene-Marc, Inc. 6301 Southwest Blvd, Suite 101 Fort Worth, TX 76122 MISSIER B. 17 County Adult Soccer League P. O. Box 6611 Bridgewater, NJ. 08807 COVERAGES SERTIFICATE NUMBER: Cut IL TOXAGE BENEFIT BRIDGE STORES BRIDGE BRIDGE STORES BRIDGE BR	PROD	UCER				NAME:	Bet	ne-Marc. Inc					
6301 Southwest Bird, Suite 101 MRURERA T. Tidor Insurance Company MRURERA T. Tidor Insurance T. Tidor Insurance Company MRURERA T. Tidor Insurance T. Tidor Insurance T. Ti		Dana Mana Tua				PHONE (A/C, No			FAX (A/C, No)	: (817)	738-1811		
GOST Southwest Blivd, Suite 101 Fort Worth, TX 76132 NAUMER 1. Tudor Insurance Company P. O. Box 6611 Bridgewater, NJ 08807 COVERAGES CERTIFICATE NUMBER: Cort. 8: Todar Insurance Company P. O. Box 6611 Bridgewater, NJ 08807 COVERAGES CERTIFICATE NUMBER: Cort. 8: Todar Insurance Company P. O. Box 6611 Bridgewater, NJ 08807 COVERAGES CERTIFICATE NUMBER: Cort. 8: Todar Insurance Company THES BY TO GERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN INSURED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD COVERAGES CERTIFICATE MAY BE ISSUED ON MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES BY FORD THE POLICY PERIOD COVERAGE AND CONTROL THE TERMS. CEXTIFICATE MAY BE ISSUED ON MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES BY AND CONTROL THE TERMS. CEXTIFICATE MAY BE ISSUED ON MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES BY AND CONTROL THE TERMS. CEXTIFICATE MAY BE ISSUED ON MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES BY AND CONTROL THE TERMS. CEXTIFICATE MAY BE ISSUED ON MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES BY AND CONTROL THE TOWN OF THE AND CONTROL THE TOWN OF THE AND CONTROL THE TOWN OF THE AND CONTROL THE TOWN OF THE AND CONTROL THE TOWN OF THE AND CONTROL THE TOWN OF THE AND CONTROL THE TOWN OF THE AND CONTROL THE TOWN OF THE AND CONTROL THE TOWN OF THE AND CONTROL THE TOWN OF THE AND CONTROL THE TOWN OF THE AND CONTROL THE TOWN OF THE AND CONTROL THE TOWN OF THE AND CONTROL THE THE CONTROL THE TOWN OF THE AND CONTROL THE THE CONTROL THE TOWN OF THE AND CONTROL THE TOWN OF THE AND CONTROL THE TOWN OF THE AND CONTROL THE TOWN OF THE AND CONTROL THE THE CONTROL THE TOWN OF THE AND CONTROL THE THE CONTROL THE TOWN OF THE AND CONTROL THE TOWN OF THE AND CONTROL THE THE CONTROL THE TOWN OF THE AND CONTROL THE THE CONTROL THE TOWN OF THE AND CONTROL THE THE CONTROL THE TOWN OF THE AND CONTROL THE THE CONTROL THE TOWN OF THE AND CONTROL THE THE CONTROL THE TOWN OF THE AND CONTROL THE THE CONTROL THE CONTROL THE TOWN OF THE AND CONTROL THE TOWN OF THE AND		Bene-Marc, Inc.				E-MAIL	•	•	narc.com	(011)	700 1011		
MISSIER D TO COURTY Adult Source League P. O. Box 6611 Bridgewater, NJ 08807 COVERAGES CERTIFICATE NUMBER: Cert 8: 10048875-0 REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIODS CERTIFICATE MAY BE ISSUED ON MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. EXCLUSIONS AND COUNTY OF SUBJECT TO ALL THE TERMS. THE OF REPUBANCE MAY DE SISUED ON MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. THE OF REPUBANCE MAY BE ISSUED ON MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. EXCLUSIONS AND COUNTY OF SUBJECT TO ALL THE TERMS. THE OF REPUBANCE MAY BE ISSUED ON MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. THE OF REPUBANCE MAY BE ISSUED ON MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. THE OF REPUBANCE MAY BE ISSUED ON MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. THE OF REPUBANCE MAY BE ISSUED ON MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. THE OF REPUBANCE MAY BE ISSUED ON MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. THE OF REPUBANCE MAY BE ISSUED ON MAY PERTAIN. THE INSURANCE MAY BE ISSUED ON MAY PERTAIN. THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. THE OF REPUBANCE MAY BE ISSUED ON MAY PERTAIN. THE POLICIES DESCRIBED POLICIES DESCRIBED POLICIES DESCRIBED POLICIES DE CANCELLED BEFORD. THE OF REPUBANCE MAY BE ISSUED ON MAY PERTAIN. THE POLICIES DESCRIBED POLICIES DE CANCELLED BEFORD. THE OF REPUBLIC MAY BE ISSUED ON MAY PERTAIN. THE POLICIES DESCRIBED POLICIES DE CANCELLED BEFORD. THE OF REPUBLIC MAY BE ISSUED ON MAY PERTAIN. THE POLICIES DESCRIBED POLICIES DE CANCELLED BEFORD. THE OF REPUBL	1	6301 Southwest Blvd, Suite 101						0			NAIC#		
INSURED 1: INCOMENS CONTROL ADMINISTRATION OF THE ABOVED SECRETIFICATE NUMBER: C. M. 1. 1704-277-278-278-278-2 MEMBER D: MEM		Fort Worth, TX 76132				INSURE	RA: Tudor	Insurance Co	ompany				
P. O. Box 6611 Bridgewater, NJ 08807 COVERAGES CERTIFICATE NUMBER: Card: 1104-29755-308795-0 REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD MICHAEL STANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOLIMENT WITH RESPECT TO WHICH THIS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWM MAY HAVE BEEN REDUCED BY FADO CLAMB. THE TYPE OF INSURANCE STUDY HAVE BEEN REDUCED BY FADO CLAMBS. REPRESENTED ALL THE TERMS. CERTIFICATE AUGUST AND CONDITIONS OF SUCH POLICIES LIMITS SHOWM MAY HAVE BEEN REDUCED BY FADO CLAMB. POLICY TYPE OF INSURANCE STUDY HAVE BEEN REDUCED BY FADO CLAMBS. CERTIFICATE AUGUST AND CONDITIONS OF SUCH POLICIES LIMITS SHOWM MAY HAVE BEEN REDUCED BY FADO CLAMBS. POLICY TYPE OF INSURANCE STUDY HAVE BEEN REDUCED BY FADO CLAMBS. CERTIFICATE AUGUST AND CONDITIONS OF SUCH POLICIES LIMITS SHOWM MAY HAVE BEEN REDUCED BY FADO CLAMBS. POLICY TYPE OF INSURANCE STUDY HAVE BEEN REDUCED BY FADO CLAMBS. POLICY TYPE OF INSURANCE STUDY HAVE BEEN REDUCED BY FADO CLAMBS. POLICY TYPE OF INSURANCE STUDY HAVE BEEN REDUCED BY FADO CLAMBS. POLICY TYPE OF INSURANCE STUDY HAVE BEEN REDUCED BY FADO CLAMBS. POLICY TYPE OF INSURANCE STUDY HAVE BEEN REDUCED BY FADO CLAMBS. POLICY TYPE OF INSURANCE STUDY HAVE BEEN REDUCED BY FADO CLAMBS. POLICY TYPE OF INSURANCE STUDY HAVE BEEN REDUCED BY FADO CLAMBS. POLICY TYPE OF INSURANCE STUDY HAVE BEEN REDUCED BY FADO CLAMBS. POLICY TYPE OF INSURANCE STUDY HAVE BEEN REDUCED BY FADO CLAMBS. POLICY TYPE OF INSURANCE STUDY HAVE BEEN REDUCED BY FADO CLAMBS. POLICY TYPE OF INSURANCE STUDY HAVE BEEN REDUCED BY FADO CLAMBS. POLICY TYPE OF INSURANCE STUDY HAVE BEEN REDUCED BY FADO CLAMBS. POLICY TYPE OF INSURANCE STUDY HAVE BEEN REDUCED BY FADO CLAMBS. POLICY TYPE OF INSURANCE SUBJECT TO WHITE BEING. POLICY TYPE OF INSURANCE SUBJECT. AND ADD COLOR TYPE OF INSURANCE SUBJECT. POLICY TYPE OF INSURANCE SUBJECT. AND ADD COLOR TYPE OF INSURANCE SUBJECT. POL	INSUF	RED							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
P. O. Box 6611 Shridgewater, NJ 08807 COVERAGES CERTIFICATE NUMBER: Cut 1: 1202-2755-20070-6.0 FINS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTES BEAUTHANDED SHORT FOR THE POLICY PERIOD INDICATED. NOTIFICATION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS DISTORMANDE ANY RESULT OR MAY PERTAIN. THE INSURANCE LISTES BEAUTHANDED ON ANY PERTAIN. THE INSURANCE LISTES BEAUTHANDED ON ANY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES CHIEF TO WHICH THIS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMB. CERTIFICATE POLICIES CHIEF TO ANY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES CHIEF TO ANY PAID CLAMB. CERTIFICATE AND COLUMN AND CONTRIBUTE AND COLUMN AND THE POLICIES CHIEF TO ANY PAID CLAMB. CERTIFICATE AND COLUMN AND COLUMN AND THE POLICIES CHIEF TO ANY PAID CLAMB. CERTIFICATE AND COLUMN AND COLUMN AND THE POLICIES CHIEF TO ANY PAID CLAMB. CERTIFICATE AND COLUMN AND COLUMN AND THE POLICIES CHIEF TO ANY PAID CLAMB. CERTIFICATE AND COLUMN AND COLUMN AND COLUMN AND THE POLICIES CHIEF TO ANY PAID CLAMB. CERTIFICATE AND COLUMN AND COLUM	Tri	County Adult Soccer League				INSURE	RC:						
Bridgewater, NJ 08807 COVERAGES CERTIFICATE NUMBER: Cart #: 1704-29755-208795-0 REVISION NUMBER: THIS STO CERTIFITAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN INSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD REVISION NUMBER: THIS STO CERTIFITAT THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN INSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD CERTIFICATE MAY BE INSUED OR MAY PERTAIN, THE INSURANCE APPROPED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. THE OF INSURANCE MAY BE INSURANCE APPROPED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. THE OF INSURANCE MAY BE INSURANCE APPROPED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. THE OF INSURANCE MAY BE INSURANCE APPROPED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. THE OF INSURANCE MAY BE INSURANCE APPROPED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. THE OF INSURANCE MAY BE INSURANCE APPROPED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. THE OF INSURANCE MAY BE INSURANCE APPROPED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. THE OF INSURANCE MAY BE INSURANCE APPROPED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. THE OF INSURANCE MAY BE INSURANCE APPROPED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. THE OF INSURANCE MAY BE INSURANCE APPROPED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. THE OF INSURING HEREIN AND ALL THE TERMS. THE OF INSURED HEREIN IS SUBJECT TO ALL THE TERMS. THE OF INSURED HEREIN IS SUBJECT TO ALL THE TERMS. THE OF INSURED HEREIN IS SUBJECT TO ALL THE TERMS. THE OF INSURED HEREIN IS SUBJECT TO ALL THE TERMS. THE OF INSURED HEREIN IS SUBJECT TO ALL THE TERMS. THE OF INSURED HEREIN IS SUBJECT TO ALL THE TERMS. THE OF INSURED HEREIN IS SUBJECT TO ALL THE TERMS. THE OF INSURED HEREIN IS SUBJECT TO ALL THE TERMS. THE OF INSURED HEREIN IS SUBJECT TO ALL THE TERMS. THE OF INSURING HEREIN IS SUBJECT TO ALL THE TERMS. THE OF INSURING HEREIN						INSURER D:							
COVERAGES CENTIFICATE NUMBER: Crift; 1704-20755-20879-0.0 RESIGNON NUMBER: THAT THE POLICES OF INSURANCE LISTS BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD NINDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EXCELLISIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAD CLAMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAD CLAMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAD CLAMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAD CLAMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAD CLAMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAD CLAMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAD CLAMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAD CLAMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES SHOWN MAY HAVE BEEN REDUCED BY PAD CLAMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES SHOWN MAY HAVE BEEN REDUCED BY PAD CLAMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES SHOWN MAY HAVE BEEN REDUCED BY PAD CLAMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES SHOWN MAY HAVE BEEN REDUCED BY PAD CLAMS. EACH OCCURRENCE SO THE SHOWN MAY HAVE BEEN REDUCED BY PAD CLAMS. EACH OCCURRENCE SO THE SHOWN OF SUCH POLICIES SHOWN MAY HAVE BEEN REDUCED BY PAD CLAMS. EACH OCCURRENCE SO THE SHOWN OF SUCH POLICIES SHOWN MAY HAVE BEEN REDUCED BY PAD CLAMS. EACH OCCURRENCE SO THE SHOWN OF SUCH POLICIES SHOWN MAY HAVE BEEN REDUCED BY PAD CLAMS. EACH OCCURRENCE SO THE POLICY PROVISIONS. EACH OCCURRENCE SO THE POLICY PROVISIONS. EACH OCCURRENCE SO THE POLICY PROVISIONS. EACH OCCURRENCE SO THE POLICY PROVISIONS. EACH OCCURRENCE SO THE POLICY PROVISIONS. EACH OCCURRENCE SO THE POLICY PROVISIONS. EACH OCCURRENCE SO THE POLICY PROVISIONS. EACH	P.	O. Box 6611				INSURE	RE:						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD MINICATED. NOTWITHSTANDING ANY REQUISEMENT, 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 CONDITION OF SUCH POLICIES. LIMITS SHOWMAN YHAVE BEEN REDUCED BY PADD CLAMS. TYPE OF INSURANCE MORE MADE IN THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITION OF SUCH POLICIES. LIMITS SHOWMAN YHAVE BEEN REDUCED BY PADD CLAMS. TYPE OF INSURANCE MORE MADE IN THE POLICY PROVIDED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITION OF SUCH POLICIES. LIMITS SHOWMAN YHAVE BEEN REDUCED BY PADD CLAMS. THE SUBJECT TO ALL THE TERMS, EXCLUSION OF SUCH POLICIES IN THE TERMS, EXCLUSION OF SUCH PROPERTY. A COMMERCIAL GENERAL LIABILITY AND COUNTY IN THE PROPERTY OF SUBJECT TO ALL THE TERMS, EXCLUSION OF THE PROPERTY. ANY PROPERTY OF THE POLICY PROVIDED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSION OF THE PROPERTY. THE SUBJECT TO ALL THE TERMS, EXCLUSION OF SUBJECT TO ALL THE TERMS, EXCLUSION OF SUBJECT TO ALL THE TERMS, EXCLUSION OF THE PROPERTY. ANY PROPERTY OF THE PROPERTY OF THE PROPERTY. ANY PROPERTY OF THE PROP	Br	dgewater, NJ 08807				INSURE	RF:		,				
INDICATED. NOTWITHSTANDING ANY REGUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER ROCUMENT WITH RESPECT TO WHICH THIS SECRETICATE MAY BE ISSUED OR MAY PERSTAND. THE INSURANCE AFFORDED BY THE POLICES DESCRIBED HERBIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. Commence	COV	ERAGES CER	TIFIC	CATE	E NUMBER: Cert #: 1704	1-29755	5-208795-0		REVISION NUMBER:				
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND COADITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. GENERAL LABBILITY A COMMERCIAL GENERAL LIABILITY Legal Liability TOLICY FROM Local Liability A COMMERCIAL GENERAL LIABILITY ANY AUTO ALLONGOME DE ACTUAL STATE Loc BECOLOGOME DE ACTUAL STATE L													
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS. POLICY NUMBER A COMMERCIAL GREAT LIABILITY A COMMERCIAL GREAT LIABILITY CLAMS MADE X) COCUR X EXCLUDES Participant Legal Liability GEV. ACGREGATE LIMIT APPLIES PER POLICY 220 in mile 12:01 am 12:01 a	CE	RTIFICATE MAY BE ISSUED OR MAY	:QUIF PFRT	KEME KIN	NI, IERM OR CONDITION THE INSURANCE AFFORD	OF AN	Y CONTRACT	OR OTHER I S DESCRIBEI	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO	WHICH THIS		
GENERAL LABILITY A COMMERCIAL GENERAL LABBUTY CAMAS MADE COCUR X EXCLUDES Participant Legal Liability QENIA ACREAGE TO REINFORM \$ 100,000.00 MADE AND MANUE TO SENTENDED \$ 100,000.00 GENIA ACREAGE TO REINFORM \$ 100,000.00 GENIA ACREAGE TO REINFORM \$ 100,000.00 GENIA ACREAGE TO REINFORM \$ 100,000.00 GENIA ACREAGE TO REINFORM \$ 100,000.00 GENIA ACREAGE TO REINFORM \$ 10,000,000.00 FREMISS A GRAD MANUE TO REINFORM \$ 100,000.00 FREMISS A ALTO MANUE TO REINFORM \$ 100,000.00 FREMISS A ALTO MANUE TO REINFORM \$ 100,000.00 FREMISS A ALTO MANUE TO REINFORM \$ 100,000.00 FREMISS AND MANUE TO REINFORM \$ 100,000.00 FREMISS AND MANUE TO REINFORM \$ 100,000.00 FREMISS AND MANUE TO REINFORM \$ 100,000.00 FREMISS AND MANUE TO REINFORM \$ 100,000.00 FREMISS AND MANUE TO REINFORM \$ 100,000.00 FREMISS AND MANUE TO REINFORM \$ 100,000.00 FREMISS AND MANUE TO REINFORM \$ 100,000.00 FREMISS AND MANUE TO REINFORM \$ 100,000.00 FREMISS AND MANUE TO REINFORM \$ 100,000.00 FREMISS AND MANUE TO REINFORM \$ 100,000.00 FREMISS AND MANUE TO REINFORM \$ 100,000.00 FREMISS AND MANUE TO REINFORM \$ 100,000.00 FREMISS AND MANUE TO REINFORM \$ 100,000.00 FREMISS AND MANUE TO REINFORM \$ 100,000.00 FREMISS AND MANUE TO REINFORM \$ 100,000.00 FREMISS AND MANUE TO REINFORM \$ 100,000.00 FREMISS AND MANUE TO REINFORM \$ 100,000.00 FREMISS AND MANUE TO REINFORM \$ 100,000.00 FREMISS AND MANUE TO REINFORM \$ 100,000.00 FREMISS AND MANUE TO REPRODUCT TO TO REINFORM \$ 100,000.00 FREMISS AND MANUE TO REPRODUCT TO TO TO TO TO TO TO TO TO TO TO TO TO	EX	CLUSIONS AND CONDITIONS OF SUCH	POLI	CIES.	LIMITS SHOWN MAY HAVE	BEEN F	REDUCED BY	PAID CLAIMS.		O ALL	THE TERMO,		
GENERAL LABILITY A COMMERCIAL GENERAL LABBUTY CAMAS MADE COCUR X EXCLUDES Participant Legal Liability QENIA ACREAGE TO REINFORM \$ 100,000.00 MADE AND MANUE TO SENTENDED \$ 100,000.00 GENIA ACREAGE TO REINFORM \$ 100,000.00 GENIA ACREAGE TO REINFORM \$ 100,000.00 GENIA ACREAGE TO REINFORM \$ 100,000.00 GENIA ACREAGE TO REINFORM \$ 100,000.00 GENIA ACREAGE TO REINFORM \$ 10,000,000.00 FREMISS A GRAD MANUE TO REINFORM \$ 100,000.00 FREMISS A ALTO MANUE TO REINFORM \$ 100,000.00 FREMISS A ALTO MANUE TO REINFORM \$ 100,000.00 FREMISS A ALTO MANUE TO REINFORM \$ 100,000.00 FREMISS AND MANUE TO REINFORM \$ 100,000.00 FREMISS AND MANUE TO REINFORM \$ 100,000.00 FREMISS AND MANUE TO REINFORM \$ 100,000.00 FREMISS AND MANUE TO REINFORM \$ 100,000.00 FREMISS AND MANUE TO REINFORM \$ 100,000.00 FREMISS AND MANUE TO REINFORM \$ 100,000.00 FREMISS AND MANUE TO REINFORM \$ 100,000.00 FREMISS AND MANUE TO REINFORM \$ 100,000.00 FREMISS AND MANUE TO REINFORM \$ 100,000.00 FREMISS AND MANUE TO REINFORM \$ 100,000.00 FREMISS AND MANUE TO REINFORM \$ 100,000.00 FREMISS AND MANUE TO REINFORM \$ 100,000.00 FREMISS AND MANUE TO REINFORM \$ 100,000.00 FREMISS AND MANUE TO REINFORM \$ 100,000.00 FREMISS AND MANUE TO REINFORM \$ 100,000.00 FREMISS AND MANUE TO REINFORM \$ 100,000.00 FREMISS AND MANUE TO REINFORM \$ 100,000.00 FREMISS AND MANUE TO REINFORM \$ 100,000.00 FREMISS AND MANUE TO REINFORM \$ 100,000.00 FREMISS AND MANUE TO REPRODUCT TO TO REINFORM \$ 100,000.00 FREMISS AND MANUE TO REPRODUCT TO TO TO TO TO TO TO TO TO TO TO TO TO	INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS			
A COMMENCE CONTRIBUTE OF THE RESIDENCY CAMING AND E COLOR X EXCLUDES Participant Legal Liability Cocur 1, 201 am Legal Liabili		GENERAL LIABILITY								\$ 1,0	000,000.00		
CLAMS-MADE CCUR CANSCELLATION S COUNCING S COUNCING S COUNCING S COUNCING S COUNCING S COUNCING S COUNCING S COUNCING S COUNCING S COUNCING S COUNCING S COUNCING S COUNCING S COUNCING S COUNCING S COUNCING S COUNCING COUN	Α	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00		
Legal Liability GENL AGGREGATE LIMIT APPLIES PER POLICY SEC. Loc AUTOMOBILE UABILITY ANY AUTO AUTOMOBILE UABILITY ANY AUTO AUTOMOBILE UABILITY ANY AUTO AUTOMOBILE UABILITY ANY AUTO AUTOMOBILE UABILITY ANY AUTO AUTOMOBILE UABILITY ANY AUTO AUTOMOBILE LIMIT SCHEDLIED AUTOMOBILE LIMIT SCHEDLIED AUTOMOBILE LIMIT SCHEDLIED AUTOMOBILE LIMIT SCHEDLIED AUTOMOBILE LIMIT SCHEDLIED AUTOMOBILE LIMIT SCHEDLIED AUTOMOBILE LIMIT SCHEDLIED AUTOMOBILE LIMIT SCHEDLIED AUTOMOBILE LIMIT SCHEDLIED AUTOMOBILE LIMIT SCHEDLIED AUTOMOBILE LIMIT SCHEDLIED AUTOMOBILE LIMIT SCHEDLIED AUTOMOBILE LIMIT SCHEDLIED AUTOMOBILE LIMIT SCHEDLIED AUTOMOBILE LIMIT SCHEDLIED AUTOMOBILE LIMIT SCHEDLIED AUTOMOBILE LIMIT SCHEDLIED AUTOMOBILE LIMIT SCHEDLIED AUTOMOBILE LIMIT SCHEDLIED SCHEDLIED SCHEDLIED AUTOMOBILE LIMIT SCHEDLIED SCH		CLAIMS-MADE X OCCUR								\$	5,000.00		
Legal Liability PGP00806329 12:01 am		X EXCLUDES Participant	l				4/1/2015	4/1/0016	PERSONAL & ADV INJURY	\$ 1,0	00,000,000		
GENT AGGREGATE LIMIT APPLIES PER PRODUCTS - COMPOR AGG S Included Med Exp Ror Spectators Only (Combined Street Compored Combined C		Legal Liability	X		PGP0806529			4/ 1/2016	GENERAL AGGREGATE	\$ 3,0	00,000,000		
AUTOMOBILE LIABILITY ANY AUTO ALL JONNED AUTOS AUTOS HERD AUTOS AUTOS HERD AUTOS HERD AUTOS AUTOS HERD AUTOS AUTOS HERD AUTOS AUTOS HERD AUTOS AUTOS HERD AUTOS AUTOS AUTOS HERD AUTOS AUTOS HERD AUTOS AUTOS AUTOS AUTOS HERD AUTOS AUTOS AUTOS AUTOS AUTOS BOOLLY INJURY (Per pascolon) \$ BOOLLY INJURY (Per accident) \$ BOOLLY INJURY (PER accident) \$ BOOLLY INJURY (PER accident) \$ BOOLLY INJURY (PER accident) \$ BOOLLY INJURY (PER accident) \$ BOOLLY INJURY (PER accident) \$ BOOLLY INJURY (PER accident) \$ BOOLLY INJURY (PER accide	ſ	GEN'L AGGREGATE LIMIT APPLIES PER:					12:01 am	12:01 am	PRODUCTS - COMP/OP AGG	\$	Included		
ANY AUTO ANY AUTO SO-PEDILED AUTOS SO-PEDILED AUTOS AU		POLICY PRO- JECT LOC							Med Ext	for Sn	ectators Only		
AUTOS AUTOS AUTOS HIRED AUTOS HIRED AUTOS HIRED AUTOS HIRED AUTOS HIRED AUTOS HIRED AUTOS HIRED AUTOS HIRED AUTOS HIRED AUTOS HIRED AUTOS HIRED AUTOS HIRED AUTOS HIRED AUTOS CAUMBRELLA LIAB CACUR EXCESS LIAB CALMIS-MADE CALMIS-MAD		AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	1			
AUTOS AUTOS AUTOS PROPERTY DAMACE S PROPERTY DAM		ANY AUTO											
HIREDAUTOS NON-COMPENSATION S S S S S S S S S S S S S S S S S S S		AUTOS AUTOS							,	\$, ,		
UMBRELLA LIAB OCCUR S AGGREGATE S		NON-OWNED							PROPERTY DAMAGE (Per accident)	\$			
EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS LIABILITY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPRATION AND EMPLOYERS LIABILITY OF THE EXPRATION OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPRATION AND EMPLOYERS LIABILITY OF THE EXPRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Certificate Holder is named as Add'l Insured as respects to the operations of the named insured. Covered activities: adult soccer league. SERVICE THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE A										\$			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Certificate Holder is named as Add'l Insured as respects to the operations of the named insured. Covered activities: adult soccer league. CERTIFICATE HOLDER CERTIFICATE HOLDER CANCELLATION 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 ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE ACCORDANCE WITH THE POLICY PROVISIONS.		UMBRELLA LIAB OCCUR			,				EACH OCCURRENCE	\$			
WORKERS COMPENSATION AND EMPLOYERS' LIBBILITY ANY PROPRIETOR/PARTICE/REXCUTIVE ANY PROPRIETOR/PARTICE/REXCUTIVE BY/N ANY PROPRIETOR/PARTICE/REXCUTIVE BY/N ANY PROPRIETOR/PARTICE/REXCUTIVE BY/N ANY PROPRIETOR/PARTICE/REXCUTIVE BY/N ANY PROPRIETOR/PARTICE/REXCUTIVE BY/N ANY PROPRIETOR/PARTICE/REXCUTIVE BY/N ANY PROPRIETOR/PARTICE/REXCUTIVE BY/N ANY PROPRIETOR/PARTICE/REXCUTIVE BY/N If yes, describe under DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Certificate Holder is named as Add'l Insured as respects to the operations of the named insured. Covered activities: adult soccer league. CERTIFICATE HOLDER CANCELLATION 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 AUTHORIZED		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTINGREE/EQUITVE OFFICERMEMBER EXCLUDED? (IMANIADY IN NH) If yes, describe under DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Certificate Holder is named as Add'l Insured as respects to the operations of the named insured. Covered activities: adult soccer league. CERTIFICATE HOLDER CANCELLATION 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 AUTHOR		DED RETENTION \$								\$			
ANY PROPRIETOR PARTNER RESCUIVE 1/N N / A DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Certificate Holder is named as Add'l Insured as respects to the operations of the named insured. Covered activities: adult soccer league. CERTIFICATE HOLDER Cert #: 1704-29755-208795-0 Township of Long Hill Town Hill 915 Valley Road Gillette, NJ 07922 E.L. DISEASE - POLICY LIMIT \$		AND EMBLOVEDS: LIABILITY					-		WC STATU- OTH- TORY LIMITS ER				
Mandatory in NH) H yes, describe under DESCRIPTION OF OPERATIONS below DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Certificate Holder is named as Add'l Insured as respects to the operations of the named insured. Covered activities: adult soccer league. CERTIFICATE HOLDER CANCELLATION 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 AUT		ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Certificate Holder is named as Add'l Insured as respects to the operations of the named insured. Covered activities: adult soccer league. CERTIFICATE HOLDER CANCELLATION Cert #: 1704-29755-208795-0 Township of Long Hill Town Hill 915 Valley Road Gillette, NJ 07922 AUTHORIZED REPRESENTATIVE Library Holl		(Mandatory in NH)	"''						E.L. DISEASE - EA EMPLOYEE	\$			
Certificate Holder is named as Add'l Insured as respects to the operations of the named insured. Covered activities: adult soccer league. CERTIFICATE HOLDER Cert #: 1704-29755-208795-0 Township of Long Hill Town Hill 915 Valley Road Gillette, NJ 07922 CANCELLATION 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 THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		of yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
Certificate Holder is named as Add'l Insured as respects to the operations of the named insured. Covered activities: adult soccer league. CERTIFICATE HOLDER Cert #: 1704-29755-208795-0 Township of Long Hill Town Hill 915 Valley Road Gillette, NJ 07922 CANCELLATION 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 THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.													
Certificate Holder is named as Add'l Insured as respects to the operations of the named insured. Covered activities: adult soccer league. CERTIFICATE HOLDER Cert #: 1704-29755-208795-0 Township of Long Hill Town Hill 915 Valley Road Gillette, NJ 07922 CANCELLATION 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 THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.													
Certificate Holder is named as Add'l Insured as respects to the operations of the named insured. Covered activities: adult soccer league. CERTIFICATE HOLDER Cert #: 1704-29755-208795-0 Township of Long Hill Town Hill 915 Valley Road Gillette, NJ 07922 CANCELLATION 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 THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.													
Cert #: 1704-29755-208795-0 Cert #: 1704-29755-208795-0 Township of Long Hill Town Hill 915 Valley Road Gillette, NJ 07922 CANCELLATION CANCELLATION 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 AUTH			•		•			• •					
CERTIFICATE HOLDER Cert #: 1704-29755-208795-0 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 AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE	Cer	ificate Holder is named as Add'l Ins	ured	as re	spects to the operations o	f the n	amed insured	1.					
CERTIFICATE HOLDER Cert #: 1704-29755-208795-0 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 AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE													
Cert #: 1704-29755-208795-0 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 AUTHORIZED REPRESENTA	Cov	ered activities: adult soccer league.											
Cert #: 1704-29755-208795-0 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 AUTHORIZED REPRESENTA											i		
Cert #: 1704-29755-208795-0 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 AUTHORIZED REPRESENTA													
Cert #: 1704-29755-208795-0 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 AUTHORIZED REPRESENTA													
Township of Long Hill Town Hill 915 Valley Road Gillette, NJ 07922 THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE L	CER	TIFICATE HOLDER				CANC	ELLATION						
Township of Long Hill Town Hill 915 Valley Road Gillette, NJ 07922 THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE L							UID ANV OF T	THE ADONE D		ANOTH	50 D550D5		
Township of Long Hill Town Hill 915 Valley Road Gillette, NJ 07922 ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE L. AUTHORIZED REPRE	Cert #: 1704-29755-208795-0												
915 Valley Road Gillette, NJ 07922 Authorized Representative Library Fall						ACC	ORDANCE WI	TH THE POLIC	Y PROVISIONS.				
Gillette, NJ 07922 Ulipa Lynn Hall	· -												
							AUTHORIZED REPRESENTATIVE 1. P 21 M						
	Gill	ette, NJ 07922			1 (Mipai Loumi Ptalli								
		I											



3/17/2015

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.

certificate holder in lieu of such endorseme	ənt(s).							
PRODUCER		CONTACT NAME: Bene	e-Marc, Inc					
Bene-Marc, Inc.		E-ΜΔΙΙ ` ` ´	738-6899	,	317) 738-1811			
6301 Southwest Blvd, Suite 101		ADDRESS: COITE	act@bene-m		21410 #			
Fort Worth, TX 76132				DING COVERAGE	NAIC#			
INSURED		INSURER A: Tudor In	isurance Coi	npany				
Tri County Adult Soccer League		INSURER C:						
,		INSURER D:						
P. O. Box 6611		INSURER E :						
Bridgewater, NJ 08807		INSURER F:						
		4-29755-208796-0		REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUIF CERTIFICATE MAY BE ISSUED OR MAY PERTEXCLUSIONS AND CONDITIONS OF SUCH POLI	REMENT, TERM OR CONDITION TAIN, THE INSURANCE AFFORDS ICIES. LIMITS SHOWN MAY HAVE	OF ANY CONTRACT C ED BY THE POLICIES BEEN REDUCED BY PA	OR OTHER D DESCRIBED PAID CLAIMS.	OCUMENT WITH RESPECT	TO WHICH THIS			
INSR LTR TYPE OF INSURANCE INSR	SUBR POLICY NUMBER	POLICY EFF (MM/DD/YYYY) (F	POLICY EXP (MM/DD/YYYY)	LIMITS				
GENERAL LIABILITY				EACH OCCURRENCE \$	1,000,000.00			
A X COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$	100,000.00			
CLAIMS-MADE X OCCUR			_	MED EXP (Any one person) \$	5,000.00			
X EXCLUDES Participant X	PGP0806529	4/ 1/2015	4/ 1/2016	PERSONAL & ADV INJURY \$	1,000,000.00			
Legal Liability	PGP0806329	12:01 am		GENERAL AGGREGATE \$	3,000,000.00			
GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG \$	Included			
POLICY PRO- LOC				Med Exp fo	r Spectators Only			
AUTOMOBILE LIABILITY			L.	(Ea accident) \$				
ANY AUTO ALL OWNED SCHEDULED			-	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$				
AUTOS AUTOS NON-OWNED				BODILY INJURY (Per accident) \$ PROPERTY DAMAGE				
HIRED AUTOS AUTOS				(Per accident) \$				
UMBRELLA LIAB OCCUR								
				EACH OCCURRENCE \$ AGGREGATE \$				
DED RETENTION \$			<u> </u>	AGGREGATE \$				
WORKERS COMPENSATION	 		-	WC STATU- OTH-				
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			T T	E.L. EACH ACCIDENT \$				
OFFICER/MEMBER EXCLUDED? N/A (Mandatory in NH)				E.L. DISEASE - EA EMPLOYEE \$				
If yes, describe under DESCRIPTION OF OPERATIONS below			-	E.L. DISEASE - POLICY LIMIT \$				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (A Certificate Holder is named as Add'l Insured	•	•						
Continuate Holder is hained as Add I hisured	as respects to the operations of	inc named misured.	•					
Covered activities: adult soccer league.								
Covered activities, addit soccer league.								
CERTIFICATE HOLDER		CANCELLATION						
Cert #: 1704-29755-208796-0				SCRIBED POLICIES BE CAN				
		ACCORDANCE WITH		REOF, NOTICE WILL BE PROVISIONS.	DELIVERED IN			
New Providence Board of Education								
360 Elkwood Avenue	ſ	AUTHORIZED REPRESENT	TATIVE 1	P 21 00				
Providence, NJ 09774			() Xir	sa Lagran Hall	,			
1		CIDADO O MIGINO 7 10000						



DATE (MM/DD/YYYY) 3/17/2015

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.

PRODUCER		CONTACT NAME: Bene-Marc, Inc								
Bene-Marc, Inc.				PHONE (A/C, No E-MAIL	o, Ext): (81	7) 738-6899		FAX (A/C, No):	(817)	738-1811
6301 Southwest Blvd, Suit	101 م			ADDRE		tact@bene-r				
Fort Worth, TX 76132	C 101						DING COVERAGE			NAIC#
INSURED						Insurance Co	ompany			-
Tri County Adult Soccer Leagu	16			INSURE						
The County Flaunt Scool Bong.	10	•		INSURE			****			-
P. O. Box 6611				INSURE						
Bridgewater, NJ 08807				INSURE						
COVERAGES	CERTI	FICAT	E NUMBER: Cert #: 170				REVISION NUM	BER:		,
THIS IS TO CERTIFY THAT THE INDICATED. NOTWITHSTANDING CERTIFICATE MAY BE ISSUED EXCLUSIONS AND CONDITIONS	G ANY REQ OR MAY PE	JIREME RTAIN.	ENT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY	Y CONTRACT	OR OTHER I	OCUMENT WITH	RESPEC	OT TO	WHICH THIS
INSR TYPE OF INSURANCE	AE	DL SUBI	R			POLICY EXP (MM/DD/YYYY)		LIMIT	s	
GENERAL LIABILITY	IIV	SK WVL	7 OLIGI NOMBLIX		(14114/1/10/11/11/1	(WINDO/TTTT)	EACH OCCURRENCE			00,000,000
A X COMMERCIAL GENERAL LIABI	LITY						DAMAGE TO RENTEI PREMISES (Ea occur	D	<u>, , , , , , , , , , , , , , , , , , , </u>	100,000.00
CLAIMS-MADE X OC	I						MED EXP (Any one pe		\$	5,000.00
X EXCLUDES Participant					4/1/0017		PERSONAL & ADV IN			000,000.00
Legal Liability		X	PGP0806529		4/ 1/2015	4/ 1/2016	GENERAL AGGREGA		•	000,000.00
GEN'L AGGREGATE LIMIT APPLIES	PER:				12:01 am	12:01 am	PRODUCTS - COMP/		\$	Included
POLICY PRO- JECT L	.oc						M	led Exp	for Sr	ectators Only
AUTOMOBILE LIABILITY							COMBINED SINGLE L (Ea accident)	LIMIT	\$	
ANY AUTO							BODILY INJURY (Per		\$	
ALL OWNED SCHED AUTOS		İ					BODILY INJURY (Per	1	\$	
HIRED AUTOS NON-O							PROPERTY DAMAGE (Per accident)		\$	
									\$	
	CUR						EACH OCCURRENCE	■	\$	••
EXCESS LIAB CLA	MS-MADE						AGGREGATE		\$	
DED RETENTION \$							140 074711	107/1	\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N						WC STATU- TORY LIMITS	OTH- ER		
ANY PROPRIETOR/PARTNER/EXECU OFFICER/MEMBER EXCLUDED?	TIVE N	A					E.L. EACH ACCIDENT	Г	\$	
(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EN	MPLOYEE	\$	
If yes, describe under DESCRIPTION OF OPERATIONS belo)W	-					E.L. DISEASE - POLIC	CY LIMIT	\$	
·										
DESCRIPTION OF OPERATIONS / LOCATIO		-	•	•	•					
Certificate Holder is named as A	Add'l Insure	d as re	espects to the operations o	f the na	amed insured	1.				
Covered activities: adult soccer	league.									
							· · · · · · · · · · · · · · · · · · ·			
CERTIFICATE HOLDER				CANC	ELLATION					
Cert #: 1704-29755-208797-0 C R Bard				THE	EXPIRATION	DATE THE	ESCRIBED POLICIE REOF, NOTICE Y PROVISIONS.			
730 Central Avenue			ŀ	AUTHORIZED REPRESENTATIVE A						
New Providence, NJ 07974				ACTION	NEF NEGET	Uli	sa Lapur	Hal		
				© 1988-2010 ACORD CORPORATION. All rights reserve						



3/17/2015

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.

certificate holder in lieu of such endorsement	t(s).							
PRODUCER		CONTACT NAME: Ber	ne-Marc, Inc	,				
Bene-Marc, Inc.		PHONE (A/C, No, Ext): (81	7) 738-6899		(A/C, No): (8	17) 738-1811		
· · · · · · · · · · · · · · · · · · ·		ADDRESS: con	tact@bene-r	marc.com				
6301 Southwest Blvd, Suite 101				RDING COVERAGE		NAIC#		
Fort Worth, TX 76132		INSURER A: Tudor	Insurance Co	ompany	·			
Tri County Adult Soccer League		INSURER B :						
The County Addit Soccor League		INSURER C: INSURER D:						
P. O. Box 6611		INSURER E :						
Bridgewater, NJ 08807		INSURER F:						
COVERAGES CERTIFICA	ATE NUMBER: Cert #: 170	4-29755-208798-0		REVISION NUM	MBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INS INDICATED. NOTWITHSTANDING ANY REQUIRE CERTIFICATE MAY BE ISSUED OR MAY PERTAI EXCLUSIONS AND CONDITIONS OF SUCH POLICIE	MENT, TERM OR CONDITION IN, THE INSURANCE AFFORDI ES. LIMITS SHOWN MAY HAVE	OF ANY CONTRACT ED BY THE POLICIES BEEN REDUCED BY	OR OTHER E S DESCRIBED PAID CLAIMS.	DOCUMENT WITH D HEREIN IS SUI	RESPECT	TO WHICH THIS		
INSR LTR TYPE OF INSURANCE ADDLIST INSR W	UBR VVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS			
GENERAL LIABILITY				EACH OCCURRENCE		1,000,000.00		
A X COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTE PREMISES (Ea occu	irrence) \$	100,000.00		
CLAIMS-MADE X OCCUR				MED EXP (Any one)		5,000.00		
X EXCLUDES Participant Legal Liability X	PGP0806529	4/ 1/2015	4/ 1/2016	PERSONAL & ADV I		1,000,000.00		
	1 01 0000327	12:01 am	12:01 am	GENERAL AGGREG		3,000,000.00 Included		
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO LOC				PRODUCTS - COMP		Spectators Only		
AUTOMOBILE LIABILITY				COMBINED SINGLE (Ea accident)		Speciators Only		
ANY AUTO				BODILY INJURY (Pe				
ALL OWNED SCHEDULED AUTOS			ĺ	BODILY INJURY (Pe	er accident) \$			
HIRED AUTOS NON-OWNED AUTOS			[PROPERTY DAMAG (Per accident)	SE \$			
					\$			
UMBRELLA LIAB OCCUR				EACH OCCURRENC	CE \$			
EXCESS LIAB CLAIMS-MADE				AGGREGATE	\$			
DED RETENTION \$ WORKERS COMPENSATION				WC STATU-	OTH-			
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE				TORY LIMITS	ER_			
OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDEN				
If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POL				
SECONI HONOI OF EIVATIONS BEIOW				L.L. DIOLNOL - I OL	OT LIMIT U			
].								
				1				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Atta	ach ACORD 101, Additional Remarks \$	Schedule, if more space is	required)					
Certificate Holder is named as Add'l Insured as	s respects to the operations of	of the named insured	d.					
Covered activities: adult soccer league.								
CERTIFICATE HOLDER		CANCELLATION						
OEKTH TOATE HOLDER		CANOLLLATION						
Cert #: 1704-29755-208798-0		SHOULD ANY OF T						
		THE EXPIRATION ACCORDANCE WIT	THE POLIC	Y PROVISIONS.	WILL BE	DELIVERED IN		
Middlesex County Board of Chosen Freeholders - D	Dept. of Parks & Rec.				= . =			
P. O. Box 661		AUTHORIZED REPRESEN	NTATIVE 1.	φ	21 11			
New Brunswick, NJ 08903			- (Xi	bai Layan	, Mall			
<u> </u>		8404				righte recorned		



DATE (MM/DD/YYYY) 3/17/2015

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.

Certificate i	ioluer III lieu of Sucil elluor	Seme	:IIL(S)	l•									
PRODUCER			,	11.11.11	CONTA NAME:	ст Ве	ne-Marc, Inc	· · · · · · · · · · · · · · · · · · ·					
Dana N	(Y				PHONE (A/C, No		7) 738 <u>-</u> 6899	FAX (A/C, No):	(817)	738-1811			
Bene-IV	farc, Inc.				E-MAIL ADDRE	ss: cor	tact@bene-r	marc.com	- (==+)				
6301 S	outhwest Blvd, Suite 101						_	RDING COVERAGE		NAIC#			
	orth, TX 76132				INSURE	RA: Tudor	Insurance Co	ompany					
INSURED					INSURE	RB:		- · ·					
Tri County	Adult Soccer League				INSURE	RC:							
D O D	CC11				INSURE	RD:							
P. O. Box					INSURER E:								
	er, NJ 08807				INSURE	RF:				L			
COVERAGES				NUMBER: Cert #: 170	4-2975	5-208799-0		REVISION NUMBER:					
INDICATED. CERTIFICAT	CERTIFY THAT THE POLICIES NOTWITHSTANDING ANY RE E MAY BE ISSUED OR MAY S AND CONDITIONS OF SUCH	EQUIF PERT	REMEI AIN.	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN' ED BY	Y CONTRACT THE POLICIES	OR OTHER DESCRIBED	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO	WHICH THIS			
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s				
GENERAL I		IIVSR	WVD	FOLIOT NUMBER		(WIWI/DD/1111)	(TTTTIQUINIM)	EACH OCCURRENCE		000,000.00			
А Х сомм	ERCIAL GENERAL LIABILITY							DAMAGE TO RENTED		100,000.00			
~ ~	LAIMS-MADE X OCCUR							PREMISES (Ea occurrence) MED EXP (Any one person)	\$	5,000.00			
	CLUDES Participant							PERSONAL & ADV INJURY		000,000.00			
1 1	al Liability	X		PGP0806529		4/ 1/2015	4/ 1/2016	GENERAL AGGREGATE	, ,	000,000.00			
	REGATE LIMIT APPLIES PER:					12:01 am	12:01 am	PRODUCTS - COMP/OP AGG	\$	Included			
POLIC								Med Exp		ectators Only			
	LE LIABILITY	-						COMBINED SINGLE LIMIT	\$	ectators Only			
ANY A	ито							(Ea accident) BODILY INJURY (Per person)	\$				
ALL ON	MNED SCHEDULED							BODILY INJURY (Per accident)	\$				
	AUTOS AUTOS AUTOS AUTOS							PROPERTY DAMAGE (Per accident)	\$				
	A0103							(Per accident)	\$				
UMBRI	ELLA LIAB OCCUR							EACH OCCURRENCE	<u>s</u>				
EXCES	S LIAB CLAIMS-MADE							AGGREGATE	\$				
DED	RETENTION\$							AGONEGATE	\$				
WORKERS	COMPENSATION							WC STATU- OTH- TORY LIMITS ER	*				
ANY PROPR	Y/N IETOR/PARTNER/EXECUTIVE Y/N						Ì	LL. EACH ACCIDENT	\$				
OFFICER/ME (Mandatory	EMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE					
l if ves. descri	be under ON OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT					
									<u> </u>				
DESCRIPTION OF	OPERATIONS / LOCATIONS / VEHICI	ES (A	ttach /	ACORD 101, Additional Remarks \$	Schedule,	, if more space is	required)		·				
Certificate H	lolder is named as Add'l Ins	ured	as re	espects to the operations of	of the n	amed insure	d.						
Covered act	ivities: adult soccer league.												
CERTIFICATE	HOLDER				CANC	ELLATION							
Cert #: 1704-:	29755-208799-0				THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CAREOF, NOTICE WILL E					
Pittstown Foo													
41 Lower Kin	gdom Road				AUTHOR	RIZED REPRESEN	NTATIVE 1.	P 91	Λn				
Pittstown, NJ	08867						Uli	oa Lagan Ha	W				
						© 198	38-2010 ACC	ORD CORPORATION.	All righ	its reserved			



DATE (MM/DD/YYYY) 3/17/2015

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.

certificate holder in lieu of such endors	eme	nt(s).						
PRODUCER			CONTA NAME:	ст Вел	ne-Marc, Inc			
Bene-Marc, Inc.			PHONE (A/C, No E-MAIL	o, Ext): (81	7) 738-6899		(817)	738-1811
•			ADDRE	SS: COI	itact@bene-r			
6301 Southwest Blvd, Suite 101			· • · · · · · · · · · · · · · · · · · ·			RDING COVERAGE		NAIC#
Fort Worth, TX 76132				RA: Tudor	Insurance Co	ompany		· · · · · · · · · · · · · · · · · · ·
Tri County Adult Soccer League			INSURE					
The County Main Social Beague			INSURE					
P. O. Box 6611			INSURE					
Bridgewater, NJ 08807			INSURE				-	
	TIFIC	CATE NUMBER: Cert #: 170				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES								
INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY I								
EXCLUSIONS AND CONDITIONS OF SUCH					PAID CLAIMS.		J ALL I	TIE TEKWO,
INSR LTR TYPE OF INSURANCE		SUBR WVD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs	
GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,0	000,000.00
A X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00
CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$	5,000.00
X EXCLUDES Participant	X	DCD0006520		4/ 1/2015	4/ 1/2016	PERSONAL & ADV INJURY	· ·	000,000.00
Legal Liability	24	PGP0806529		12:01 am	12:01 am	GENERAL AGGREGATE	\$ 3,0	000,000.00
GEN'L AGGREGATE LIMIT APPLIES PER:				12.01 am	12.01 aiii	PRODUCTS - COMP/OP AGG	\$	Included
POLICY PRO- JECT LOC						Med Exp	for Sp	ectators Only
AUTOMOBILE LIABILITY						(Ea accident)	\$	
ANY AUTO ALL OWNED SCHEDULED						BODILY INJURY (Per person)	\$	
AUTOS AUTOS NON-OWNED						BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
HIRED AUTOS AUTOS						(Per accident)	\$	
UMBRELLA LIAB OCCUIR						EACH OCCUPRENCE	\$	
UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE						EACH OCCURRENCE AGGREGATE	\$	
DED RETENTION\$						AGGREGATE	\$	
WORKERS COMPENSATION						WC STATU- OTH- TORY LIMITS ER	—	
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE		
If yes, describe under DESCRIPTION OF OPERATIONS below				:		E.L. DISEASE - POLICY LIMIT	\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	-							
Certificate Holder is named as Add'l Ins	ured	as respects to the operations of	of the n	amed insure	d.			
Covered activities: adult soccer league.								
CERTIFICATE HOLDER			CANC	NELL ATION				
CERTIFICATE HOLDER			CANC	ELLATION				
Cert #: 1704-29755-208800-0			sно	ULD ANY OF 1	THE ABOVE DI	ESCRIBED POLICIES BE C	ANCELL	ED BEFORE
34.1.1707 2 57 2 0 2 30000 0		THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Hunterdon Central Region High School			ACCOMMINE WITH THE POLICY PROVIDING.					
84 Route 31			AUTHORIZED REPRESENTATIVE A O I MA					
Flemington, NJ 08822					(Na Inn Hn	W.	
			aliba Lynn Hall					



DATE (MM/DD/YYYY)

3/17/2015

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.

certiti	cate nolder in lieu of such endors	seme	nt(s)	•						
PRODUCE	PRODUCER					CONTACT NAME: Bene-Marc, Inc				
D.	Mana Tu				PHONE (A/C, No	o, Ext): (81)	7) 738-6899	FAX (A/C, No):	(817)	738-1811
В	ene-Marc, Inc.				É-MAIL ADDRE	ss: con	tact@bene-n	narc.com		
63	01 Southwest Blvd, Suite 101					INS	URER(S) AFFOR	DING COVERAGE		NAIC#
	rt Worth, TX 76132				INSURE	RA: Tudor	Insurance Co	ompany		
INSURED					INSURE					
Tri Co	unty Adult Soccer League				INSURE	RC:				
					INSURE	RD:				
P. O.	Box 6611				INSURE	RE:				
Bridg	ewater, NJ 08807				INSURE	RF:				
COVER	AGES CER	TIFIC	ATE	NUMBER: Cert #: 170	4-2975	5-208801-0		REVISION NUMBER:		
INDICA CERTII	S TO CERTIFY THAT THE POLICIES TED. NOTWITHSTANDING ANY RE FICATE MAY BE ISSUED OR MAY ISIONS AND CONDITIONS OF SUCH	EQUIF	EME	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN' ED BY	Y CONTRACT THE POLICIES	OR OTHER DESCRIBED	OCUMENT WITH RESPEC	OT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	 S	
	ERAL LIABILITY	IINSK	WVU	FOLIOT HORIBER		(WINNEDSTITT)	(MINDOFFE) T	EACH OCCURRENCE		00,000.00
AX	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)		100,000.00
A	CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$	5,000.00
v	EXCLUDES Participant							PERSONAL & ADV INJURY		000,000.00
	Legal Liability	X		PGP0806529		4/ 1/2015	4/ 1/2016	GENERAL AGGREGATE		000,000.00
GEN	'L AGGREGATE LIMIT APPLIES PER:					12:01 am	12:01 am	PRODUCTS - COMP/OP AGG	\$	Included
·	POLICY PRO- LOC									ectators Only
AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	<u>101 Sp</u>	ectators Omy
	ANY AUTO							BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED							<u>`</u>	\$	
	AUTOS AUTOS NON-OWNED AUTOS						-	PROPERTY DAMAGE	\$	
-	HIRED AUTOS AUTOS							(Per accident)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE	•						AGGREGATE	\$	
	DED RETENTION\$						ŀ	AGGREGATE	\$	
WOF	KERS COMPENSATION			 				WC STATU- OTH- TORY LIMITS ER	Ψ	
	EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE						-	LORY LIMITS ER	\$	
OFFI	CER/MEMBER EXCLUDED?	N/A					-	E.L. DISEASE - EA EMPLOYEE		···
	s, describe under CRIPTION OF OPERATIONS below						}	E.L. DISEASE - POLICY LIMIT		
DES	CRIPTION OF OPERATIONS DEIOW							E.L. DISEASE - POLICY LIMIT	-	
DESCRIPTI	ON OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ttach	ACORD 101, Additional Remarks	Schedule	, if more space is	required)			· · · · ·
	cate Holder is named as Add'l Ins	•		•		•				
Covere	ed activities: adult soccer league.									
							,			
CERTIF	CATE HOLDER				CANC	ELLATION				
	1704-29755-208801-0				THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL E Y PROVISIONS.		
	Athletic Center				AHTHO	RIZED REPRESEI	ITATIVE			
97 Rive	er Road gton, NJ 08822				AUTRO	meed refresei	Üli	oa Lrynn Ha	\mathbb{U}	
					© 1988-2010 ACORD CORPORATION. All rights reserved.					



3/17/2015

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.

PRODUCER				CONTA NAME:	ст Вег	ne-Marc, Inc	1				
Dana Mara Ina				PHONE (A/C, No	o, Ext):(&L	7) 738-6899	F. (/	AX A/C, No):	(817)	738-1811	
Bene-Marc, Inc.				E-MAIL ADDRE	ss: con	tact@bene-r				T	
6301 Southwest Blvd, Suite 101					INS	URER(S) AFFOR	DING COVERAGE			NAIC#	
Fort Worth, TX 76132				INSURE	RA: Tudor	Insurance Co	ompany				
INSURED				INSURE	RB:		*				
Tri County Adult Soccer League				INSURE	RC:					-	
P. O. Box 6611				INSURE	-						
				INSURE	RE;					1	
Bridgewater, NJ 08807				INSURE			DE1//01011 AU M				
COVERAGES CERTIFY THAT THE POLICIES					5-208802-0		REVISION NUME		E POI	ICV PERIOD	
INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIR PERT	EME	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN' ED BY	Y CONTRACT THE POLICIES	OR OTHER DESCRIBED	OCUMENT WITH	RESPEC	OT T	WHICH THIS	
INSR LTR TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	;		
GENERAL LIABILITY	THE STATE OF					,	EACH OCCURRENCE	. [\$ 1,	,000,000.00	
A X COMMERCIAL GENERAL LIABILITY	i l						DAMAGE TO RENTED PREMISES (Ea occurre		\$	100,000.00	
CLAIMS-MADE X OCCUR							MED EXP (Any one per		\$	5,000.00	
X EXCLUDES Participant					4/ 1/2015	4/ 1/2016	PERSONAL & ADV IN.	JURY	\$ 1,	,000,000.00	
Legal Liability	X		PGP0806529	l		4/ 1/2016	GENERAL AGGREGA	TE	\$ 3,	,000,000.00	
GEN'L AGGREGATE LIMIT APPLIES PER:					12:01 am	12:01 am	PRODUCTS - COMP/C	OP AGG	\$	Included	
POLICY PRO- JECT LOC									for Sp	oectators Only	
AUTOMOBILE LIABILITY							COMBINED SINGLE L (Ea accident)	-TIMIT	\$		
ANY AUTO							BODILY INJURY (Per p	person)	\$		
ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per a		\$		
HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)		\$		
									\$		
UMBRELLA LIAB OCCUR							EACH OCCURRENCE		\$		
EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
DED RETENTION \$ WORKERS COMPENSATION							I WAC STATIL	ОТН-	\$		
AND EMPLOYERS' LIABILITY Y/N							WC STATU- TORY LIMITS	LER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT		\$		
(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EM				
DÉSCRIPTION OF OPERATIONS below	-						E.L. DISEASE - POLIC	YLIMIT	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	IFS (A	ffach	ACORD 101 Additional Remarks	Schedule	if more snace is	required)					
Certificate Holder is named as Add'l In			·								
Covered activities: adult soccer league.											
										· · · · · · · · · · · · · · · · · · ·	
CERTIFICATE HOLDER				CANO	CELLATION					•••	
Cert #: 1704-29755-208802-0				THE	EXPIRATION	DATE THE	ESCRIBED POLICIE REOF, NOTICE I Y PROVISIONS.				
County of Union				AUTHORIZED REPRESENTATIVE A							
	Iministration Building, 2nd Floor						authorized Representative Liba Lynn Hall				
Litzaueut, 143 07207	izabeth, NJ 07207						I Chango Quillum 1 1000				



DATE (MM/DD/YYYY) 3/17/2015

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.

PRO	DUCER		, ,		CONTACT NAME: Bene-Marc, Inc							
	Bene-Marc, Inc.				PHONE (A/C, No E-MAIL	, Ext): (81	7) 738-6899		FAX (A/C, No):	(817)	738-1811	
	6301 Southwest Blvd, Suite 101			 '	ADDRES		tact@bene-r	narc.com DING COVERAGE			NAIC#	
	Fort Worth, TX 76132			<u> -</u>	INCLIDE						NAIC#	
INSU					INSURE		Insurance Co	ompany				
T	i County Adult Soccer League				INSURER C:							
	Toomis, Times Source Bougar			-	INSURER D :							
P	O. Box 6611				INSURER É :							
В	ridgewater, NJ 08807				INSURER F:							
				E NUMBER: Cert #: 1704				REVISION NUM				
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REME AIN,	NT, TERM OR CONDITION OF THE INSURANCE AFFORDER	DF ANY	CONTRACT	OR OTHER DESCRIBED	OCUMENT WITH	RESPE	ст то	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
	GENERAL LIABILITY					,	,	EACH OCCURRENC		\$ 1,	000,000.00	
Α	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTE PREMISES (Ea occu		\$	100,000.00	
CLAIMS-MADE X OCCUR								MED EXP (Any one p		s	5,000.00	
	X EXCLUDES Participant							PERSONAL & ADV I		s 1,	000,000.00	
	Legal Liability	X		PGP0806529		4/ 1/2015	4/ 1/2016	GENERAL AGGREG	ATE	\$ 3,	00,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					12:01 am	12:01 am	PRODUCTS - COMP	P/OP AGG	\$	Included	
	POLICY PRO- JECT LOC							N	Med Exp	for Sr	ectators Only	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$		
	ANY AUTO							BODILY INJURY (Pe	r person)	\$		
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Pe		\$		
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAG (Per accident)	iΕ	\$\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	E	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION\$								10-11	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							WC STATU- TORY LIMITS	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A			i			E.L. EACH ACCIDEN	IT.	\$		
	(Mandatory in NH) If yes, describe under						-	E.L. DISEASE - EA E	MPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES (A	ttach /	ACORD 101, Additional Remarks Sc	chedule.	if more space is	required)					
	rtificate Holder is named as Add'l Ins			•	•	•						
Сс	overed activities: adult soccer league.											
•	roron neurringer name ecocor rougue.											
CEF	RTIFICATE HOLDER			(CANC	ELLATION						
	rt #: 1704-29755-208803-0				THE	EXPIRATION	DATE THE	ESCRIBED POLICI REOF, NOTICE Y PROVISIONS.				
•	ringfield School Distreit			- -	AUTHORIZED REPRESENTATIVE A							
	9 Mountain Avenue ringfield, NJ 07081				alisa Lynn Hall							
					Muda origina 11000							
					© 1988-2010 ACORD CORFORATION. All rights reserved.							



DATE (MM/DD/YYYY) 3/17/2015

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.

	icate noider in lieu of such endors	seme	nt(s)	•	CONTA	·CT			·-·				
PRODUCE	≣R .				INAME: Bene-Marc Inc								
_ n	ene-Marc, Inc.				PHONE (A/C, N	o, Ext): (81	7) 738-6899	FAX (A/C, No): (817	7) 738-1811				
l ^D	ene-Marc, mc.				É-MÁIL ADDRE	ss: con	tact@bene-n						
63	301 Southwest Blvd, Suite 101					INS	URER(S) AFFOR	DING COVERAGE	NAIC#				
F	ort Worth, TX 76132				INSURE	RA: Tudor	Insurance Co	ompany					
INSURED					INSURE								
Tri C	ounty Adult Soccer League				INSURE	ERC:							
					INSURER D:								
P. O.	Box 6611				INSURER E :								
Bridg	gewater, NJ 08807				INSURER F:								
COVER		TIFIC	CATE	NUMBER: Cert #: 170	704-29755-208804-0 REVISION NUMBER:								
	S TO CERTIFY THAT THE POLICIES			RANCE LISTED BELOW HA	VE BEE	N ISSUED TO							
	ATED. NOTWITHSTANDING ANY RE												
	IFICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH							HEREIN IS SUBJECT TO ALL	THE TERMS,				
INSR LTR	TYPE OF INSURANCE		SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS					
	NERAL LIABILITY	INSR	WVD	POLICY NUMBER		(MIM/DD/TTTT)	(MM/DD/YYYY)		,000,000.00				
l . -	1							DAMAGE TO RENTED	100,000.00				
								i i					
 	CLAIMS-MADE X OCCUR						}	MED EXP (Any one person) \$	5,000.00				
X	EXCLUDES Participant	X		PGP0806529		4/ 1/2015	4/ 1/2016		,000,000.00				
	Legal Liability			FGF0800329		12:01 am	12:01 am	GENERAL AGGREGATE \$ 3	,000,000.00				
GEI	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$	Included				
								Med Exp for S	pectators Only				
AU	romobile liability					l		(Ea accident) \$					
	ANY AUTO							BODILY INJURY (Per person) \$					
	ALL OWNED SCHEDULED AUTOS NON-OWNED							BODILY INJURY (Per accident) \$					
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident) \$					
								\$					
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$					
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$					
	DED RETENTION \$							\$					
	RKERS COMPENSATION							WC STATU- OTH- TORY LIMITS ER					
ANY	PROPRIETOR/PARTNER/EXECUTIVE						Ī	E.L. EACH ACCIDENT \$					
OFF	ICER/MEMBER EXCLUDED?	N/A					Ī	E.L. DISEASE - EA EMPLOYEE \$					
l lifve	s, describe under SCRIPTION OF OPERATIONS below						ļ	E.L. DISEASE - POLICY LIMIT \$					
1	SOME THOM OF OF ELECTRONIC BEION							E.E. DIGENGE - I GEIGT EIIIIT					
DESCRIPT	TION OF OPERATIONS / LOCATIONS / VEHICE	FS //	ttach	ACORD 101 Additional Remarks	Schedule	if more enace is	required)						
				•		•	• •						
Cerun	cate Holder is named as Add'l Ins	urea	as re	spects to the operations of	or the n	iamed insure	a.						
Cover	ed activities: adult soccer league.												
CERTIF	ICATE HOLDER				CANO	CELLATION			····				
					0110								
Cert #:	1704-29755-208804-0							ESCRIBED POLICIES BE CANCEI REOF, NOTICE WILL BE DI					
								Y PROVISIONS.					
City of	Summit - Dept. of Community Progr	ams											
100 M	orris Avenue				AUTHORIZED REPRESENTATIVE A O I IIA								
Summi	it, NJ 07901				aliba Lynn Hall								
	- -				Chama aliyan haa								
						© 1988-2010 ACORD CORPORATION. All rights reserved							



DATE (MM/DD/YYYY) 3/17/2015

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.

certificate floider in fled of Such effdor	361116	riit(S)	'a								
PRODUCER			CONTACT NAME: Bene-Marc, Inc								
Bene-Marc, Inc.				PHONE (A/C, No E-MAIL	o, Ext): (81	7) 738-6899		(817)	738-1811		
6301 Southwest Blvd, Suite 101				ADDRE		tact@bene-r	narc.com RDING COVERAGE		NAIC#		
Fort Worth, TX 76132				INCHIDE	RA: Tudor				NAIC#		
INSURED			·	INSURE		msurance Co	ompany				
Tri County Adult Soccer League				INSURE							
,				INSURE							
P. O. Box 6611				INSURE							
Bridgewater, NJ 08807				INSURER F:							
COVERAGES CER	TIFIC	CATE	NUMBER: Cert #: 170	704-29755-208805-0 REVISION NUMBER:							
INDICATED. NOTWITHSTANDING ANY RI CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD IN OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS ROED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,							
INSR LTR TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	i			
GENERAL LIABILITY								\$ 1,0	000,000.00		
A X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00		
CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$	5,000.00		
X EXCLUDES Participant	X		DCD0006500		4/ 1/2015	4/ 1/2016	PERSONAL & ADV INJURY		000,000.00		
Legal Liability	^		PGP0806529		12:01 am	12:01 am	GENERAL AGGREGATE	\$ 3,0	000,000.00		
GEN'L AGGREGATE LIMIT APPLIES PER:					12.01 aiii	12.01 aiii		\$	Included		
POLICY PRO- JECT LOC							Med Exp	for Sp	ectators Only		
AUTOMOBILE LIABILITY							(Ea accident)	\$			
ANY AUTO ALL OWNED SCHEDULED							, , ,	\$ \$			
AUTOS AUTOS NON-OWNED							PROPERTY DAMAGE	ֆ \$			
HIRED AUTOS AUTOS				İ			(Per accident)	ֆ \$			
UMBRELLA LIAB OCCUB								•			
EXCESS LIAB OCCUR CLAIMS-MADE								\$ \$			
DED RETENTION\$								» \$			
WORKERS COMPENSATION							WC STATU- OTH-	Ψ			
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE								\$			
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	•			
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	150 //	144 - a b	ACODD 404 Additional Remarks	Cabadula	16 to	as a vilas d\					
			•		•	• •					
Certificate Holder is named as Add'l Ins	ured	as re	espects to the operations of	of the n	iamea insure	u.					
Covered activities: adult soccer league.											
Covered activities, adult soccer league.											
CERTIFICATE HOLDER				CANC	ELLATION		,				
Cert #: 1704-29755-208805-0			THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL BI Y PROVISIONS.					
Hunterdon Soccer Club											
P. O. Box 286				AUTHORIZED REPRESENTATIVE 1. P 21_11							
Flemington, NJ 08822				alisa Lynn Hall							
				© 1988-2010 ACORD CORPORATION All rights reserved							



DATE (MM/DD/YYYY) 3/17/2015

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.

PRODUCER				CONTACT NAME: Bene-Marc, Inc								
Bene-Marc, Inc.				PHONE (A/C, No E-MAIL ADDRE	p, Ext): (81	7) 738-6899 ntact@bene-) <u> </u>	FAX (A/C, No):	(817) 738-1811		
6301 Southwest Blvd, Suite 19)1			AUDRE		_	RDING COVERAGE			NAIC#		
Fort Worth, TX 76132				INSURE	RA: Tudor					NAIC#		
INSURED				INSURE		msurance C	отпрану			<u> </u>		
Tri County Adult Soccer League				INSURE								
·				INSURE								
P. O. Box 6611				INSURE								
Bridgewater, NJ 08807				INSURER F:								
COVERAGES	CERTIF	CAT	E NUMBER: Cert #: 170	1704-29755-208806-0 REVISION NUMBER:								
INDICATED. NOTWITHSTANDING A	Y REQU MAY PER	REME TAIN,	RANCE LISTED BELOW HAVENT, TERM OR CONDITION THE INSURANCE AFFORDI	AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS DED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS								
INSR LTR TYPE OF INSURANCE	ADD	LISUBR	1	DELIVI	POLICY EFF (MM/DD/YYYY)			LIMIT				
GENERAL LIABILITY	INS	R WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE			,000,000,000		
A X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTEL PREMISES (Ea occur		\$ 1	100,000.00		
CLAIMS-MADE X OCCUR									\$ \$	5,000.00		
X EXCLUDES Participant		i i					MED EXP (Any one per PERSONAL & ADV IN	·		,000,000.00		
Legal Liability	2	PGP0806529			4/ 1/2015	4/ 1/2016	GENERAL AGGREGA		<u> </u>	,000,000.00		
GEN'L AGGREGATE LIMIT APPLIES PER:					12:01 am	12:01 am	PRODUCTS - COMP/		\$ \$	Included		
POLICY PRO- LOC										pectators Only		
AUTOMOBILE LIABILITY		1					COMBINED SINGLE L		201 31	acctators Only		
ANY AUTO							(Ea accident) BODILY INJURY (Per	person)	\$			
ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per	accident)	\$			
HIRED AUTOS NON-OWNER	,						PROPERTY DAMAGE (Per accident)		\$			
AUTOS	ı						(Per accident)		\$			
UMBRELLA LIAB OCCUR		1					EACH OCCURRENCE	: -	\$			
EXCESS LIAB CLAIMS-	MADE						AGGREGATE	-	\$			
DED RETENTION\$							7.CORECTE	•	\$			
WORKERS COMPENSATION				\neg			WC STATU- TORY LIMITS	OTH- ER	*			
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	Y/N						E.L. EACH ACCIDENT		\$			
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/ <i>i</i>	`				Ì	E.L. DISEASE - EA EM		<u> </u>			
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC		\$			
									·			
		ļ										
DESCRIPTION OF OPERATIONS / LOCATIONS /	EHICLES	Attach .	ACORD 101, Additional Remarks S	chedule,	, if more space is	required)						
Certificate Holder is named as Add	l Insure	i as re	espects to the operations of	of the n	amed insured	đ.						
Covered activities: adult soccer lea	zue.											
	,											
CERTIFICATE HOLDER				CANC	ELLATION							
Cert #: 1704-29755-208806-0 The Boro of Summerville & The Some	ville Rec	reation	o Commission	THE	EXPIRATION	DATE THE	ESCRIBED POLICIE REOF, NOTICE Y PROVISIONS.					
P. O. Box 399 / 25 W. End Avenue		vatiOI	-	AUTHORIZED REPRESENTATIVE A								
Somerville, NJ 08876				authorized Representative aliba Layrun Hall								
			·	© 1988-2010 ACORD CORPORATION. All rights reserved.								



3/17/2015

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.

certificate holder in lieu of such endorsement(s).									
PRODUCER	CONT/ NAME	: Ber	ne-Marc, Inc	;	Lmass				
Bene-Marc, Inc.	PHONI (A/C, N	No. Ext): (81	7) 738-6899		FAX (A/C, No): (817) 7	38-1811		
·	É-MÁII ADDRÍ		tact@bene-i			_T -			
6301 Southwest Blvd, Suite 101				RDING COVERAGE			NAIC#		
Fort Worth, TX 76132		ERA: Tudor	Insurance Co	ompany					
Tri County Adult Soccer League		INSURER B: INSURER C:							
The County Adult Soccol Edigue		ER D :							
P. O. Box 6611	INSUR								
Bridgewater, NJ 08807	INSUR								
	ert #: 1704-2975			REVISION NUI	MBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BEL INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONCERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE A EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LI	NDITION OF AN AFFORDED BY	NY CONTRACT THE POLICIES REDUCED BY I	OR OTHER I DESCRIBEI PAID CLAIMS.	DOCUMENT WIT D HEREIN IS SU	H RESPECT	TO W	HICH THIS		
INSR LTR TYPE OF INSURANCE INSR WVD POLICY NU	JMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS				
GENERAL LIABILITY				EACH OCCURREN DAMAGE TO RENT	FD		0,000.00		
A X COMMERCIAL GENERAL LIABILITY				PREMISES (Ea occ	surrence) \$	10	5,000,00		
CLAIMS-MADE X OCCUR				MED EXP (Any one	·	1.00	5,000.00		
X EXCLUDES Participant X PGP08	306529	4/ 1/2015	4/ 1/2016	PERSONAL & ADV			0,000.00		
GEN'L AGGREGATE LIMIT APPLIES PER:		12:01 am	12:01 am	PRODUCTS - COM		3,00	Included		
POLICY PRO- LOC					Med Exp &	or Spec	ctators Only		
AUTOMOBILE LIABILITY				COMBINED SINGLI (Ea accident)	E LIMIT \$				
ANY AUTO				BODILY INJURY (P					
ALL OWNED SCHEDULED AUTOS				BODILY INJURY (P	- 1				
HIRED AUTOS NON-OWNED AUTOS				PROPERTY DAMA((Per accident)					
					\$				
UMBRELLA LIAB OCCUR				EACH OCCURREN	CE \$				
EXCESS LIAB CLAIMS-MADE				AGGREGATE	\$				
DED RETENTION\$ WORKERS COMPENSATION				WC STATU- TORY LIMITS	OTH- ER				
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE				E.L. EACH ACCIDE					
OFFICER/MEMBER EXCLUDED? N / A (Mandatory in NH)				E.L. DISEASE - EA			· 		
If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - PO					
DESCRIPTION OF CLOWN PROPERTY.									
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Certificate Holder is named as Add'l Insured as respects to the oper									
Covered activities: adult soccer league.									
CERTIFICATE HOLDER	CAN	CELLATION							
Cert #: 1704-29755-208807-0 Bernards Township Parks & Rec.	THE	E EXPIRATION	DATE THE	ESCRIBED POLICEREOF, NOTICE Y PROVISIONS.					
1 Collyer Lane	AUTH	AUTHORIZED REPRESENTATIVE 1							
Basking Ridge, NJ 07920		authorized representative Aliba Lynn Hall							
1				Л					



3/17/2015

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.

certificate holder in lieu of such endor	seme	ent(s)).				•				
PRODUCER				CONTA NAME:	Bet	ne-Marc, Inc	;				
Bene-Marc, Inc.				PHONE (A/C, No	o, Ext): (81	7) 738-6899	·	FAX (A/C, No):	(817)	738-1811	
1				E-MAIL ADDRE	ss: con	tact@bene-r				T	
6301 Southwest Blvd, Suite 101 Fort Worth, TX 76132							RDING COVERAGE			NAIC#	
INSURED					RA: Tudor	Insurance Co	ompany				
Tri County Adult Soccer League				INSURE						<u> </u>	
, and a second second				INSURE							
P. O. Box 6611				INSURE							
Bridgewater, NJ 08807				INSURER F:							
COVERAGES CER	TIFI	CATE	E NUMBER: Cert #: 170	4-29755	5-208808-0		REVISION NUI	MBER:			
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUII PERT POLI	REMEI TAIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIES REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS	DOCUMENT WIT D HEREIN IS SU	H RESPEC	OT TO	WHICH THIS	
INSR LTR TYPE OF INSURANCE	ADDI INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS			
A X COMMERCIAL GENERAL LIABILITY	į						EACH OCCURREN DAMAGE TO RENT PREMISES (Ea occ	CE ED currence)	•	000,000.00	
CLAIMS-MADE X OCCUR							MED EXP (Any one	1	\$	5,000.00	
X EXCLUDES Participant	X		DCD0906520		4/ 1/2015	4/ 1/2016	PERSONAL & ADV	INJURY	•	000,000.00	
Legal Liability	1.		PGP0806529		12:01 am	12:01 am	GENERAL AGGRE	GATE	\$ 3,	000,000.00	
GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COM		\$	Included	
POLICY PRO- JECT LOC							COMBINED SINGLE			ectators Only	
ANY AUTO							(Ea accident) BODILY INJURY (P	er person)	\$ \$		
ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (P	·	\$		
HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMA	GE	\$		
							(o doordany		\$		
UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$		
EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
DED RETENTION \$							1110 071711		\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							WC STATU- TORY LIMITS	OTH- ER			
ANY PROPRIÉTOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE		\$		
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA				
DESCRIPTION OF OPERATIONS below		-					E.L. DISEASE - POI	LICY LIMIT	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (Attach	ACORD 101, Additional Remarks	Schedule	, if more space is	required)	<u> </u>				
Certificate Holder is named as Add'l Ins	ured	as re	spects to the operations of	of the n	amed insured	i.					
Covered activities: adult soccer league.											
CERTIFICATE HOLDER				CANC	ELLATION						
Cert #: 1704-29755-208808-0 Green Brook Middle School		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.									
132 Jefferson Street			Ì	AUTHORIZED REPRESENTATIVE A D O I DA							
Green Brook, NJ 08812				alisa Lynn Hall							
<u> </u>			l	- 1000 0040 4 0 0 D C C C C C C C C C C C C C C C C C							



3/17/2015

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.

certificate holder in li	eu of such endor	seme	nt(s)										
PRODUCER					CONTACT Bene-Marc, Inc								
Bene-Marc, Inc.					PHONE (A/C, No	o, Ext): (81	7) 738-6899	FAX (A/C, No):	(817)	738-1811			
,					É-MAIL ADDRE	ss: con	tact@bene-n	narc.com					
6301 Southwest B	•					INS	URER(S) AFFOR	DING COVERAGE		NAIC#			
Fort Worth, TX 7	5132				INSURE	RA: Tudor l	Insurance Co	mpany					
INSURED	_				INSURE	RB:							
Tri County Adult Soco	er League				INSURE	RC:							
P. O. Box 6611					INSURE	RD:	-						
					INSURER E:								
Bridgewater, NJ 08					INSURER F:								
COVERAGES	·			ENUMBER: Cert #: 170				REVISION NUMBER:	15 501	101/ 255105			
INDICATED. NOTWITH: CERTIFICATE MAY BE	STANDING ANY R ISSUED OR MAY	EQUIF PERT POLI	REME AIN, CIES.	RANCE LISTED BELOW HAY NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIES	OR OTHER DESCRIBED	OCUMENT WITH RESPE	CT TO	WHICH THIS			
INSR LTR TYPE OF INS	URANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s				
GENERAL LIABILITY		1						EACH OCCURRENCE	\$ 1,6	000,000.00			
A X COMMERCIAL GENE	RAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00			
CLAIMS-MADE	X OCCUR						•	MED EXP (Any one person)	\$	5,000.00			
X EXCLUDES Pa	rticipant					4/ 1/2015	4/ 1/2016	PERSONAL & ADV INJURY	\$ 1,0	000,000.00			
Legal Liability		X		PGP0806529			i	GENERAL AGGREGATE	\$ 3,0	000,000.00			
GEN'L AGGREGATE LIMI	APPLIES PER:					12:01 am	12:01 am	PRODUCTS - COMP/OP AGG	\$	Included			
POLICY PRO- JECT	LOC	<u>.</u>	<u> </u>						for Sp	ectators Only			
AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$				
ANY AUTO								BODILY INJURY (Per person)	\$				
ALL OWNED AUTOS	SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$				
HIRED AUTOS	NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$				
									\$				
UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$				
EXCESS LIAB	CLAIMS-MADE						-	AGGREGATE	\$				
DED RETEN								TAIN STATE ISTU	\$				
WORKERS COMPENSATI								WC STATU- OTH- TORY LIMITS ER					
ANY PROPRIETOR/PARTN OFFICER/MEMBER EXCLU	ER/EXECUTIVE I	N/A						E.L. EACH ACCIDENT	\$				
(Mandatory in NH) If yes, describe under		İ						E.L. DISEASE - EA EMPLOYEE	\$				
DÉSCRIPTION OF OPERA	TIONS below	<u> </u>						E.L. DISEASE - POLICY LIMIT	\$				
DESCRIPTION OF OREDATORS	/ COATIONS (VENE	LEC (Ma - 4	ACORD 404 Additional Borns 1	Naha da	16							
				ACORD 101, Additional Remarks		•							
Certificate Holder is na	med as Add ins	urea	as re	spects to the operations of	of the n	amed insured	i.						
Covered activities: adu	t soccer league.												
										l			
CERTIFICATE HOLDER	1				CANC	ELLATION.							
CERTIFICATE HOLDER					CANC	ELLATION							
Cert #: 1704-29755-2088	09-0				THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CAREOF, NOTICE WILL E Y PROVISIONS.					
Township of Bedminster One Miller Lane					AUTHODITED BEDDESENTATIVES A								
Bedminster, NJ 07921					AUTHORIZED REPRESENTATIVE Alipa Layron Hall								
					© 1988-2010 ACORD CORPORATION All rights reserved								



DATE (MM/DD/YYYY)

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.

Certificate floider if	neu or such endor	3 0 1116	:::I(2)	•	CONTA								
PRODUCER	RODUCER						ne-Marc, Inc						
D 14					PHONE (A/C, No	o, Ext): (81	7) 738-6899	FAX (A/C, No):	(817)	738-1811			
Bene-Marc, Inc					E-MAIL ADDRE	•	tact@hene-n	narc.com	(3,7)				
6301 Southwest	Blvd, Suite 101						\sim	DING COVERAGE		NAIC#			
Fort Worth, TX	76132				INSURE	RA: Tudor							
INSURED					INSURE								
Tri County Adult So	ccer League				INSURE								
	. •				INSURE			N					
P. O. Box 6611					INSURE								
Bridgewater, NJ	8807				INSURER F:								
COVERAGES		TIFIC	CATE	NUMBER: Cert #: 170	4-2975	5-208810-0		REVISION NUMBER:					
	THAT THE POLICIES	OF	NSUF	RANCE LISTED BELOW HA	VE BEE	N ISSUED TO							
				NT, TERM OR CONDITION THE INSURANCE AFFORD									
				LIMITS SHOWN MAY HAVE				HEREIN IS SUBJECT TO) ALL	INE TERWIS,			
INSR TYPE OF	NSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s				
GENERAL LIABILITY		INSK	VVVD	TOLIOT NOMBER		(MANUSCO) 1 111)	(MINIO DO TITT)	EACH OCCURRENCE		00,000,000			
A X COMMERCIAL G	NERAL HARILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)		100,000.00			
CLAIMS-MA								MED EXP (Any one person)	\$	5,000.00			
							•	PERSONAL & ADV INJURY		000,000.00			
X EXCLUDES Legal Liabili	•	X		PGP0806529		4/ 1/2015	4/ 1/2016	GENERAL AGGREGATE		000,000.00			
GEN'L AGGREGATE L	-	1		22300027		12:01 am	12:01 am	PRODUCTS - COMP/OP AGG	\$ 3,0 \$	Included			
	RO- 🗀												
POLICY J		\vdash						COMBINED SINGLE LIMIT [-	ectators Only			
	• •		İ				}	(Ea accident) BODILY INJURY (Per person)	\$				
ANY AUTO ALL OWNED	SCHEDULED						-		\$ \$				
AUTOS	AUTOS NON-OWNED						-	BODILY INJURY (Per accident) PROPERTY DAMAGE					
HIRED AUTOS	AUTOS							(Per accident)	\$				
		<u> </u>							\$				
UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$				
EXCESS LIAB	CLAIMS-MADE	1					_	AGGREGATE	\$				
	ENTION \$								\$				
WORKERS COMPENS AND EMPLOYERS' LIA	DILITY							WC STATU- OTH- TORY LIMITS ER					
ANY PROPRIETOR/PAI OFFICER/MEMBER EX	TNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$				
(Mandatory in NH)								E.L. DISEASE - EA EMPLOYEE	\$				
If yes, describe under DESCRIPTION OF OPI	ERATIONS below							E.L. DISEASE - POLICY LIMIT	\$				
										•			
DESCRIPTION OF OPERATIO	NS / LOCATIONS / VEHIC	LES (A	Attach	ACORD 101, Additional Remarks	Schedule	, if more space is	required)						
Certificate Holder is	named as Add'l Ins	ured	as re	spects to the operations of	of the n	amed insured	i.						
Covered activities: a	dult soccer league.												
20. 2. 24 HOM THOS. U	bobooi iouguo.												
CERTIFICATE HOLD	ER				CANC	ELLATION							
Cert #: 1704-29755-20	8810-0							ESCRIBED POLICIES BE CA					
_ 3.5 1.01 23700 20	- •				THE	EXPIRATION	I DATE THE	REOF, NOTICE WILL E	BE DEI	LIVERED IN			
Township of East Anw	el1				ACCORDANCE WITH THE POLICY PROVISIONS.								
1070 Route 202/31	V11				AUTHORIZED REPRESENTATIVE A								
					alisa Lynn Hall								
Ringoes, NJ 08551					1 Chara Linna Mala								
							© 1988-2010 A CORD CORPORATION All rights reserved						



DATE (MM/DD/YYYY)

3/17/2015

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.

PRODUCER		(0).		CONTA	СТ								
PRODUCER	COUGER						NAME: Bene-Marc, Inc						
Bene-Marc, Inc.				(A/C, No	o. Ext): (81	7) 738-6899	(A/C, No):	(817)	738-1811				
6301 Southwest Blvd, Suite 101				ADDRE		tact@bene-r	narc.com RDING COVERAGE		NAIC#				
Fort Worth, TX 76132				INCLIDE					NAIC#				
INSURED				INSURE		Insurance Co	ompany						
Tri County Adult Soccer League				INSURE		7.77.4			-				
and the same of th			•	INSURER D:									
P. O. Box 6611				INSURE									
Bridgewater, NJ 08807				INSURER F:									
· · · · · · · · · · · · · · · · · · ·	RTIFIC	CATE	NUMBER: Cert #: 170		5-208811-0		REVISION NUMBER:						
INDICATED. NOTWITHSTANDING ANY R	EQUIR PERT. POLIC	REMEN AIN, 1 CIES. I	NT, TERM OR CONDITION THE INSURANCE AFFORD	AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD N OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS DED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, I/E BEEN REDUCED BY PAID CLAIMS.									
INSR LTR TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3					
GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,0	000,000.00				
A X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00				
CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$	5,000.00				
X EXCLUDES Participant	X				4/ 1/2015	4/ 1/2016	PERSONAL & ADV INJURY	\$ 1,0	00.000,000				
Legal Liability	^		PGP0806529		12:01 am		GENERAL AGGREGATE	\$ 3,0	00,000,000				
GEN'L AGGREGATE LIMIT APPLIES PER:				•	12.01 am	12:01 am		\$	Included				
POLICY PRO- JECT LOC							Med Exp	for Sp	ectators Only				
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$					
ANY AUTO ALL OWNED SCHEDULED								\$					
AUTOS SUTOS NON-OWNED							DDODEDT/ DALLAGE	\$	•				
HIRED AUTOS AUTOS							(Per accident)	\$					
UMBRELLA LIAB OCCUB								\$					
- Exercises - Occor								\$					
OLAINIS-WADE								\$					
DED RETENTION \$ WORKERS COMPENSATION								\$					
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE													
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A							\$					
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT						
DESCRIPTION OF CITATIONS BEIOW	\dagger						L.L. DIGLAGE - POLICY LIMIT	Ψ					
DESCRIPTION OF OREDATIONS (1 COATIONS (17711)	1 50 /2	Hack A	LCORD 404 Additional Damaster	Cabadet:	16 man *								
Certificate Holder is named as Add'l Ins	-		·		•	• •							
			•										
Covered activities: adult soccer league.													
CERTIFICATE HOLDER				CANO	ELLATION								
OLIVII IOATE HOLDEN				OAILO	LLLATION								
Cert #: 1704-29755-208811-0			THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.							
East Amwell Township School District													
43 Wertsville Road				AUTHORIZED REPRESENTATIVE 1. P 11									
Ringoes, NJ 08551				alisa Lynn Hall									
				© 1988-2010 ACORD CORPORATION All rights reserved									



DATE (MM/DD/YYYY)

3/17/2015

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.

certi	ficate holder in lieu of such endor	seme	nt(s)).								
PRODUC	ER .				CONTACT NAME: Bene-Marc, Inc							
g	ene-Marc, Inc.				PHONE (A/C, No	o, Ext): (81°	7) 738-6899		FAX (A/C, No): (8	17) 7	38-1811	
					E-MAIL ADDRE	ss: con	act@bene-n	arc.com				
	301 Southwest Blvd, Suite 101					INS	URER(S) AFFOR	DING COVERAGE			NAIC#	
	ort Worth, TX 76132				INSURE	RA: Tudor I	nsurance Co	mpany				
INSURED					INSURE	RB:						
Tri Co	ounty Adult Soccer League				INSURE	RC:						
D O	Box 6611				INSURER D :							
					INSURER E:							
	gewater, NJ 08807 RAGES CER	TIEI	` A T	E NUMBER: Cert #: 1704	INSURER F:							
	IS TO CERTIFY THAT THE POLICIES							REVISION NUM		POLI	CY PERIOD	
INDIC	ATED. NOTWITHSTANDING ANY RE	QUIF	REME	NT, TERM OR CONDITION	OF AN'	Y CONTRACT	OR OTHER I	OCUMENT WITH	H RESPECT	TO V	VHICH THIS	
	IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH								BJECT TO A	ALL T	HE TERMS,	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	<u> </u>	DEE:111	POLICY EFF (MM/DD/YYYY)			LIMITS			
7	NERAL LIABILITY	INSK	WVD.	POLICI NUMBER		(MIM/UU/TTT)	(MM/DD/TTTT)	EACH OCCURRENCE		1.00	00,000.00	
AX	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENT PREMISES (Ea occi	ED .		00,000.00	
	CLAIMS-MADE X OCCUR							MED EXP (Any one	411011007		5,000.00	
X	 					4/4/0017		PERSONAL & ADV	,	1,00	00,000.00	
	Legal Liability	X		PGP0806529		4/ 1/2015	4/ 1/2016	GENERAL AGGREC		3,00	00,000.00	
GE	N'L AGGREGATE LIMIT APPLIES PER:					12:01 am	12:01 am	PRODUCTS - COM	P/OP AGG \$.,	Included	
	POLICY PRO- JECT LOC								1ed Exp fðr	Spec	ctators Only	
AU	TOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT \$			
	ANY AUTO							BODILY INJURY (Pe	er person) \$			
	ALL OWNED SCHEDULED AUTOS NON-OWNED							BODILY INJURY (Pe				
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAG (Per accident)				
									\$			
	UMBRELLA LIAB OCCUR				EACH OCCURRENCE \$							
-	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
wc	DED RETENTION \$ DRKERS COMPENSATION							WC STATU-	OTH-			
AN	D EMPLOYERS' LIABILITY Y/N							WC STATU- TORY LIMITS	LER			
OF	Y PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE				
	es, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - EA I		-		
DE	SCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT \$			
DESCRIP	TION OF OPERATIONS / LOCATIONS / VEHIC	ES (A	ttach	ACORD 101, Additional Remarks S	Schedule	, if more space is	required)	·				
Certifi	cate Holder is named as Add'l Inst	red :	as res	spects to the operations of	f the na	med insured						
				operations of		a mbarea	•		•			
Cover	ed activities: adult soccer league.											
00.01	a decention decent reague.											
CERTI	FICATE HOLDER				CANC	ELLATION						
Cert #:	1704-29755-208812-0				SHO	ULD ANY OF 1 FXPIRATION	HE ABOVE DI	ESCRIBED POLIC	IES BE CAN	CELLI	ED BEFORE	
				THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
	are Township			ļ								
	semont Ringoes Road		AUTHORIZED REPRESENTATIVE LIDA LIYUN Hall									
Sergear	ntsville, NJ 08557							wand wa	Hall			
					The Owners of Halizana, 19922							



DATE (MM/DD/YYYY)

3/17/2015

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.

	e terms and conditions of the policy ertificate holder in lieu of such endors				an endorsement. A statement on this certificate does not confer rights to the							
	DUCER	301110	(0)		CONTACT NAME: Bene-Marc, Inc							
					PHONE		e-Marc, inc	FAX (A/C, No): (817)	730 1011			
	Bene-Marc, Inc.				(A/C, No E-MAIL ADDRE	,	<i>) </i>		/30-1011			
	6301 Southwest Blvd, Suite 101						~	DING COVERAGE	NAIC#			
	Fort Worth, TX 76132				INSURE	RA: Tudor I	nsurance Co	mpany				
INSU					INSURE							
Tri	County Adult Soccer League				INSURE							
D	O. Box 6611				INSURER D:							
					INSURE			·····				
	idgewater, NJ 08807 VERAGES CER	TIEI	- A TE	- NUMPED	INSURE			DEVICION NUMBER.				
	IIS IS TO CERTIFY THAT THE POLICIES			ENUMBER: Cert #: 1704				REVISION NUMBER: D NAMED ABOVE FOR THE POL	ICY PERIOD			
IN	DICATED. NOTWITHSTANDING ANY RE	QUIF	REME	NT, TERM OR CONDITION	OF AN'	Y CONTRACT	OR OTHER I	DOCUMENT WITH RESPECT TO	WHICH THIS			
CI EX	ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	PERT POLI	AIN, CIES.	THE INSURANCE AFFORDI	ED BY BEEN F	THE POLICIE: REDUCED BY	S DESCRIBEI PAID CLAIMS.	D HEREIN IS SUBJECT TO ALL	THE TERMS,			
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR			POLICY EFF (MM/DD/YYYY)		LIMITS				
	GENERAL LIABILITY	INSK	WVO	TOLIOT HOMBER		(MANUSON I I I I)	(MINIDDITTT)		00,000.00			
Α	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO DENTED	00,000.00			
	CLAIMS-MADE X OCCUR							MED EXP (Any one person) \$	5,000.00			
	X EXCLUDES Participant					4/ 1/2015	4/ 1/2016	PERSONAL & ADV INJURY \$ 1,0	00,000.00			
	Legal Liability	X		PGP0806529		12:01 am		GENERAL AGGREGATE \$ 3,0	00,000.00			
	GEN'L AGGREGATE LIMIT APPLIES PER:					12:01 am	12:01 am	PRODUCTS - COMP/OP AGG \$	Included			
	POLICY PRO- JECT LOC							Med Exp for Spe	ctators Only			
	AUTOMOBILE LIABILITY							(Ea accident) \$				
	ANY AUTO ALL OWNED SCHEDULED						}	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$				
	AUTOS AUTOS NON-OWNED							PROPERTY DAMAGE &				
	HIRED AUTOS AUTOS							(Per accident) \$				
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$				
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$				
Ì	DED RETENTION\$							\$				
	WORKERS COMPENSATION							WC STATU- OTH- TORY LIMITS ER				
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT \$				
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE \$				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$				
	RIPTION OF OPERATIONS / LOCATIONS / VEHICI			·		•	• •					
Cen	ificate Holder is named as Add'l Insu	red a	is res	spects to the operations of	the na	med insured	•					
0												
Cov	rered activities: adult soccer league.											
				•								
CEF	TIFICATE HOLDER				CANC	ELLATION						
Cert	#: 1704-29755-208813-0							ESCRIBED POLICIES BE CANCELL				
					THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
	Bank, N.A.			ļ								
	Atrium Way				AUTHORIZED REPRESENTATIVE 1. P 2.1 M							
Μοι	int Laurel, NJ 08054				authorized Representative Libar Laynor Hall							