

DATE (MM/DD/YYYY) 3/15/2017

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 B	ene-Marc, Inc						
Bene-Marc, Inc.			TANKE.	317) 738-6899	LEAV	738-1811				
6301 Southwest Blvd, Suite 101			F-MAII	ontact@bene-						
Fort Worth, TX 76132					RDING COVERAGE	NAIC#				
			INSURER A: Tudor Insurance Company							
NSURED Tri County Adult Soccer League			INSURER B:							
			INSURER C:							
P.O. Box 6611			INSURER D:							
Bridgewater, NJ 08807			INSURER E :							
			INSURER F:							
		NUMBER: Cert #: 170			REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RICERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIREMEI PERTAIN, POLICIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF ANY CONTRAC ED BY THE POLIC BEEN REDUCED B	T OR OTHER IES DESCRIBE Y PAID CLAIMS	DOCUMENT WITH RESPECT TO D HEREIN IS SUBJECT TO ALL	WHICH THIS				
ISR TR TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY	POLICY EXP (MM/DD/YYYY)	LIMITS					
GENERAL LIABILITY					EACH OCCURRENCE \$ DAMAGE TO RENTED	1,000,000.00				
X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE XOCCUR		CPG100579	95 4/1/20	4/1/201	PREMISES (Ea occurrence)	5,000.00				
Δ		0.0.0.0	12:01 a	m 12:01 a	MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$	1,000,000.00				
X Excludes Participant Legal Liability			12.01		PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$	3,000,000.00				
GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$	Include				
POLICY PRO- LOC						Spectators Onl				
AUTOMOBILE LIABILITY				 	COMBINED SINGLE LIMIT (Ea accident) \$	pectatore our				
ANY AUTO					BODILY INJURY (Per person) \$					
ALL OWNED SCHEDULED					BODILY INJURY (Per accident) \$					
HIRED AUTOS AUTOS AUTOS AUTOS					PROPERTY DAMAGE (Per accident) \$	*				
Times Acros					\$					
UMBRELLA LIAB OCCUR					EACH OCCURRENCE \$					
EXCESS LIAB CLAIMS-MADE					AGGREGATE \$					
DED RETENTION \$					\$					
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU- OTH- TORY LIMITS ER					
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT \$					
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	"'^				E.L. DISEASE - EA EMPLOYEE \$					
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$					
			12:01 ar	n 12:01 am						
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC Covered activities: adult soccer league.	LES (Attach	ACORD 101, Additional Remarks S	Schedule, if more space	is required)						
				WHICH IN		4 1 1 1 - 1 1				
CERTIFICATE HOLDER Cert #: 170	04-32389		CANCELLATIO	1						
Tri County Adult Soccer League										
			THE EXPIRATION	ON DATE TH	ESCRIBED POLICIES BE CANCE EREOF, NOTICE WILL BE D CYPROVISIONS.					
P.O. Box 6611	P.O. Box 6611				ACCORDANCE WITH THE POLICY PROVISIONS.					
Bridgewater, NJ 08807			AUTHORIZED REPRES	SENTATIVE	ina Lomme Hall					
Attn. Randall H. Dahme	Attn: Pandall H. Dahme				IDAI COMMI / (UXX)					



3/15/2017

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

certificate holder in lieu of such endorsement(s). PRODUCER	CONTACT Bene-Marc, Inc							
Bene-Marc, Inc.	PHONE (A/C, No, Ext): (817) 738-6899 FAX (A/C, No): (817)	738-1811						
6301 Southwest Blvd, Suite 101	E-MAIL ADDRESS: contact@bene-marc.com							
Fort Worth, TX 76132	INSURER(S) AFFORDING COVERAGE	NAIC#						
Fort worth, 1X 70132	INSURER A: Tudor Insurance Company							
INSURED	INSURER B:							
Tri County Adult Soccer League	INSURER C:							
P.O. Box 6611	INSURER D:							
	INSURER E:							
Bridgewater, NJ 08807	INSURER F:							
COVERAGES CERTIFICATE NUMBER: Cert #:	1704-32389-218716-0 REVISION NUMBER :							
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDIT CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFEXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY H	TION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO ORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL	WHICH THIS						

TYPE OF INSURANCE INSR WVD LIMITS LTR (MM/DD/YYYY) (MM/DD/YYYY) POLICY NUMBER 1,000,000.00 GENERAL LIABILITY **EACH OCCURRENCE** DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000.00 X COMMERCIAL GENERAL LIABILITY \$ 5,000.00 CLAIMS-MADE X OCCUR MED EXP (Any one person) \$ X CPG1005795 1,000,000.00 4/ 1/2018 PERSONAL & ADV INJURY \$ **EXCLUDES Participant** 4/ 1/2017 3,000,000.00 GENERAL AGGREGATE \$ Legal Liability 12:01 an Included PRODUCTS - COMP/OP AGG \$ GEN'L AGGREGATE LIMIT APPLIES PER: POLICY Med Exp for Spectators Only COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY (Ea accident) BODILY INJURY (Per person) ANY AUTO ALL OWNED AUTOS SCHEDULED **BODILY INJURY (Per accident)** \$ AUTOS NON-OWNED PROPERTY DAMAGE (Per accident) \$ HIRED AUTOS AUTOS \$ **UMBRELLA LIAB** \$ OCCUR **EACH OCCURRENCE EXCESS LIAB** CLAIMS-MADE **AGGREGATE** \$ \$ **RETENTION \$** DED WORKERS COMPENSATION WC STATU-TORY LIMITS AND EMPLOYERS' LIABILITY E.L. EACH ACCIDENT ANY PROPRIETOR/PARTNER/EXECUTIVE \$ OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT 12:01 am 12:01 am

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

Certificate Holder is named as additional Insured as respects to the additional insured endorsement added to the policy.

Covered activities: adult soccer league.

CERTIFICATE HOLDER	Cert #: 1704-32389-218716-0	CANCELLATION

Bernards Township Parks & Rec

1 Collyer Lane

Basking Ridge, NJ 07920

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 LIDA LIVEN Hall



DATE (MM/DD/YYYY) 3/15/2017

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certificate holder in lieu of such	endorsement(s).								
PRODUCER		CONTACT NAME:	Bene-Marc, Inc						
Bene-Marc, Inc.		PHONE (A/C, No, Ext):	(817) 738-6899	FAX (A/C, No): (817)	738-1811				
6301 Southwest Blvd. Suite 1	Marc, Inc. NAME: Bene-Marc, Inc. PHONE (A/C, No, Ext): (817) 738-6899 FAX (A/C, No): (817) 738-6899 FAX (A/C, No, Ext): (817) 738-6899 FAX (A/C, No): (817) 738-6899 FAX (A/C, No								
			INSURER(S) AFFORDING CO	VERAGE	NAIC#				
Fort Worth, 1X 70132		INSURER A: TU	INSURER A: Tudor Insurance Company						
INSURED		INSURER B:							
Tri County Adult Soccer League		INSURER C:	INSURER C:						
P.O. Box 6611		INSURER D:							
		INSURER E:	INSURER E:						
Bridgewater, NJ 08807		INSURER F:							
COVERAGES	CERTIFICATE NUMBER: Ce	ert #: 1704-32389-218717	'-0 REVISI	ON NUMBER:					
THIS IS TO CERTIFY THAT THE PO INDICATED. NOTWITHSTANDING A									

CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,

INSR LTR	TYPE OF INSURANCE	ADDL SUB INSR WVI			POLICY EXP (MM/DD/YYYY)	LIMIT	S	
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X EXCLUDES Participant Legal Liability GEN'L AGGREGATE LIMIT APPLIES PER:	X	CPG1005795	4/ 1/2017 12:01 am	4/ 1/2018	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ \$ \$ \$ \$	1,000,000.00 100,000.00 5,000.00 1,000,000.00 3,000,000.00 Included
	POLICY PRO- JECT LOC					Med Ext	\$for	r Spectators Only
	ANY AUTO					BODILY INJURY (Per person)	\$	
	ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS					BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$	
	AUTOS					1. 5. 553.55.11	\$	
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
	DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU- OTH- TORY LIMITS ER	\$	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				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	\$	
				12:01 am	12:01 am			
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (Attac	h ACORD 101. Additional Remarks Sched	lule, if more space is	required)			

Certificate Holder is named as additional Insured as respects to the additional insured endorsement added to the policy.

Covered activities: adult soccer league.

CERTIFICATE HOLDER	CANCELLATION
Bethlehem Township 18 Mine Rd Asbury, NJ 08802	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 TO ANY ANY AND ANY ANY AND ANY ANY AND ANY ANY ANY AND ANY ANY ANY AND ANY A



DATE (MM/DD/YYYY) 3/15/2017

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the terms and conditions of the policy, certificate holder in lieu of such endors				ernent on th	is certificate does not co	mier r	ights to the		
PRODUCER			CONTACT Ben	e-Marc, Inc					
Bene-Marc, Inc.				7) 738-6899	FAX (A/C, No):	(817)	738-1811		
6301 Southwest Blvd, Suite 101				act@bene-n					
Fort Worth, TX 76132			INS		DING COVERAGE	Ly en	NAIC#		
Fort Worth, TX 70132			INSURER A: Tudor Insurance Company						
INSURED			INSURER B:						
Tri County Adult Soccer League			INSURER C:						
P.O. Box 6611			INSURER D:						
Bridgewater, NJ 08807			INSURER E :						
9	TIFICAT	E NUMBER	INSURER F: 4-32389-218718-0		DEVICION NUMBER.				
COVERAGES CER THIS IS TO CERTIFY THAT THE POLICIES					REVISION NUMBER:	IF POI	ICY PERIOD		
INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY I EXCLUSIONS AND CONDITIONS OF SUCH	QUIREME PERTAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY CONTRACT ED BY THE POLICIES BEEN REDUCED BY	OR OTHER IS DESCRIBED PAID CLAIMS.	OCUMENT WITH RESPEC	OT TO	WHICH THIS		
INSR LTR TYPE OF INSURANCE	ADDL SUBI		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	5			
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	X	CPG1005795			MED EXP (Any one person)	\$	5,000.00		
X EXCLUDES Participant			4/ 1/2017	4/ 1/201	PERSONAL & ADV INJURY	•	,000,000.00		
Legal Liability			12:01 an	12:01 an	GENERAL AGGREGATE		,000,000.00		
GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$	Included		
POLICY PRO- JECT LOC					Med Ext		pectators Only		
AUTOMOBILE LIABILITY					(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					EACH OCCURRENCE	\$			
EXCESS LIAB CLAIMS-MADE	i y diet				AGGREGATE	\$			
DED RETENTION\$	a letter					\$			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					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	\$			
			12:01 an	12:01 an					
Certificate Holder is named as addition	al Insure	d as respects to the additional	Schedule, if more space is onal insured endorse	required) ment added	to the policy.				
Covered activities: adult soccer league.									
CERTIFICATE HOLDER Cert #: 1704-32	7389_7187	TX-0							
CERTIFICATE HOLDER	.507-2107	10.0	CANCELLATION						
Bridgewater Township Recreation Dept					SCRIBED POLICIES BE CA				
100 Commons Way			THE EXPIRATION ACCORDANCE WIT		REOF, NOTICE WILL B	E DE	LIVERED IN		
Bridgewater, NJ 08807			ACCORDANCE WI			۸.			
			AUTHORIZED REPRESEN	TATIVE	Day Lange Ha	W.	•		



DATE (MM/DD/YYYY)

3/15/2017

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ce	rtificate holder in lieu of such endors	seme	nt(s).		001:=:					
PROD	UCER				CONTAC NAME:	Bene	e-Marc, Inc			
	Bene-Marc, Inc.				PHONE (A/C, No.	, Ext): (817	7) 738-6899	FAX (A/C	(c, No): (817)	738-1811
	6301 Southwest Blvd, Suite 101				E-MAIL ADDRES	ss: cont	act@bene-m	arc.com		
	Fort Worth, TX 76132					INS	URER(S) AFFOR	DING COVERAGE		NAIC#
					INSURE	RA: Tudor II	nsurance Cor	npany		
INSU	RED				INSURE	RB:			Alvan Hall	
Tri	County Adult Soccer League				INSURE	RC:				
P.0	D. Box 6611				INSURER D:					
	idgewater, NJ 08807				INSURE	RE:				
	•				INSURER F:					
				ENUMBER: Cert #: 1704-				REVISION NUMBE		ICV DEDICE
INI CE	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	AIN,	NT, TERM OR CONDITION O THE INSURANCE AFFORDE	OF ANY D BY T BEEN R	CONTRACT THE POLICIES REDUCED BY	OR OTHER DESCRIBED PAID CLAIMS.	OCUMENT WITH RE	ESPECT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	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 RENTED PREMISES (Ea occurrent	ce) \$	100,000.00
A	CLAIMS-MADE X OCCUR	X		CPG1005795				MED EXP (Any one person		5,000.00
	X EXCLUDES Participant			CI G1003/93		4/ 1/2017	4/ 1/2018	PERSONAL & ADV INJUI	RY \$ 1,	000,000.00
	Legal Liability					12:01 am	12:01 am	GENERAL AGGREGATE	\$ 3,	000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:		100 miles			12.01 all	12.01 dil	PRODUCTS - COMP/OP	AGG \$	Included
	POLICY PRO- JECT LOC									ectators Only
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMI (Ea accident)	\$	
	ANY AUTO		36 (%)					BODILY INJURY (Per per		
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per acc		* * * * * * * * * * * * * * * * * * *
	HIRED AUTOS NON-OWNED AUTOS		100					PROPERTY DAMAGE (Per accident)	\$	
100									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE		4		50			AGGREGATE	\$	
	DED RETENTION \$ WORKERS COMPENSATION							WC STATU-	S OTH-	
	AND EMPLOYERS' LIABILITY Y/N	wy						The state of the s	OTH- ER	
1,00	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A			chi xe			E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPL		
2.20	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY I	LIMIT \$	
			V-1							
						12:01 am	12:01 am			
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	FS //	ttach	ACORD 101 Additional Remarks Sc	chedule	If more eness in	reaction d)			
Ce	rtificate Holder is named as additional	il Ins	ured	as respects to the addition	al insu	red endorse	ment added t	o the policy.		
	overed activities: adult soccer league.									
A CONT										
11-17										
	Cert #: 1704-32	280-2	10710	0.0						

CERTIFICATE HOLDER

CERT#: 1/04-32389-218/19-0

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.

New Providence, NJ 07974

AUTHORIZED REPRESENTATIVE



3/15/2017

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се	rtificate holder in lieu of such endors	eme	nt(s).								
PROD	DUCER				CONTA NAME:	Delic	-Marc, Inc				
	Bene-Marc, Inc.				PHONE (A/C, No	o, Ext): (817)	738-6899		(817)	738-1811	
	6301 Southwest Blvd, Suite 101				E-MAIL ADDRE	ss: conta	act@bene-ma	arc.com			
	Fort Worth, TX 76132							DING COVERAGE		NAIC#	
INICILI					INSURER A: Tudor Insurance Company						
INSUI					INSURE						
Irı	County Adult Soccer League				INSURE						
P.C	D. Box 6611				INSURE						
Br	idgewater, NJ 08807				INSURE	mental con en					
COV	/ERAGES CER	TIFIC	CATE	NUMBER: Cert #: 1704	CALLS STORY OF THE PARTY	manufacture and the same		REVISION NUMBER:			
INI CE EX	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I ICLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN'	Y CONTRACT THE POLICIES REDUCED BY F	OR OTHER DESCRIBED PAID CLAIMS.	OCUMENT WITH RESPEC	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT			
	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	X	y ÷	CPG1005795				MED EXP (Any one person)	\$	5,000.00	
5.118	X EXCLUDES Participant			CrGroodys		4/ 1/2017	4/ 1/2018	PERSONAL & ADV INJURY	Ψ.	1,000,000.00	
- 77	Legal Liability					12:01 am	12:01 am	GENERAL AGGREGATE	\$.	3,000,000.00	
	GEN'L AGGREGATE LIMIT APPLIES PER:					12.01.01.	12.01 0	PRODUCTS - COMP/OP AGG	\$	Included	
	POLICY PRO- JECT LOC								for S	Spectators Only	
	AUTOMOBILE LIABILITY	y 5a						COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED AUTOS NON-OWNED		ford at					BODILY INJURY (Per accident)	\$		
	HIRED AUTOS AUTOS							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$ WORKERS COMPENSATION				-			WC STATU- OTH-	\$		
	AND EMPLOYERS' LIABILITY Y/N	y.	\$4.			SHEET 1		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	\$		
						12:01 am	12:01 am				
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	Attach A	ACORD 101. Additional Remarks	Schedule	. if more space is					
Ce	RIPTION OF OPERATIONS / LOCATIONS / VEHICL rtificate Holder is named as additional	lIns	ured	as respects to the addition	nal insi	ired endorser	nent added t	o the policy.			
Co	overed activities: adult soccer league.								-		
CEF	RTIFICATE HOLDER Cert #: 1704-32.	389-2	18720	0-0	CANC	ELLATION					
Cit	ry of Summit - Dept of Community Progra	ms			SHO THE	ULD ANY OF T	DATE THE	ESCRIBED POLICIES BE CAREOF, NOTICE WILL E			
Su	mmit, NJ 07901							0 01	00		
					AUTHO	RIZED REPRESEN	ITATIVE JU	Day Lynny Ha			



3/15/2017

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		s).	LOONTAGE						
PRODUCER			107.001=1	e-Marc, Inc	FAY	(015)	=20.1011		
Bene-Marc, Inc.			(A/C, No, Ext): (O1/	7) 738-6899		(817)	738-1811		
6301 Southwest Blvd, Suite 101			ADDRESS: COIII	act@bene-m			NAIC#		
Fort Worth, TX 76132			INSURER A: Tudor Insurance Company						
INSURED			INSURER B:						
Tri County Adult Soccer League			INSURER C:						
P.O. Box 6611			INSURER D :						
그림 그리를 잃었다면 그리다는 생활하다고 나는 살이다는 것			INSURER E :						
Bridgewater, NJ 08807	100		INSURER F :						
			4-32389-218721-0		REVISION NUMBER:	UE DO	LOV DEDIOD		
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIREM PERTAIN	ENT, TERM OR CONDITION , THE INSURANCE AFFORD	OF ANY CONTRACT	OR OTHER I	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO	WHICH THIS		
INSR LTR TYPE OF INSURANCE	ADDL SUB INSR WV		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
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	X	CPG1005795			MED EXP (Any one person)	\$	5,000.00		
X EXCLUDES Participant			4/ 1/2017	4/ 1/2018	PERSONAL & ADV INJURY	-	,000,000.00		
Legal Liability			12:01 am	12:01 am	GENERAL AGGREGATE		,000,000.00		
GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$	Included		
POLICY PRO- JECT LOC					COMBINED SINGLE LIMIT		pectators Only		
ANY AUTO					(Ea accident) BODILY INJURY (Per person)	\$			
ALL OWNED SCHEDULED					BODILY INJURY (Per accident)	\$			
HIRED AUTOS AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$			
AUTOS					(Per accident)	\$			
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	*		
EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$			
DED RETENTION \$						\$			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					WC STATU- TORY LIMITS ER				
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$			
(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$			
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$			
	Julia Ta			i kan					
			12:01 am	12:01 am					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (Attacl	n ACORD 101, Additional Remarks	Schedule, if more space is	required)					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL Certificate Holder is named as addition		d as respects to the addition	onal insured endorse	ment added	to the policy.				
Covered activities: adult soccer league									
						`			
CERTIFICATE HOLDER Cert #: 1704-32	1200 2102	21.0							
CERTIFICATE HOLDER Cert #: 1704-32	2309-2107	21-0	CANCELLATION						
County of Union Administration Building, 2nd Floor				DATE THE	ESCRIBED POLICIES BE C. REOF, NOTICE WILL E Y PROVISIONS.				
Elizabeth, NJ 07207			AUTHORIZED REPRESE	NTATIVE);	sa Lynn Ha	00.			
				UM	DO CHIMMO I IC	W			



DATE (MM/DD/YYYY) 3/15/2017

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	ertificate holder in lieu of such endors	seme	:nt(S)	•	CONTA	CT D	Mone To		
PRO	DUCER				NAME: PHONE	Don	-Marc, Inc	FAY (0171)	720 1011
	Bene-Marc, Inc.				I (A/C, No	o. Ext): (01/	738-6899	FAX (A/C, No): (817)	/38-1811
Ī	6301 Southwest Blvd, Suite 101				É-MÁIL ADDRE	ss: cont	act@bene-m	arc.com	
	Fort Worth, TX 76132					INS	URER(S) AFFOR	RDING COVERAGE	NAIC#
					INSURE	RA: Tudor I	isurance Coi	mpany	
INSU	· 				INSURE	R B :			
Tr	County Adult Soccer League				INSURE	RC:			
P.	O. Box 6611				INSURE	RD:			<u> </u>
Br	idgewater, NJ 08807				INSURE	RE:			
<u> </u>				NUMBER: Cert #: 1704	INSURE				
	VERAGES CER IIS IS TO CERTIFY THAT THE POLICIES							REVISION NUMBER:	LICY DEBIOD
IN C	IIS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	QUIF	REME	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN' ED BY	y contract The policie	OR OTHER I S DESCRIBEI	DOCUMENT WITH RESPECT TO HEREIN IS SUBJECT TO ALL	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
<u> </u>	GENERAL LIABILITY		<u> </u>					E CONTOCCONTRETTOE	,000,000.00
$ _{\mathbf{A}}$	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	100,000.00
*	CLAIMS-MADE X OCCUR	X		CPG1005795				MED EXP (Any one person) \$	5,000.00
	X EXCLUDES Participant			CI G1003793		4/ 1/2017	4/ 1/2018	PERSONAL & ADV INJURY \$ 1	,000,000.00
	Legal Liability					12:01 am	12:01 am	GENERAL AGGREGATE \$ 3	,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:					12.01 am	12.01 aiii	PRODUCTS - COMP/OP AGG \$	Included
	POLICY PRO- JECT LOC								pectators Only
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (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 \$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT \$	
1	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	
						12:01 am	12:01 am		
_									· · · · · · · · · · · · · · · · · · ·
DESC	ription of operations / Locations / vehiclestificate Holder is named as additional	il Ins	ured	ACORD 101, Additional Remarks S as respects to the addition	schedule nal insi	, it more space is ured endorse:	required) ment added 1	to the policy.	
	overed activities: adult soccer league.			-					
Ĭ	overed don't moor dadin become reague.								
<u></u>	Cert #: 1704-32	389-2	1872	2-0	CANC	CLI ATION			
CEI	RTIFICATE HOLDER Celt #. 1704-32.				CANC	ELLATION			
CI	R Bard				SHO	ULD ANY OF 1	THE ABOVE D	ESCRIBED POLICIES BE CANCEL	LED BEFORE
	0 Central Avenue							EREOF, NOTICE WILL BE DE BY PROVISIONS.	LIVERED IN
	ew Providence, NJ 07974								
'''	11011de1100, 110 0/2/17			ł	AUTHO	RIZED REPRESE	NTATIVE 1 1.	Day Lower Hall	
							$-1/\lambda \lambda I$	Dai dinini 170000	



DATE (MM/DD/YYYY) 3/15/2017

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to

RODUC	ER				CONTAC NAME:	Bene	-Marc, Inc				
В	Bene-Marc, Inc.				PHONE (A/C, No	Ext): (817)	738-6899		FAX (A/C, No):	(817	7) 738-1811
	301 Southwest Blvd, Suite 101				E-MAIL ADDRES		ct@bene-m	arc.com	1 (200) 110/		
	Fort Worth, TX 76132						JRER(S) AFFOR	DING COVERAGE			NAIC#
	oft worth, 12 70132				INSURER A: Tudor Insurance Company						
NSURE)				INSURE	RB:				h-Fift	
Tri C	ounty Adult Soccer League				INSURE	RC:					
P.O.	Box 6611				INSURE	RD:				±23	
Brid	gewater, NJ 08807				INSURER E :						
				NUMBER: Cert #: 1704	INSURE			DEVICION NU	MDED		
Contract of the	RAGES CER IS TO CERTIFY THAT THE POLICIES			TOMBER				REVISION NU		JE D	OLICY PERIOD
CERT EXCL	CATED. NOTWITHSTANDING ANY REFIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUCH	QUIR PERTA POLIC	EMENT AIN, TH CIES. LI	T, TERM OR CONDITION HE INSURANCE AFFORD	OF ANY	CONTRACT THE POLICIES EDUCED BY F	OR OTHER D DESCRIBED PAID CLAIMS.	OCUMENT WIT	TH RESPEC	CT T	O WHICH THIS
SR TR	TYPE OF INSURANCE	ADDL S		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
GE	ENERAL LIABILITY							EACH OCCURREN	NCE	\$	1,000,000.00
A X								DAMAGE TO REN PREMISES (Ea oc	currence)	\$	100,000.00
	CLAIMS-MADE X OCCUR	X		CPG1005795				MED EXP (Any on		\$	5,000.00
X						4/ 1/2017	4/ 1/2018	PERSONAL & AD		\$	3,000,000.00
	Legal Liability					12:01 am	12:01 am	GENERAL AGGRE		\$	Included
GE	EN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							PRODUCTS - COM			Spectators Or
AL	POLICY JECT LOC JECT LOC LOC	7						COMBINED SING		\$	opeciators of
	ANY AUTO							(Ea accident) BODILY INJURY (I	Per person)	\$	
	ALL OWNED SCHEDULED							BODILY INJURY (I		\$	
	AUTOS AUTOS NON-OWNED AUTOS		11.5					PROPERTY DAMA (Per accident)	GE	\$	
	AUTOS		1-18%					(i ci deoideitt)		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRE	NCE	\$	
	EXCESS LIAB CLAIMS-MADE	70 2						AGGREGATE		\$	
	DED RETENTION \$									\$	
	ORKERS COMPENSATION ND EMPLOYERS' LIABILITY Y/N						- 16	WC STATU- TORY LIMITS	OTH- ER		
AN	IY PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCID	ENT	\$	
(M	landatory in NH) yes, describe under				433			E.L. DISEASE - EA	EMPLOYEE	\$	
DÉ	SCRIPTION OF OPERATIONS below	1/2/300						E.L. DISEASE - PO	LICY LIMIT	\$	
						12:01 am	12:01 am				
ESCRIE	PTION OF OPERATIONS / LOCATIONS / VEHICL Ificate Holder is named as additional	LES (A	ttach AC	CORD 101, Additional Remarks	Schedule.	if more space is	required), ,				
		al Insi	ured a	s respects to the additio	nal insi	ired endorser	nent added	to the policy.			
Cov	ered activities: adult soccer league.										
	Carrie W. 1701 22	200-2	10722								
ERT	FICATE HOLDER Cert #: 1704-32	389-2	18/23-	-0	CANC	ELLATION					
Dele	ware Township				SHO	II D ANY OF T	HE ABOVE DI	ESCRIBED POLI	CIES RE C	ANC	ELLED BEFORE
	ware Township				THE	EXPIRATION	DATE THE	REOF, NOTICE			
3/01	Rosemont Ringoes Road				ACC	ORDANCE WIT	H THE POLIC	Y PROVISIONS.			
Same	eantsville, NJ 08557										



DATE (MM/DD/YYYY) 3/15/2017

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to

the terms and conditions of the policy certificate holder in lieu of such endor		0.00.00.00	- PEN SECTION (1997) - 1 - EN SET EST, WILLIAM (1997) - HER SET EST EST EST EST EST EST EST EST EST				is certificate does not co	onfer r	ights to the			
PRODUCER	0011101	(0)		CONTAC NAME:	Bene	e-Marc, Inc						
Bene-Marc, Inc.				PHONE (A/C, No		738-6899	FAX (A/C No):	(817)	738-1811			
6301 Southwest Blvd, Suite 101				E-MAIL ADDRES	cont	act@bene-m		,				
보는 보통 기계를 다듬는 아무리를 하는 것이 없는데 하는데 되었다.				ADDRES	,,,		RDING COVERAGE		NAIC#			
Fort Worth, TX 76132				INSUREI		nsurance Co			IIAIO#			
INSURED				INSURE	RB:							
Tri County Adult Soccer League				INSURE	RC:				W. Carlotte			
P.O. Box 6611				INSURER D:								
Bridgewater, NJ 08807				INSURER E:								
,			Cont #, 1704	INSURER F :								
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	OF II EQUIR PERTA POLIC	NSUF EME! AIN, CIES.	RANCE LISTED BELOW HAV NT, TERM OR CONDITION THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE	/E BEE! OF ANY ED BY	N ISSUED TO CONTRACT THE POLICIES EDUCED BY	THE INSURE OR OTHER I S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPECT TO	CT TO	WHICH THIS			
INSR LTR TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT					
GENERAL LIABILITY							EACH OCCURRENCE		,000,000.00			
A X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00			
CLAIMS-MADE X OCCUR	X		CPG1005795				MED EXP (Any one person)	\$	5,000.00			
X EXCLUDES Participant					4/ 1/2017	4/ 1/2018		_	,000,000.00			
Legal Liability					12:01 am	12:01 am	GENERAL AGGREGATE		,000,000,000			
GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$	Included			
POLICY PRO- JECT LOC							COMBINED SINGLE LIMIT		pectators Only			
	7.49						(Ea accident) BODILY INJURY (Per person)	\$				
ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per accident)	\$				
AUTOS AUTOS NON-OWNED	19. 4						PROPERTY DAMAGE	\$				
HIRED AUTOS AUTOS				×10 × 1			(Per accident)	\$				
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$				
EXCESS LIAB CLAIMS-MADE		× m					AGGREGATE	\$				
DED RETENTION\$								\$	Barrey St. Co.			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATU- TORY LIMITS ER					
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	= 0:				g the engage	E.L. EACH ACCIDENT	\$				
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	ωř			1195.2		E.L. DISEASE - EA EMPLOYEE	\$	er Su			
If yes, describe under DESCRIPTION OF OPERATIONS below	E / 5	35.5					E.L. DISEASE - POLICY LIMIT	\$				
		APRIL Kiniga			10:01 am	40.04						
DESCRIPTION OF OPERATIONS (1 OCCUPING 1/4/2013)	1 - 0 / 0		100DD 404 A JUNI - 1D - 1 - 0		12:01 am	12:01 am						
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL Certificate Holder is named as addition	al Insi	ured	as respects to the addition	ichedule, nal insu	if more space is ired endorsei	ment added	to the policy.					
Covered activities: adult soccer league.		- Said						1000				
CERTIFICATE HOLDER Cert #: 1704-32	389-2	1872	4-0	CANC	ELLATION							
		100000		2								
East Amwell Township School District				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORI THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED II								
43 Wertsville Road				ACCORDANCE WITH THE POLICY PROVISIONS.					FIACUED IM			
Ringoes, NJ 08551				01 0 01 11								
				AUTHOR	IZED REPRESEN	TATIVE /	Day Joseph Ho	VV.				
				AUTHORIZED REPRESENTATIVE LIDA LIYUN HALL								



3/15/2017

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certificate holder in lieu of such endor	seme	nt(s)								, and the second	
PRODUCER				CONTACT Bene-Marc, Inc							
Bene-Marc, Inc.				PHONE (A/C, No	o, Ext): (817	7) 738-6899		FAX (A/C, No):	(817)	738-1811	
6301 Southwest Blvd, Suite 101				E-MAIL ADDRES	ss: cont	act@bene-m	arc.com	327 433	5 1125		
Fort Worth, TX 76132							DING COVERAGE			NAIC#	
1 of worth, 12 70132				INSURE	RA: Tudor I	nsurance Co	mpany				
INSURED				INSURE	RB:				1,000	.)	
Tri County Adult Soccer League				INSURE	RC:				ox di		
P.O. Box 6611				INSURE	RD:				(1.1%)		
Bridgewater, NJ 08807				INSURER E :							
Bridgewater, NJ 08807				INSURER F:							
			NUMBER: Cert #: 1704				REVISION NUM				
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RICERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF ANY	Y CONTRACT THE POLICIES	OR OTHER DESCRIBED	OCUMENT WITH	RESPEC	T TO	WHICH THIS	
INSR LTR TYPE OF INSURANCE	ADDL	SUBR WVD			POLICY EFF (MM/DD/YYYY)			LIMITS			
GENERAL LIABILITY	IIVSK	WVD	TOLIOT NOMBER		(MIND DOTT TT)	(MINUDD/TTTT)	EACH OCCURRENC			,000,000.00	
A X COMMERCIAL GENERAL LIABILITY		4.45					DAMAGE TO RENTE PREMISES (Ea occu	ED	\$	100,000.00	
A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	X		CPG1005795				MED EXP (Any one p	Statistical Control	\$	5,000.00	
X EXCLUDES Participant	1		CFG1003793		4/ 1/2017	4/ 1/2018	PERSONAL & ADV I		s 1	1,000,000.00	
Legal Liability					12:01 am	12:01 0	GENERAL AGGREG	SATE	\$ 3	3,000,000.00	
GEN'L AGGREGATE LIMIT APPLIES PER:					12.01 all	12.01 all	PRODUCTS - COMP	P/OP AGG	\$	Included	
POLICY PRO- LOC		211		50				Med Exp	for S	Spectators Only	
AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$		
ANY AUTO	Y-						BODILY INJURY (Pe	er person)	\$		
ALL OWNED SCHEDULED AUTOS				7.54		Y Z DZ DY	BODILY INJURY (Pe		\$		
HIRED AUTOS NON-OWNED AUTOS					3		PROPERTY DAMAG (Per accident)	SE	\$	12 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
									\$		
UMBRELLA LIAB OCCUR							EACH OCCURRENC	CE	\$		
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? (Mandatory in NH)	N/A						E.L. EACH ACCIDEN	NT	\$		
(Mandatory in NH)		767.					E.L. DISEASE - EA E	EMPLOYEE	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$		
				ri ya	1 Sind	31.40.5					
					10:01 0	10:01					
					12:01 am	12:01 an					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL Certificate Holder is named as addition	LES (A	Attach / sured	ACORD 101, Additional Remarks S as respects to the additio	schedule, nal ins	, if more space is ured endorse	required) ment added	to the policy.				
Covered activities: adult soccer league		2021-020		192 - 116				/ /	-		
Covered activities, addit soccer league	•										
te salat alka isalah basilangan palatan salamk											
Cert #: 1704-3:	2389-	21872	:5-0								
CERTIFICATE HOLDER				CANC	ELLATION						
Corres Burnels Middle Cahaal	reen Brook Middle School						SCRIBED POLIC	IES BE CA	NCFL	LED BEFORE	
	2 Jefferson Street						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFOR THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.				
				ACC	ORDANCE WIT	TH THE POLIC	Y PROVISIONS.				
Green Brook, NJ 08812				AUTHOR	DIZED BEDDESEN	TATIVE 1	· · · ·	71	AA		
				AUTHORIZED REPRESENTATIVE LIDA LIYNN Hall							



DATE (MM/DD/YYYY) 3/15/2017

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the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).											
	DUCER			· · · · · · · · · · · · · · · · · · ·	CONTACT Bene-Marc, Inc						
	Bene-Marc, Inc.				PHONE (A/C, N	o. Ext): (817	738-6899	FAX (A/C, No): (817)	738-1811		
	6301 Southwest Blvd, Suite 101				E-MAIL ADDRE	ss: conta	act@bene-m				
	Fort Worth, TX 76132					70 1 T	urer(s) affor	DING COVERAGE	NAIC#		
INSU	RED				INSURE		isurunce Cor	ilpuity			
	i County Adult Soccer League				INSURE						
	•				INSURE						
	O. Box 6611				INSURE						
Bı	idgewater, NJ 08807				INSURE						
CO,	VERAGES CER	TIFIC	CATE	NUMBER: Cert #: 1704	-32389	-218726-0		REVISION NUMBER:			
IN CI E)	DICATED. NOTWITHSTANDING ANY RE	EQUIF PERT POLI	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE							
INSR LTR TYPE OF INSURANCE ADDL SUBR POLICY NUMBER POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) LIMITS											
	GENERAL LIABILITY							EACH OCCONNENCE 4 /	000,000.00		
Α	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	100,000.00		
	CLAIMS-MADE X OCCUR	X		CPG1005795				MED EXP (Any one person) \$	5,000.00		
	X EXCLUDES Participant					4/ 1/2017	4/ 1/2018	I LEGOCITAL GRADY INVOICE	000,000.00		
	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							COMBINED SINGLE LIMIT	ectators Only		
	- 							(Ea accident) \$ BODILY INJURY (Per person) \$			
	ANY AUTO ALL OWNED SCHEDULED							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 \$			
	DED RETENTION\$							\$			
	WORKERS COMPENSATION							WC STATU- OTH- TORY LIMITS ER			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE						Ì	E.L. EACH ACCIDENT \$			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					İ	E.L. DISEASE - EA EMPLOYEE \$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$			
						12:01 am	12:01 am				
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICE ortificate Holder is named as additional	LEŞ (A	Attach	ACORD 101, Additional Remarks	Schedule	, if more space is	required)	to the melieu			
			surea	as respects to the additio	nai ins	urea enaorsei	ment added t	to the policy.			
С	overed activities: adult soccer league.										
	Co.4 #. 1704 77	י חטכי	rroon	L A							
CEI	RTIFICATE HOLDER Cert #: 1704-32	J0Y-2	210/2	·U-U	CANO	CELLATION			··· - -		
					enu	III D ANV OF T	HE ABOVE DI	ESCRIBED POLICIES BE CANCELI	ED BEEORE		
	Illsborough Township				THE	EXPIRATION	DATE THE	REOF, NOTICE WILL BE DE			
	South Branch Rd				ACC	ORDANCE WIT	TH THE POLIC	Y PROVISIONS.			
H	Ilsborough, NJ 08844				ALITHO	RIZED REDDECEN	TATIVE 1.	P PLAN			
					AUTHORIZED REPRESENTATIVE LLIDA LIYUN HALL						



3/15/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s)

certificate h	older in lieu	of such endors	seme	nt(s)					· · · · · · · · · · · · · · · · · · ·			-
PRODUCER						CONTACT Bene-Marc, Inc						
Bene-Ma	rc, Inc.				,	PHONE (A/C, No	o, Ext); (817	7) 738-6899		FAX (A/C, No): (8	17) 7	738-1811
6301 Sou	thwest Blv	d, Suite 101				E-MAIL ADDRE		tact@bene-m				
Fort Wor	th, TX 761	32				INSURE		nsurance Co	DING COVERAGE mpany		-	NAIC#
INSURED						INSURE						
Tri County A	dult Soccer	League				INSURE	RC:					
P.O. Box 60	511					INSURE						
Bridgewate	r, NJ 0880)7				INSURE						
COVERAGES		CER	TIFIC	CATE	NUMBER: Cert #: 1704			·	REVISION NUM	IBER:		
INDICATED. CERTIFICATE EXCLUSIONS	NOTWITHST MAY BE IS	T THE POLICIES ANDING ANY RE SUED OR MAY	OF I	NSUF REMEI AIN, CIES.	RANCE LISTED BELOW HAY NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS	DOCUMENT WITH D HEREIN IS SUE	RESPECT	TO V	MHICH THIS
INSR LTR	TYPE OF INSUR	RANCE	INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
GENERAL LI	ABILITY								EACH OCCURRENCE DAMAGE TO RENTE	:n		000,000.00
A A	RCIAL GENER								PREMISES (Ea occu	rrence) \$		5,000.00
	AIMS-MADE		X		CPG1005795		4/1/2015	4/1/201	MED EXP (Any one p		1.0	000,000.00
1 1 1	UDES Partic Liability	ipant					4/ 1/2017		GENERAL AGGREG	l l		000,000.00
	EGATE LIMIT A	APPLIES PER:					12:01 am	12:01 an	PRODUCTS - COMP			Included
POLICY	PRO- JECT	LOC									or Sp	ectators Only
AUTOMOBIL	E LIABILITY								COMBINED SINGLE (Ea accident)	\$		
ANY AU ALL OW		SCHEDULED							BODILY INJURY (Pe			
AUTOS	<u> </u>	AUTOS NON-OWNED							PROPERTY DAMAG			
HIRED	AUTOS	AUTOS							(Per accident)	\$		
UMBRE	LLA LIAB	OCCUR							EACH OCCURRENC	E \$		
EXCES	SLIAB	CLAIMS-MADE							AGGREGATE	\$		
DED	RETENTIO								NAC STATU	OTH-		
AND EMPLO	OMPENSATION YERS' LIABILIT	Y Y/N							WC STATU- TORY LIMITS	LER		
ANY PROPRI OFFICER/ME (Mandatory i	ETOR/PARTNER	ED?	N/A						E.L. EACH ACCIDEN E.L. DISEASE - EA E			
If yes, describ		ONS helow							E.L. DISEASE - POLI			
BESSIAI TIE	11 91 01 213511	0.10 00.01										
			<u> </u>	<u> </u>			12:01 am	l				
DESCRIPTION OF C Certificate H	operations/i	LOCATIONS / VEHIC ned as addition	t es (/ al Ins	Attach / Sured	ACORD 101, Additional Remarks : as respects to the additio	Schedule nal ins	, if more space is ured endorse	required) ement added	to the policy.			
		t soccer league.										
		Cert #: 1704-32	780-	כדעוכ	77-0			 				
CERTIFICATE	HOLDER	OIL #, 1707-32	.507-	-10/4	<i>,,</i>	CANC	ELLATION					
Hunterdon Ce	ntral Region	High School							ESCRIBED POLIC			
84 Route 31						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						IVERED IN

Flemington, NJ 08822

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 3/15/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to

	terms and conditions of the policy ificate holder in lieu of such endor				an endorsement. A statement on this certificate does not confer rights to the								
PRODU			(0)		CONTACT Bene-Marc, Inc								
E	Bene-Marc, Inc.				PHONE (A/C, No		738-6899	FAX (A/C, No):	(817)	738-1811			
	5301 Southwest Blvd, Suite 101				E-MAIL ADDRE	cont	act@bene-m	1 1/00, 110).					
	Fort Worth, TX 76132					INS		DING COVERAGE		NAIC#			
INSURE					INSURE	ın A.	nsurance Cor	прапу					
l	County Adult Soccer League				INSURE								
	•				INSURER C:								
	Box 6611												
Brid	gewater, NJ 08807				INSURER F:								
COVE	RAGES CER	TIFIC	CATE	NUMBER: Cert #: 1704	-32389	-218728-0		REVISION NUMBER:					
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIES CATED. NOTWITHSTANDING ANY RI TIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER D S DESCRIBED PAID CLAIMS.	OCUMENT WITH RESPE HEREIN IS SUBJECT TO	CT TO	WHICH THIS			
INSR LTR	TYPE OF INSURANCE ENERAL LIABILITY	INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT		,000,000.00			
	\neg							DAMAGE TO RENTED		100,000.00			
A 🔼	CLAIMS-MADE X OCCUR	X		CDC1005705				PREMISES (Ea occurrence) MED EXP (Any one person)	\$	5,000.00			
X		^	1	CPG1005795		4/ 1/2017	4/ 1/2018	PERSONAL & ADV INJURY		,000,000.00			
	Legal Liability					12:01 am	12:01 am	GENERAL AGGREGATE		,000,000.00			
G	EN'L AGGREGATE LIMIT APPLIES PER:					12.01 and	12.01 all	PRODUCTS - COMP/OP AGG	\$	Included			
	POLICY PRO- JECT LOC								for S	pectators Only			
A	UTOMOBILE LIABILITY						,	COMBINED SINGLE LIMIT (Ea accident)	\$				
	ANY AUTO ALL OWNED SCHEDULED				i			BODILY INJURY (Per person)	\$				
-	AUTOS 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 \$								\$				
	ORKERS COMPENSATION ND EMPLOYERS' LIABILITY							WC STATU- OTH- TORY LIMITS ER					
l A	NY PROPRIETOR/PARTNER/EXECUTIVE FFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$				
I (N	flandatory in NH)						-	E.L. DISEASE - EA EMPLOYEE	\$				
Ď	yes, describe under ESCRIPTION OF OPERATIONS below	_						E.L. DISEASE - POLICY LIMIT	\$				
						12:01 am	12:01 am						
DESCRI Cert	ption of operations / Locations / yehic ificate Holder is named as addition:	ES (A	Attach A	ACORD 101, Additional Remarks S as respects to the addition	Schedule nal ins	, if more space is ured endorse	required) ment added 1	to the policy.					
	ered activities: adult soccer league.												
001	ord delivines, dear secon reague.												
CERT	IFICATE HOLDER Cert #: 1704-32	389-2	21872	8-0	CANCELLATION								
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE								
	terdon Soccer Club							ESCRIBED POLICIES BE C. REOF, NOTICE WILL E					
	Box 286				ACCORDANCE WITH THE POLICY PROVISIONS.								
Flem	nington, NJ 08822				AUTHORIZED REPRESENTATIVE 1:								



3/15/2017

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).										າສາເລ ເບ ເກຍ		
	DUCER				CONTACT Bene-Marc, Inc							
	Bene-Marc, Inc.				PHONE (A/C, No	o, Ext): (817	7) 738-6899	FAX (A/C, No):	(817)	738-1811		
	6301 Southwest Blvd, Suite 101				E-MAIL ADDRE	2004	act@bene-m	arc.com				
	Fort Worth, TX 76132						urer(s) affor	DING COVERAGE		NAIC#		
INSU	RED						nourance CO	mpany				
l	i County Adult Soccer League				INSURE							
l					INSURE							
l	O. Box 6611				INSURER E :							
B	ridgewater, NJ 08807				INSURER F:							
				NUMBER: Cert #: 1704				REVISION NUMBER:	IE DOI	10V DEDIOD		
IN C	DICATED. NOTWITHSTANDING ANY RI	QUIF PERT	REME	NT, TERM OR CONDITION THE INSURANCE AFFORD	HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD ON OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS PROBLED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS DAVE BEEN REDUICED BY PAID CLAIMS							
INSR LTR	TYPE OF INSURANCE	ADÖL	SUBR		DELIT	POLICY EFF (MM/DD/YYYY)		LIMITS	s			
	GENERAL LIABILITY	WVD	TODIOT NOMBER		(MINECO) (C C C)	(IIIIII)		\$ 1,	000,000.00			
$ _{\mathbf{A}}$	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00		
	CLAIMS-MADE X OCCUR	X		CPG1005795				MED EXP (Any one person)	\$	5,000.00		
	X EXCLUDES Participant					4/ 1/2017	4/ 1/2018	PERSONAL & ADV INJURY	<u> </u>	000,000.00		
	Legal Liability					12:01 am	12:01 am	GENERAL AGGREGATE		000,000.00 Included		
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC								\$ For Sr	nectators Only		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	occiaiois Only		
	ANY AUTO							BODILY INJURY (Per person)	\$			
	ALL OWNED SCHEDULED AUTOS NON-OWNED				Ì			/	\$			
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$			
									\$	<u>.</u> .		
	UMBRELLA LIAB OCCUR	,						EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
ļ	DED RETENTION \$ WORKERS COMPENSATION							WC STATU- OTH-	\$			
	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								\$			
						40.04						
	PRINTING OF OPEN ATIONS AS A TIONS OF THE			ACCEP 404 A LIVI LD		12:01 am	12:01 am					
C	eriftion of operations / Locations / vehice ertificate Holder is named as addition	al Ins	sured	as respects to the additional	nal ins	, if more space is ured endorse	ment added	to the policy.				
c	overed activities: adult soccer league.											
	_											
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CE	RTIFICATE HOLDER Cert #: 1704-32	389-2	41872	Y-U	CANC	ELLATION				· · · · · · · · · · · · · · · · · · ·		
,,	in anna d Tanmakin				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFOR					ED BEFORE		
l	ingwood Township 00 Union Road				THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN							
l	ingwood, NJ 08825				ACCORDANCE WITH THE POLICY PROVISIONS.							
"	m5m00u, 110 00020				AUTHOR	RIZED REPRESEI	NTATIVE 1	- P Han	M			
					AUTHORIZED REPRESENTATIVE LIDAU LIYNIN HOLL							



3/15/2017

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	certificate holder in lieu of such endorsement(s).											
PRO	DUCER				CONTACT Bene-Marc, Inc							
	Bene-Marc, Inc.				PHONE (A/C, No	, Ext): (817	7) 738-6899	FAX (A/C, No): (817)	738-1811		
	6301 Southwest Blvd, Suite 101				E-MAIL ADDRE	ss: cont	act@bene-m	arc.com				
	Fort Worth, TX 76132				Meno	ins RA: Tudor I		DING COVERAGE		NAIC#		
INSU	RED				INSURE		ilbarance Co.	inpuny				
l _{Tr}	i County Adult Soccer League				INSURE							
	O. Box 6611				INSURE							
1					INSURER E:							
В	ridgewater, NJ 08807				INSURER F:							
				NUMBER: Cert #: 1704				REVISION NUMBER:	- DOI	IOV DEDICE		
IN C	DICATED. NOTWITHSTANDING ANY R	EQUIF PERT POLI	REME 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 N OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS DED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, 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)	LIMITS				
	GENERAL LIABILITY					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ş 1,	000,000.00		
Α	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00			
	CLAIMS-MADE X OCCUR	X		CPG1005795				MED EXP (Any one person)	\$	5,000.00		
	X EXCLUDES Participant					4/ 1/2017	4/ 1/2018	PERSONAL & ADV INJURY	<u>* </u>	000,000.00		
	Legal Liability					12:01 am	12:01 am		•	,000,000.00		
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$C	Included oectators Only		
	POLICY PRO- JECT LOC	-						COMBINED SINGLE LIMIT		bectators Omy		
	ANY AUTO							<u> </u>	\$ \$			
	ALL OWNED AUTOS AUTOS NON-OWNED								\$			
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$			
	7,0100								\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE :	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE :	\$			
<u> </u>	DED RETENTION \$ WORKERS COMPENSATION	<u> </u>	-						\$			
	AND EMPLOYERS' LIABILITY Y/N							WC STATU- OTH- TORY LIMITS ER		•		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE S	\$ •			
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			1					\$ \$			
	DESCRIPTION OF OPERATIONS DEIGW							L.L. DISEASE - FOLICI LIMIT	Ψ			
						12:01 am	12:01 am					
DES	cription of operations / Locations / vehice etificate Holder is named as addition	LES (Attach	ACORD 101, Additional Remarks	Schedule	if more space is	required)	to the policy				
			surcu	as respects to the additio	1141 1115	area chaorse	mont addod	to the policy.				
'	overed activities: adult soccer league	•										
CF	RTIFICATE HOLDER Cert #: 1704-32	2389-2	21873	0-0	CANC	ELLATION						
	liddlesex County Board of Chosen Freeho	lders -	- Dept	of Parks & Rec	sно	ULD ANY OF T		ESCRIBED POLICIES BE CA				
P	O. Box 661 ew Brunswick, NJ 08903		•					REOF, NOTICE WILL BI Y PROVISIONS.	⊨ DE	LIVERED IN		
'\	on Divisionion, 100 00707				AUTHORIZED REPRESENTATIVE LIDA LIYWIU Hall				·			



DATE (MM/DD/YYYY) 3/15/2017

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	ertificate holder in lieu of such endorsement(s).										
PRO	DUCER				CONTACT Bene-Marc, Inc						
	Bene-Marc, Inc.				PHONE (A/C, No	(817	738-6899	FAX (A/C, No):	(817)	738-1811	
	6301 Southwest Blvd, Suite 101				E-MAIL ADDRE	ss: conta	act@bene-m				
•	Fort Worth, TX 76132							RDING COVERAGE		NAIC#	
INSU	RED						isurance Con	mpany			
Tei	i County Adult Soccer League				INSURE						
1					INSURE						
1	O. Box 6611										
Br	idgewater, NJ 08807				INSURER E:						
CO	VERAGES CER	TIFIC	CATE	NUMBER: Cert #: 1704	INSURER F : 704-32389-218731-0 REVISION NUMBER:						
IN	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN'	Y CONTRACT THE POLICIES	OR OTHER I	DOCUMENT WITH RESPEC	CT TO	WHICH THIS	
INSR LTR											
LIK	GENERAL LIABILITY	INSK	WVD	FOLIOT NUMBER		(MIN/DD/1111)	(WIW/DU/TTTT)	EACH OCCURRENCE		,000,000.00	
$ _{\mathbf{A}} $	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)		100,000.00	
A	CLAIMS-MADE X OCCUR	X		CPG1005795				MED EXP (Any one person)	\$	5,000.00	
1	X EXCLUDES Participant	^*	1	CPG1003793		4/ 1/2017	4/ 1/2018			000,000.00	
	Legal Liability						.,	GENERAL AGGREGATE	\$ 3,	000,000.00	
	GEN'L AGGREGATE LIMIT APPLIES PER:					12:01 am	12:01 am	PRODUCTS - COMP/OP AGG	\$	Included	
	POLICY PRO- JECT LOC							Med Exp	for Sr	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			٠				PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE			,				AGGREGATE	\$		
	DED RETENTION \$							LANC CTATAL COTAL	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							WC STATU- OTH- TORY LIMITS ER			
l	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$		
-	If yes, describe under DESCRIPTION OF OPERATIONS below			· · · · · · · · · · · · · · · · · · ·				E.L. DISEASE - POLICY LIMIT	\$		
						12:01 am	12:01 am				
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	FS 14	ttach /	ACORD 101 Additional Remarks	Schodulo						
Ce	cription of operations / locations / vehicle crtificate Holder is named as additiona	il Ins	ured	as respects to the addition	nal inst	ired endorse	ment added t	to the policy.			
C	overed activities: adult soccer league.							· •			
	_										
CEF	RTIFICATE HOLDER Cert #: 1704-32:	389-2	1873	1-0	CANC	ELLATION					
Mi	illburn Board of Education							SCRIBED POLICIES BE CA			
43	4 Millburn Avenue							REOF, NOTICE WILL BY PROVISIONS.	E DEI	LIVEKED IN	
Mi	illburn, NJ 07041						Ω Λ	.0 01	۸۸		
					AUTHOR	IZED REPRESEN	TATIVE :	Dai Jan Ha	W.		
					AUTHORIZED REPRESENTATIVE LIDA TRYMO HOLL						



DATE (MM/DD/YYYY) 3/15/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to

the terms and conditions of the policy, certain policies may require certificate holder in lieu of such endorsement(s).	e an endorsement. A statement on this certificate does not confer rights to the						
PRODUCER	CONTACT Bene-Marc, Inc						
Bene-Marc, Inc.	PHONE (A/C, No, Ext): (817) 738-6899 FAX (A/C, No): (817) 738-1811						
6301 Southwest Blvd, Suite 101	E-MAIL contact@bene-marc.com						
Fort Worth, TX 76132	INSURER(S) AFFORDING COVERAGE NAIC #						
,	INSURER A: Tudor Insurance Company						
INSURED	INSURER B:						
Tri County Adult Soccer League	INSURER C:						
P.O. Box 6611	INSURER D:						
Bridgewater, NJ 08807	INSURER E : INSURER F :						
COVERAGES CERTIFICATE NUMBER: Cert #	1: 1704-32389-218732-0 REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELO INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR COND CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AF EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY	W HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD ITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS FORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, HAVE BEEN REDUCED BY PAID CLAIMS.						
LTR TYPE OF INSURANCE INSR WVD POLICY NUM	1 000 000 00						
GENERAL LIABILITY	EACH OCCURRENCE \$ 1,000,000.00						
A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X CPG1005705	PREMISES (Ea occurrence)						
	1,000,000,00						
X EXCLUDES Participant Legal Liability	4/ 1/201/ 4/ 1/2018 CENERAL ACCRECATE \$ 3.000.000.00						
GEN'L AGGREGATE LIMIT APPLIES PER:	12:01 am 12:01 am PRODUCTS - COMP/OP AGG \$ Included						
POLICY PRO- LOC	Med Exp for Spectators Only						
AUTOMOBILE LIABILITY	COMBINED SINGLE LIMIT (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 OCCUR	EACH OCCURRENCE \$						
EXCESS LIAB CLAIMS-MADE	AGGREGATE \$						
DED RETENTION \$	\$						
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC STATU- OTH- TORY LIMITS ER						
ANY PROPRIETOR/PARTNER/EXECUTIVE N/A	E.L. EACH ACCIDENT \$						
(Mandatory In NH) If yes, describe under	E.L. DISEASE - EA EMPLOYEE \$						
DÉSCRIPTION OF OPERATIONS below	E.L. DISEASE - POLICY LIMIT \$						
	12:01 am 12:01 am						
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional ReCertificate Holder is named as additional Insured as respects to the a Covered activities: adult soccer league.	imarks Schedule, if more space is required) added to the policy. dditional insured endorsement added to the policy.						
CERTIFICATE HOLDER	CANCELLATION						
	O TO SELECTION						
New Providence Board of Education	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
360 Elkwood Avenue	ACCORDANCE WITH THE POLICY PROVISIONS.						
Providence, NJ 09774							
	AUTHORIZED REPRESENTATIVE						



DATE (MM/DD/YYYY) 3/15/2017

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	certificate holder in lieu of such endorsement(s).										
PROD	 			 	CONTACT Bene-Marc, Inc						
	Bene-Marc, Inc.				PHONE (A/C, No	, Ext): (817	738-6899	FAX (A/C, No): (817) 7	38-1811	
	6301 Southwest Blvd, Suite 101				E-MAIL ADDRE	aant	act@bene-m	arc.com			
	Fort Worth, TX 76132						urer(s) affor nsurance Coi	DING COVERAGE		NAIC#	
INSUR	ED				INSURE		ilourunee Cor	inpuny			
	County Adult Soccer League				INSURE						
). Box 6611				INSURE						
					INSURER E:						
Bri	dgewater, NJ 08807				INSURE	RF:		<u> </u>			
				NUMBER: Cert #: 1704				REVISION NUMBER:			
INE CE	DICATED. NOTWITHSTANDING ANY RE	QUIF PERT	REME	NT, TERM OR CONDITION THE INSURANCE AFFORD	HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIC ON OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH TH ORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERM NAVE BEEN REDUCED BY PAID CLAIMS.						
INSR LTR TYPE OF INSURANCE INSR WYD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) LIMITS											
	GENERAL LIABILITY	1,40			,		<u> </u>		00,000.00		
A	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00	
*	CLAIMS-MADE X OCCUR	X		CPG1005795				MED EXP (Any one person)	\$	5,000.00	
	X EXCLUDES Participant					4/ 1/2017	4/ 1/2018	PERSONAL & ADV INJURY		000,000.00	
	Legal Liability					12:01 am	12:01 am			000,000.00	
-	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC								\$	Included	
	POLICY JECT LOC.							COMBINED SINGLE LIMIT		ectators Only	
	ANY AUTO								\$		
	ALL OWNED SCHEDULED AUTOS								\$		
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
	7,6160								\$		
	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			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A							\$		
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$		
	DESCRIPTION OF OPERATIONS BEIOW							E.L. DISEASE - POLICY LIMIT	Ψ		
						12:01 am	12:01 am				
DESCI	RIPTION OF OPERATIONS / LOCATIONS / VEHICL tificate Holder is named as additiona	ES (A	Attach A	ACORD 101, Additional Remarks	Schedule,	if more space is	required)	o the policy			
		11115	urcu	as respects to the addition	nai mst	iicu ciidorse	mont added t	o the policy.		-	
Co	vered activities: adult soccer league.										
CER	TIFICATE HOLDER Cert #: 1704-323	389-2	1873	3-0	CANC	ELLATION					
OLIX	THIOATE HOLDER				OANO	LLLATION					
Nev	w Providence SC				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE						
P.C). Box 696				THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					.IVERED IN	
Nev	v Providence, NJ 07974			ļ	01.00						
					AUTHORIZED REPRESENTATIVE LIDAU LAYMON HOLL						
					CIDADO O TIGORO						



3/15/2017

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C	ertificate holder in lieu of such endor	seme	∍nt(s)).								
PRO	DUCER				CONTAI NAME:	Ст Ben	e-Marc, Inc					
	Bene-Marc, Inc.				PHONE (A/C, No	o.Ext): (OI/	7) 738-6899		FAX (A/C, No):	(817)	738-1811	
	6301 Southwest Blvd, Suite 101				E-MAIL ADDRES	ss: cont	tact@bene-m	arc.com				
	Fort Worth, TX 76132							DING COVERAGE	<u></u>		NAIC#	
					INSURE	RA: Tudor I	nsurance Co	mpany				
INSU	RED				INSURE	:R B :						
Tr	i County Adult Soccer League				INSURE	RC:	<u>.</u> .					
P.	O. Box 6611				INSURE	:R D :						
B	idgewater, NJ 08807				INSURER E :							
					INSURER F:							
				E NUMBER: Cert #: 1704				REVISION NUN		7		
IN C	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT	reme Tain,	ENT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY	Y CONTRACT THE POLICIES	OR OTHER E	OCUMENT WITH	H RESPEC	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	LIMITS SHOWN WAT HAVE	DECIN		POLICY EXP (MM/DD/YYYY)		1 15417			
LIR	GENERAL LIABILITY	INSR	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	1	,000,000.00	
١.								DAMAGE TO RENTE PREMISES (Ea occu	ED ED		100,000.00	
Α	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	"		~~~~						<u> </u>	5,000.00	
		X	١	CPG1005795		4/1/0015	4/1/2016	MED EXP (Any one p		\$ \$ 1,	,000,000.00	
	X EXCLUDES Participant Legal Liability					4/ 1/2017		PERSONAL & ADV I			,000,000.00	
	GEN'L AGGREGATE LIMIT APPLIES PER:		1			12:01 am	12:01 am	PRODUCTS - COMF		\$	Included	
	POLICY PRO- LOC										pectators Only	
	AUTOMOBILE LIABILITY	 						COMBINED SINGLE (Ea accident)		\$, , , , , , , , , , , , , , , , , , ,	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$		
	ALL OWNED SCHEDULED							BODILY INJURY (Pe		\$		
	AUTOS AUTOS NON-OWNED AUTOS						ĺ	PROPERTY DAMAG (Per accident)	E	\$		
								Ti el accident)		\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	DE .	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATU- TORY LIMITS	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				ı		E.L. EACH ACCIDEN		\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	W, 7					[E.L. DISEASE - EA E	EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$		
		<u></u>				12:01 am						
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC ertificate Holder is named as additional	LES (A	Attach A	ACORD 101, Additional Remarks 5	Schedule,	, if more space is ured endorse	required) ment added t	o the policy.			-	
	overed activities: adult soccer league.		,u1 0 u	as respects to the addition	1141 1110	niou ondorbo		o mo pomey.				
	vered activities, addit soccer league.											
	Cert #: 1704-32	/389 - /	21873	34-0								
CEF	RTIFICATE HOLDER Cert #: 1704-32				CANC	ELLATION					7	
D:	scataway Township				SHOL	III D ANY OF T	THE ABOVE DE	SCRIBED POLIC	IES BE CA	MCELI	ED BEFORE	
	5 Hoes Lane				THE	EXPIRATION	DATE THE	REOF, NOTICE				
	scataway, NJ 08854				ACC	ORDANCE WIT	TH THE POLIC	Y PROVISIONS.				
L I	Cataway, NJ 00034				AUTHOR	RIZED REPRESEN	NTATIVE 1.		- H_	AA -		
					AUTHOR	WELD REI REGER	````'UU	Dai Liyun	s Ma	W		
				·				//				



DATE (MM/DD/YYYY) 3/15/2017

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	e terms and conditions of the policy, rtificate holder in lieu of such endors				n endorsement. A statement on this certificate does not confer rights to the							
	UCER				CONTACT Bene-Marc, Inc							
	Bene-Marc, Inc.				PHONE (A/C, No, Ext): (817) 738-6899 FAX (A/C, No): (817) 738-1811							
	6301 Southwest Blvd, Suite 101				E-MAIL ADDRE	conf	act@bene-m					
	Fort Worth, TX 76132				INSURE	T 1I	urer(s) affor	DING COVERAGE mpany		NAIC#		
INSU	RED			****	INSURE							
Tr	County Adult Soccer League				INSURER C:							
P.	O. Box 6611				INSURER D :							
	idgewater, NJ 08807				INSURE	RE:						
Щ	,				INSURE			<u> </u>				
				NUMBER: Cert #: 1704				REVISION NUMBER:				
IN CE EX	DICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY I CLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REME! ΓΑΙΝ, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE								
INSR LTR	TYPE OF INSURANCE	ADDL JNSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT				
	GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,	,000,000.00		
Α	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00		
	CLAIMS-MADE X OCCUR	X		CPG1005795				MED EXP (Any one person)	\$ 1	5,000.00		
	X EXCLUDES Participant					4/ 1/2017	4/ 1/2018	PERSONAL & ADV INJURY		,000,000.00		
	Legal Liability GEN'L AGGREGATE LIMIT APPLIES PER:					12:01 am	12:01 an	GENERAL AGGREGATE	<u> </u>	Included		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG Med Ext	\$ sfor Si	pectators Only		
	AUTOMOBILE LIABILITY	-						COMBINED SINGLE LIMIT (Ea accident)		poetators emy		
	ANY AUTO							BODILY INJURY (Per person)	\$ \$			
	ALLOWNED SCHEDULED							BODILY INJURY (Per accident)	\$			
	AUTOS AUTOS NON-OWNED AUTOS AUTOS							PROPERTY DAMAGE (Per accident)	\$			
								(I o assisting	\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION \$								\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							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				
\vdash	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
						12:01 am	12:01 am					
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICI rtificate Holder is named as additiona	ES (/ al Ins	Attach / Sured	ACORD 101, Additional Remarks : as respects to the additio	Schedule nal ins	, if more space is ured endorse:	required) ment added i	to the policy.				
	overed activities: adult soccer league.			•								
CER	TIFICATE HOLDER Cert #: 1704-32	389-	21873	5-0	CANC	ELLATION						
-												
Pit	tstown Football Club				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN							
	Lower Kingdom Road				ACCORDANCE WITH THE POLICY PROVISIONS.					FIATUED 114		
Pit	tstown, NJ 08867							0 01	A A			
					AUTHORIZED REPRESENTATIVE							



3/15/2017

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CE	rtificate holder in lieu of such endor	seme	ent(s)							
PROI	DUCER				CONTA NAME:	Dell	e-Marc, Inc			
	Bene-Marc, Inc.				PHONE (A/C, N E-MAIL	o, Ext): (817	7) 738-6899		FAX (A/C, No): (817)	738-1811
	6301 Southwest Blvd, Suite 101				E-MAIL ADDRE	ss: cont	act@bene-m	arc.com		
	Fort Worth, TX 76132					INS	URER(S) AFFOR	DING COVERAGE		NAIC#
					INSURE	RA: Tudor I	nsurance Co	mpany		
INSU	RED				INSURE	RB:				
Tri	County Adult Soccer League				INSURE	RC:				
P	O. Box 6611				INSURE	RD:				
					INSURE	RE:				
В	idgewater, NJ 08807				INSURE	RF:				
CO	/ERAGES CEF	TIFI	CATE	NUMBER: Cert #: 1704	1-32389	-218736-0		REVISION NUM	MBER:	
	IS IS TO CERTIFY THAT THE POLICIES									
	DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY									
E)	CLUSIONS AND CONDITIONS OF SUCH	POLI	CIES.	LIMITS SHOWN MAY HAVE		REDUCED BY	PAID CLAIMS.			,
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
	GENERAL LIABILITY							EACH OCCURRENC	,_ •	000,000.00
Α	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTE PREMISES (Ea occu	ED Irrence) \$	100,000.00
	CLAIMS-MADE X OCCUR	X		CPG1005795				MED EXP (Any one p		5,000.00
	X EXCLUDES Participant			CI G1003773		4/ 1/2017	4/ 1/2018	PERSONAL & ADV I	NJURY \$ 1,	000,000.00
	Legal Liability					12:01 am	12:01 am	GENERAL AGGREG	1 2	000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:					12.01 8111	12.01 all	PRODUCTS - COMP	P/OP AGG \$	Included
	POLICY PRO- JECT LOC	İ						ľ	Med Exp for Sp	ectators Only
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT \$	
	ANY AUTO							BODILY INJURY (Pe	er person) \$	
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Pe	er accident) \$	
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAG (Per accident)	SE \$	
	7.0.00							V 51	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	E \$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$	1							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATU- TORY LIMITS	OTH- ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDEN		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IV, A						E.L. DISEASE - EA E	EMPLOYEE \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT \$	
								•		
						12:01 am	12:01 am			
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICE rtificate Holder is named as addition	LES (Attach	ACORD 101, Additional Remarks	Schedule	, if more space is	required)	to the policy		
l .			surcu	as respects to the addition	nai mo	uica chaorse	mem added	to the policy.		
	overed activities: adult soccer league.									
CEF	RTIFICATE HOLDER Cert #: 1704-32	389-2	21873	6-0	CANC	ELLATION				
Ra	ritan Athletic Center							ESCRIBED POLICE		
97	River Road							Y PROVISIONS.	WILL DE DE	FIAFIVED IIA
Fle	emington, NJ 08822						<u> </u>		01 00	
					AUTHO	RIZED REPRESE	NTATIVE / /;	Nai Inn	. An W.	
					AUTHORIZED REPRESENTATIVE LIDAU LIYMIN HOLL					



DATE (MM/DD/YYYY) 3/15/2017

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	rtificate holder in lieu of such endors	eme	ent(s)			.				
PROD	UCER				CONTA NAME:	15011	e-Marc, Inc	PAY	(0.1.5)	. #20 1011
	Bene-Marc, Inc.				PHONE (A/C, No), Ext): (O1)	7) 738-6899	FAX (A/C, No)	(817)	738-1811
	6301 Southwest Blvd, Suite 101				E-MAIL ADDRE	ss: cont	act@bene-m	iarc.com		
	Fort Worth, TX 76132							RDING COVERAGE		NAIC#
					INSURE	RA: Iudori	nsurance Co	mpany		
INSU					INSURE	RB:				
I'ri	County Adult Soccer League				INSURE	RC:				
P.0	D. Box 6611				INSURE	RD:				
Br	idgewater, NJ 08807				INSURE					
cov	ERAGES CER	TIFIC	CATE	E NUMBER: Cert #: 1704				REVISION NUMBER:		
INI CE EX	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY I CLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI		
	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	X		CPG1005795				MED EXP (Any one person)	\$	5,000.00
	X EXCLUDES Participant					4/ 1/2017	4/ 1/2018	PERSONAL & ADV INJURY	Ψ	1,000,000.00
	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
\sqcup	POLICY PRO- JECT LOC								p for S	Spectators Only
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS NON-OWNED							BODILY INJURY (Per accident)	 	
	HIRED AUTOS AUTOS							PROPERTY DAMAGE (Per accident)	\$	
\vdash									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
\vdash	DED RETENTION \$ WORKERS COMPENSATION		ļ					WC STATU- OTH-	\$	
	AND EMPLOYERS' LIABILITY Y/N							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 EMPLOYER		
\vdash	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
						12:01 am	12:01 am			·
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE rtificate Holder is named as additional	.ĘŞ (/	Attach	ACORD 101, Additional Remarks \$	chedule,	, if more space is	required),			
l l		il Ins	sured	as respects to the addition	nai insi	urea endorse	ment added	to the policy.		
C	overed activities: adult soccer league.									
ļ										
}										
CEF	TIFICATE HOLDER Cert #: 1704-32	389-2	21873	37-0	CANC	ELLATION				
Re	ading Township Recreation							ESCRIBED POLICIES BE C REOF, NOTICE WILL		
	9 Route 523							Y PROVISIONS.	0	
W	nitehouse Station, NJ 08889									
					AUTHOR	RIZED REPRESE	TATIVE /	Dai Lainni An	W,	
					AUTHORIZED REPRESENTATIVE LIDA LIYWU HOLL					



DATE (MM/DD/YYYY) 3/15/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to

	e terms and conditions of the policy ertificate holder in lieu of such endors				ndorse	ment. A stat	ement on th	is certificate does not confe	r rights to the	
	DUCER		(-)	·	CONTA NAME:	CT Bene	e-Marc, Inc			
	Bene-Marc, Inc.				PHONE (A/C, No	o, Ext): (817	738-6899	FAX (A/C, No): (817	7) 738-1811	
	6301 Southwest Blvd, Suite 101				É-MAIL ADDRE		act@bene-m			
	Fort Worth, TX 76132					ins RA: Tudor II		DING COVERAGE	NAIC#	
INSU	RED				INSURE		isurance CU	шршу		
	i County Adult Soccer League				INSURE					
	O. Box 6611				INSURE					
	idgewater, NJ 08807				INSURE					
	,				INSURE					
				NUMBER: Cert #: 1704				REVISION NUMBER:	OLIOV BEDIOD	
IN CI	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT	REME	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN'	Y CONTRACT THE POLICIES	OR OTHER DESCRIBED	DOCUMENT WITH RESPECT T	O WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR				POLICY EXP (MM/DD/YYYY)	LIMITS		
	GENERAL LIABILITY					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J. J. J. J. J. J. J. J. J. J. J. J. J. J	EACH OCCURRENCE \$	1,000,000.00	
Α	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	100,000.00	
	CLAIMS-MADE X OCCUR	X		CPG1005795				MED EXP (Any one person) \$	5,000.00	
	X EXCLUDES Participant					4/ 1/2017	4/ 1/2018	PERSONAL & ADV INJURY \$	1,000,000.00	
	Legal Liability					12:01 am	12:01 am	GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$	3,000,000.00 Included	
	POLICY PRO- POLICY PRO- LOC								Spectators Only	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$	specialors only	
	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 EXCESS LIAB CLAIMS_MADE						}	EACH OCCURRENCE \$		
	OLAIMO-IMADE							AGGREGATE \$		
	DED RETENTION \$ 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 \$		
						12:01 am	12:01 am			
DES	ription of operations/Locations/yehiclertificate Holder is named as additional	LES (A	Attach/	ACORD 101, Additional Remarks	Schedule,	if more space is	required)	to the policy	-	
			urea	as respects to the additio	nai mst	irea enaorsei	nent added t	to the policy.		
	overed activities: adult soccer league.									
CF	RTIFICATE HOLDER Cert #: 1704-32	389-2	1873	8-0	CANC	ELLATION				
	joni i rionomi				JANO	LLLA HON	·			
So	merset County Parks Commission and the	Cou	nty of	Somerset				SCRIBED POLICIES BE CANCE		
	O. Box 5237							REOF, NOTICE WILL BE I Y PROVISIONS.	PERIVEKED IM	
N	orth Branch, NJ 08876			`			<u> </u>	P 91 AA		
					AUTHOR	RIZED REPRESEN	ITATIVE /	Day Lower Hall		
					AUTHORIZED REPRESENTATIVE LIDA LIYUN Hall					



3/15/2017

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certificate floider in fleu of such endor	seme	int(S)	•						
PRODUCER			_	CONTAI NAME:		e-Marc, Inc			
Bene-Marc, Inc.				PHONE (A/C, No), Ext); (01/	738-6899		(817)	738-1811
6301 Southwest Blvd, Suite 101				E-MAIL ADDRE	ss: cont	act@bene-m	narc.com		
Fort Worth, TX 76132							RDING COVERAGE		NAIC#
				INSURE	RA: Tudor II	nsurance Co	mpany		
INSURED				INSURE	RB:				
Tri County Adult Soccer League				INSURE					
P.O. Box 6611				INSURE					
Bridgewater, NJ 08807				INSURE					
COVERAGES CER	TIFIC	CATE	NUMBER: Cert #: 1704				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RI CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY	CONTRACT	OR OTHER I	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO	WHICH THIS
INSR TYPE OF INSURANCE	ADDL	SUBR		. JLLINI		POLICY EXP (MM/DD/YYYY)	LIMIT	rs	
GENERAL LIABILITY	INSR	WVD	POLICY NUMBER		(WW/DD/YYYY)	[MM/DD/YYYY)	EACH OCCURRENCE		,000,000.00
A X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00
CLAIMS-MADE X OCCUR	X		CPG1005795				MED EXP (Any one person)	\$	5,000.00
X EXCLUDES Participant	''		CFU1003/33		4/ 1/2017	4/ 1/2018	PERSONAL & ADV INJURY		,000,000.00
Legal Liability					12:01 am	12:01 am	GENERAL AGGREGATE	\$ 3	3,000,000.00
GEN'L AGGREGATE LIMIT APPLIES PER:					12.01 all	12.01 dil	PRODUCTS - COMP/OP AGG	\$	Included
POLICY PRO- LOC								for S	Spectators Only
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per person)	\$	
ALL OWNED SCHEDULED AUTOS NON-OWNED							BODILY INJURY (Per accident)	\$	
HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
l lumps laure	_							\$	
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE	-					-	AGGREGATE	\$	
DED RETENTION \$ WORKERS COMPENSATION							WC STATU- OTH-	\$	
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE								\$	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE		
if yes, describe under DESCRIPTION OF OPERATIONS below						ŀ	E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$	
SESONI HON OF OPERATIONS BOOM	-	\vdash					L.L. DISLASE - POLICE LIMIT	ΙΨ	
					12:01 am	12:01 am			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	Attach	ACORD 101, Additional Remarks	Schedule,	if more space is	required)	to the notice		
Certificate Holder is named as addition		sured	as respects to the additio	niai iiiSl	neu chaorsei	mem added	w me poncy.		
Covered activities: adult soccer league.									
CERTIFICATE HOLDER Cert #: 1704-32	389-	21873	9-()						
CERTIFICATE HOLDER Cert #: 1704-32		-10/3	, v	CANC	ELLATION				
South Hunterdan Regional High School				SHO	JLD ANY OF T	HE ABOVE DE	ESCRIBED POLICIES BE C	ANCEL	LED BEFORE
South Hunterdon Regional High School				THE	EXPIRATION	DATE THE	REOF, NOTICE WILL		
301 Mt Airy Harbourton Road Lambertville, NJ 08530				ACC	ORDANCE WIT	'H THE POLIC	Y PROVISIONS.		
Lamogranic, 143 00330			ł	AUTHOR	IZED REPRESEN	ITATIVE 1	P Han	m	



3/15/2017

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	ertificate holder in lieu of such endor		,,,e(O)		CONTA NAME:	CT Bene	-Marc, Inc			
	Bene-Marc, Inc.				PHONE (A/C, N		738-6899	FAX (A/C No):	(817)	738-1811
	6301 Southwest Blvd, Suite 101				E-MAIL ADDRE	ss: conta	act@bene-m			
	Fort Worth, TX 76132							RDING COVERAGE		NAIC#
INSI	JRED				1		isurance Co.	шрану		
	i County Adult Soccer League				INSURE		<u> </u>			-
					INSURE			<u></u>		
l	O. Box 6611				INSURE					
В	ridgewater, NJ 08807				INSURE					
				NUMBER: Cert #: 1704				REVISION NUMBER:		
II C E	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT THE POLICIES REDUCED BY I	OR OTHER I S DESCRIBED PAID CLAIMS	DOCUMENT WITH RESPECT TO	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	GENERAL LIABILITY							EACH OCCURRENCE		,000,000.00
Α	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00
	CLAIMS-MADE X OCCUR	X		CPG1005795				MED EXP (Any one person)	\$	5,000.00
	X EXCLUDES Participant					4/ 1/2017	4/ 1/2018	PERSONAL & ADV INJURY	<u> </u>	,000,000.00
	Legal Liability			i		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							Med Exp	For S	pectators Only
	<u> </u>		ì					(Ea accident)	\$	
	ANY AUTO SCHEDULED							BODILY INJURY (Per person)	\$	
	AUTOS 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 \$							<u></u>	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATU- OTH- TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				ļ		E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below			· · · · · · · · · · · · · · · · · · ·				E.L. DISEASE - POLICY LIMIT	\$	
								•		
						12:01 am	12:01 am			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE PROPERTY OF THE P	ĘŞ (A	Attach /	ACORD 101, Additional Remarks	Schedule,	if more space is	required),	- d 12		
		il Ins	ured	as respects to the addition	nal insi	ired endorser	nent added t	o the policy.		
C	overed activities: adult soccer league.									
		,,,,,,	1074							
CE	RTIFICATE HOLDER Cert #: 1704-32	009-2	10/40	J-V	CANC	ELLATION				
13	oringfield School District 9 Mountain Ave				THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.		
Sį	ringfield, NJ 07081			ļ			A	P QI	AA	
ı					AUTHOR	RIZED REPRESEN	TATIVE	sa Lynn Ha	U	



3/15/2017

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C	ertificate holder in lieu of such endors		•		1140136	ment. A sta	tement on th	is certificate do	es not co	omer i	ignis to the
PRO	DUCER				CONTA NAME:	ст Ben	e-Marc, Inc				
	Bene-Marc, Inc.				PHONE (A/C, No	o. Ext); (817)	7) 738-6899		FAX (A/C, No);	(817)	738-1811
ŀ	6301 Southwest Blvd, Suite 101				E-MAIL ADDRE	cont	tact@bene-m	arc.com			
	Fort Worth, TX 76132					INS	URER(S) AFFOR	DING COVERAGE			NAIC#
					INSURE	RA: Tudor I	nsurance Co	mpany			
INSU	RED				INSURE	RB:					
Ti	i County Adult Soccer League				INSURE	RC:					
P.	O. Box 6611				INSURE	RD:					
Ιв	ridgewater, NJ 08807				INSURE	RE:					
					INSURE						
		_		NUMBER: Cert #: 170				REVISION NUM			
"	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE	QUIF	REME	NT. TERM OR CONDITION	OE AN	N ISSUED TO Y CONTRACT	THE INSURE OR OTHER I	OCUMENT WITH	E FOR IF	HE POL	JCY PERIOD WHICH THIS
C	ERTIFICATE MAY BE ISSUED OR MAY	AIN.	THE INSURANCE AFFORD	ED BY	THE POLICIE	S DESCRIBED	HEREIN IS SUE	BJECT TO	ALL .	THE TERMS,	
	(CLUSIONS AND CONDITIONS OF SUCH		SUBR		BEEN		PAID CLAIMS.				
INSR LTR	TYPE OF INSURANCE GENERAL LIABILITY	INSR	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT		,000,000.00
١.								DAMAGE TO RENTE	ED		100,000.00
A	X COMMERCIAL GENERAL LIABILITY	***					-	PREMISES (Ea occu	irrence)	\$	5,000.00
	CLAIMS-MADE X OCCUR	X	1	CPG1005795				MED EXP (Any one p		\$1	,000,000.00
	X EXCLUDES Participant Legal Liability					4/ 1/2017		PERSONAL & ADV II		2	,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:					12:01 an	12:01 an	GENERAL AGGREG		Ψ	Included
	POLICY PRO- LOC							PRODUCTS - COMP		\$ sfor Si	pectators Only
	AUTOMOBILE LIABILITY							COMBINED SINGLE			pootators only
	ANY AUTO							(Ea accident) BODILY INJURY (Pe	r person)	\$ \$	
	ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Pe	· · · · · · · · · · · · · · · · · · ·	\$	
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAG (Per accident)	7.1	\$	
	AOTOS							(Fer accident)		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	Æ	\$	
	EXCESS LIAB CLAIMS-MADE						Ī	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 ACCIDEN	1T	\$	
Ì	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA E	MPLOYEE	\$	
L	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLI	ICY LIMIT	\$	
						12:01 am	10:01				
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL ertificate Holder is named as additiona	. es (A	Attach / Sured	ACORD 101, Additional Remarks : as respects to the additio	Schedule, nal ins	if more space is ured endorse	required) ment added 1	to the policy.			
-	overed activities: adult soccer league.			•			•				
~											
ŀ											
CE	RTIFICATE HOLDER Cert #: 1704-32389-218741-0 CANCELLATION										
	THIOATE HOLDER				CANC	ELLATION					_
l r	O Bank, N.A.				SHO	JLD ANY OF T	HE ABOVE DE	SCRIBED POLICI	ES BE C	NCELL	ED BEFORE
	00 Atrium Way							REOF, NOTICE	WILL B	E DEI	LIVERED IN
	ount Laurel, NJ 08054				ACC	JRUANGE WII	IN THE POLIC	Y PROVISIONS.	a .	_	
					AUTHOR	IZED REPRESEN	TATIVE)	- Y -	"Un	00	
							UM	oa Layan	1 1 TOC	XU	
								Λ			



DATE (MM/DD/YYYY)

3/15/2017

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

	ertificate holder in lieu of such endo				nuorse	ment. A Stat	tement on th	is certificate does not c	omer	rights to the
PRO	DUCER				CONTA NAME:	Delle	e-Marc, Inc			
	Bene-Marc, Inc.				PHONE (A/C, No	o, Ext); (O1/	738-6899	FAX (A/C, No):	(817)	738-1811
	6301 Southwest Blvd, Suite 101				E-MAIL ADDRE	ss: conta	act@bene-m	arc.com		
	Fort Worth, TX 76132							DING COVERAGE		NAIC#
INSL	DED.					RA: Tudor Ir	isurance Cor	npany		
					INSURE					
	County Adult Soccer League				INSURE					
	O. Box 6611				INSURE					
Bı	idgewater, NJ 08807				INSURE				-	
СО	VERAGES CEI	RTIFIC	CATE	NUMBER: Cert #: 1704	-32389-	218742-0		REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT	REME	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER I	OCUMENT WITH RESPE	CT TC	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	GENERAL LIABILITY							EACH OCCURRENCE	\$ 1	,000,000.00
Α	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00
	CLAIMS-MADE X OCCUR	X		CPG1005795				MED EXP (Any one person)	\$	5,000.00
	X EXCLUDES Participant					4/ 1/2017	4/ 1/2018	PERSONAL & ADV INJURY		,000,000.00
	Legal Liability					12:01 am	12:01 am	GENERAL AGGREGATE	· -	3,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG Med Exp	for S	Included pectators Only
	POLICY JECT LOC AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$	pectators Omy
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
	AUTOS AUTOS NON-OWNED AUTOS AUTOS							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	·
	DED RETENTION \$ 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		
						10:04	40.04 -			
						12:01 am	12:01 am			
DES	cription of operations / Locations / vehic ertificate Holder is named as addition	LES (A	ured :	ACORD 101, Additional Remarks t as respects to the addition	schedule Ial insu	, it more space is ired endorser	required) nent added to	o the policy.		
С	overed activities: adult soccer league.									
	-									
		701* **	10.78.							
CE	RTIFICATE HOLDER Cert #: 1704-32	389-2	18/42	∵- U	CANC	ELLATION				
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	e Boro of Summerville & The Somerville D. Box 399/ 25 W. End Avenue	Ketre	auon	Commission	THE	EXPIRATION	DATE THE	REOF, NOTICE WILL		
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AUTHORIZED REPRESENTATIVE LIDA LIMMU HOLL

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Somerville, NJ 08876



3/15/2017

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.

	ertificate holder in lieu of such endors			• •		mont. A stat	oment on th	is solutionale uses flot c	J.1101 1	.9	
	DUCER				CONTA NAME:	CT Ben	e-Marc, Inc				
	Bene-Marc, Inc.				PHONE (A/C, No	o, Ext): (817	7) 738-6899	170011101	(817)	738-1811	
1	6301 Southwest Blvd, Suite 101				E-MAIL ADDRE	cont	act@bene-m	narc.com			
	Fort Worth, TX 76132				INSURE	ins Ra: Tudor I		DING COVERAGE mpany		NAIC#	
INSU	RED				INSURE						
Tr	i County Adult Soccer League				INSURE	RC:					
P.	O. Box 6611				INSURE	RD:					
Bı	idgewater, NJ 08807				INSURE						
CO	/ERAGES CER	TIFIC	CATE	NUMBER: Cert #: 1704	<u> </u>			REVISION NUMBER:			
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	GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	<u> </u>	,000,000.00	
Α	X COMMERCIAL GENERAL LIABILITY	_						PREMISES (Ea occurrence)	\$	5,000.00	
	CLAIMS-MADE X OCCUR	X		CPG1005795		4/1/2015	4/ 1/2019	MED EXP (Any one person) PERSONAL & ADV INJURY	\$ \$ 1,	,000,000.00	
	X EXCLUDES Participant Legal Liability					4/ 1/2017 12:01 am	4/ 1/2018 12:01 am	GENERAL AGGREGATE	L P	,000,000.00	
	GEN'L AGGREGATE LIMIT APPLIES PER:					12.01 an	12.01 all	PRODUCTS - COMP/OP AGG	\$	Included	
	POLICY PRO- JECT LOC							Med Exp	for S	pectators Only	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (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	\$		
	DED RETENTION \$ WORKERS COMPENSATION							WC STATU- OTH-	\$		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							TORY LIMITS ER	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
						12:01 am	12:01 am				
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l .		. 1113	suicu	as respects to the addition	mai ms	urea enaorse	mem added	to the policy.			
	overed activities: adult soccer league.										
CEF	RTIFICATE HOLDER Cert #: 1704-32	389-2	21874	3-0	CANCELLATION						
Tł	ne Bridgewater - Raritan Regional School I	Distr	ict		SHO	ULD ANY OF T	HE ABOVE DE	SCRIBED POLICIES BE C.	ANCELI	LED BEFORE	
	6 Newmans Lane, P.O. Box 6030				THE	EXPIRATION	DATE THE	REOF, NOTICE WILL I			
	ridgewater, NJ 08807				,,,,,,,				۸۵		
					AUTHOR	RIZED REPRESEN	ITATIVÉ /	Day Low Ho	W.		



3/15/2017

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Ce	ertificate holder in lieu of such endors					mont A stat	.cciit oii tii	.o oortiniquie do	55 HOL 601		
	DUCER		<u>/</u>		CONTA NAME:	ст Вепе	e-Marc, Inc		_		
	Bene-Marc, Inc.				PHONE (A/C, No	(015	738-6899		FAX (A/C, No): (8	317)	738-1811
	6301 Southwest Blvd, Suite 101				E-MAIL ADDRE		act@bene-m	arc.com	1,00-1- (
	Fort Worth, TX 76132							DING COVERAGE			NAIC#
					INSURE	RA: Tudor II	nsurance Con	npany			
INSU					INSURE						
l	County Adult Soccer League				INSURE						
P.	O. Box 6611				INSURE						
Br	idgewater, NJ 08807				INSURE						
CO	/ERAGES CER	TIFIC	CATE	NUMBER: Cert #: 1704	<u>. </u>			REVISION NUM	IBER:	•	
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INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
	GENERAL LIABILITY							EACH OCCURRENCE		1	,000,000.00
Α	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTE PREMISES (Ea occu		<u> </u>	100,000.00
	CLAIMS-MADE X OCCUR	X		CPG1005795				MED EXP (Any one p			5,000.00
	X EXCLUDES Participant Legal Liability					4/ 1/2017	4/ 1/2018	PERSONAL & ADV II			,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:					12:01 am	12:01 am	PRODUCTS - COMP			Included
	POLICY PRO- JECT LOC						-				pectators Only
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT		poetatoro otti,
	ANY AUTO							BODILY INJURY (Pe	r person)	5	
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Pe		; ;	
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									1		
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS MADE						-	EACH OCCURRENC			
	CEANWO-WINDE						}	AGGREGATE			
	DED RETENTION \$ WORKERS COMPENSATION							WC STATU- TORY LIMITS	ОТН-		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE						-	E.L. EACH ACCIDEN	ER I	· · · · · ·	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA E		 6	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLI	ICY LIMIT 4	3	
						12:01 am	12:01 am				
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICI rtificate Holder is named as additiona	LES (A	Attach /	ACORD 101, Additional Remarks	Schedule,						· · ·
l		ıl Ins	ured	as respects to the addition	nal inst	ired endorser	nent added t	o the policy.			
C	overed activities: adult soccer league.										
											•
	Cert #: 1704-32	389-2	1874	4-0					<u> </u>		
CER	RTIFICATE HOLDER Cert #: 1704-32.			•	CANC	ELLATION					
То	wn of Berkeley Heights							SCRIBED POLICI			
	Columbus Avenue							REOF, NOTICE Y PROVISIONS.	WILL BE	E DE	LIVERED IN
	rkeley Heights, NJ 07922								A . A	۵.	
					AUTHORIZED REPRESENTATIVE 1:						



3/15/2017

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Certificate floider in fled of Such effuo.	3 0 1116	111(2)	•							
PRODUCER				CONTA NAME:	Ben	e-Marc, Inc				
Bene-Marc, Inc.				PHONE (A/C, N	o, Ext); (817	7) 738-6899	FAX (A/C, No): (8	317) 7	/38-1811	
6301 Southwest Blvd, Suite 101				E-MAIL ADDRE		act@bene-m	arc.com			
Fort Worth, TX 76132					INS	URER(S) AFFOR	DING COVERAGE		NAIC#	
Fort Worth, 1X 70132				INSUR	RA: Tudor I	nsurance Co	mpany			
INSURED				INSURE	RB:					
Tri County Adult Soccer League				INSURE	RC:					
P.O. Box 6611				INSURE	RD:					
,				INSURE	RE:					
Bridgewater, NJ 08807				INSURE	R F :					
			NUMBER: Cert #: 1704				REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT	TO V	WHICH THIS	
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 \$	1,0	00.000,000	
A X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence) \$		100,000.00	
CLAIMS-MADE X OCCUR	X		CPG1005795				MED EXP (Any one person) \$		5,000.00	
X EXCLUDES Participant			010100770		4/ 1/2017	4/ 1/2018	PERSONAL & ADV INJURY \$	1,0	000,000.00	
Legal Liability					12:01 am	12:01 am	GENERAL AGGREGATE \$	3,0	000,000.00	
GEN'L AGGREGATE LIMIT APPLIES PER:						12.01 0	PRODUCTS - COMP/OP AGG \$		Included	
POLICY PRO- JECT LOC	ļ							or Sp	ectators Only	
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (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)			
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AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							i i			
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 \$			
BESSAIL HOW OF OF ENAMIONS BOICH							E.L. DISEASE - FOLICT LIMIT 4			
			4		12:01 am	12:01 am				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LEŞ (A	ttach	ACORD 101, Additional Remarks S	Schedule	, if more space is	required)				
Certificate Holder is named as addition		ured	as respects to the addition	nai insi	urea endorse	ment added t	o the policy.			
Covered activities: adult soccer league										
0	300 A	1077	F-0				<u></u>			
CERTIFICATE HOLDER Cert #: 1704-32	389-2	18/4	3 - 0	CANC	ELLATION	•				
Town of Raritan 204 Pennsylvania Avenue				THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CAN REOF, NOTICE WILL BE Y PROVISIONS.			
Flemington, NJ 08822			ŀ	AUTHO	RIZED REPRESEN	NTATIVE 1.	9 21.1	1		
				AUTHORIZED REPRESENTATIVE LIDA LIMIN HOLL						



DATE (MM/DD/YYYY) 3/15/2017

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C€	rtificate holder in lieu of such endor	seme	nt(s)								•
PROI	DUCER				CONTA NAME:	DCII	e-Marc, Inc				
	Bene-Marc, Inc.				PHONE (A/C, No	o, Ext): (G1/	738-6899		FAX (A/C, No): ((817)	738-1811
	6301 Southwest Blvd, Suite 101				E-MAIL ADDRE	ss: cont	act@bene-m	arc.com			
	Fort Worth, TX 76132					INS	URER(S) AFFOR	DING COVERAGE			NAIC#
					INSURE	RA: Tudor I	nsurance Cor	npany			
INSU	RED				INSURE	RB:					
Tri	County Adult Soccer League				INSURE	RC:					
P.0	O. Box 6611				INSURE	RD:					
Br	idgewater, NJ 08807				INSURE	RE:					
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l IN	DICATED. NOTWITHSTANDING ANY RE	REME	NT. TERM OR CONDITION	OF AN'	Y CONTRACT	OR OTHER D	OCUMENT WITH	H RESPEC	OT TO	WHICH THIS	
CI	ERTIFICATE MAY BE ISSUED OR MAY	AIN,	THE INSURANCE AFFORD	ED BY	THE POLICIE	S DESCRIBED	HEREIN IS SU	BJECT TO	ALL	THE TERMS,	
INSR LTR	CLUSIONS AND CONDITIONS OF SUCH	ADDL	SUBR		BEEN	POLICY EFF (MM/DD/YYYY)					
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Α	X COMMERCIAL GENERAL LIABILITY	37						PREMISES (Ea occu	dirence)	. э	5,000.00
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ľ	DED RETENTION \$	İ						****		\$	
	WORKERS COMPENSATION							WC STATU- TORY LIMITS	OTH- ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDE		\$	
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	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	JICY LIMIT	\$	
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	overed activities: adult soccer league.	** ****	u. cu	ao respects to the adding							-
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т	alia - CD - Indicates				SHU	III D ANV OF 1	THE AROVE DE	SCRIBED POLIC	IES BE C	MCFLI	ED BEFORE
	wnship of Bedminster				THE	EXPIRATION	DATE THE	REOF, NOTICE			
	ne Miller Lane				ACC	ORDANCE WI	TH THE POLIC	Y PROVISIONS.	_		
B	dminster, NJ 07921				ALITHO	RIZED REPRESE	NTATIVE 1,		AL.	nn	
					AU INUI	NELD NEFRESE	""""J.J.L	oa Lagran	u MW	W	
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3/15/2017

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	ertificate holder in lieu of such endors				naorse	ment. A Stai	tement on th	is certificate does not confer r	ignis to the	
PRO	DUCER				CONTA NAME:	CT Ben	e-Marc, Inc			
	Bene-Marc, Inc.				PHONE (A/C, No	(017	738-6899	FAX (A/C, No): (817)	738-1811	
	6301 Southwest Blvd, Suite 101				E-MAIL ADDRE	aant	act@bene-m			
	Fort Worth, TX 76132					75 1 7	urer(s) affor	RDING COVERAGE	NAIC#	
INSU	RED		-		INSURE		iisurance Co	пірапу		
	County Adult Soccer League				INSURE					
	•				INSURE					
	O. Box 6611				INSURE					
Br	idgewater, NJ 08807				INSURE					
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Α	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED	100,000.00	
A	CLAIMS-MADE X OCCUR	X		CPG1005795				PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$	5,000.00	
	X EXCLUDES Participant	^-]	CFG1003793		4/ 1/2017	4/ 1/2018		000,000.00	
	Legal Liability					12:01 am	12:01 am	GENERAL AGGREGATE \$ 3,	000,000.00	
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	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 \$		
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Ce	ription of operations / Locations / vehicle rtificate Holder is named as additional	il Ins	ured	as respects to the addition	nal insi	ired endorse	ment added 1	to the policy.	,	
C	overed activities: adult soccer league.									
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	wnship of Bedminster Admin & Exec Off	ices			THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CANCELI REOF, NOTICE WILL BE DE		
	0 Hillside Avenue							Y PROVISIONS.		
Ве	edminster, NJ 07921				AUTHOR	NIZEN DEDDESE	ITATIVE A.	P 21-AA	-	
					AUTHUN	WED KELKESE!	``^'''Uli	Day of normy Mally		
					AUTHORIZED REPRESENTATIVE LIDA TONNO FOLL					



DATE (MM/DD/YYYY) 3/15/2017

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PRODUCER				CONTACT Bene-Marc, Inc							
Bene-Marc, Inc.				PHONE (A/C, No, Ext): (817) 738-6899 FAX (A/C, No): (817) 738-1811							
6301 Southwest Blvd, Suite 101				ADDRESS: contact@bene-marc.com							
Fort Worth, TX 76132							DING COVERAGE		NAIC#		
				INSURER A: Tudor Insurance Company							
INSURED				INSURER B:							
Tri County Adult Soccer League				INSURER C:							
P.O. Box 6611				INSURER D:							
Bridgewater, NJ 08807				INSURER E :							
COVERAGES CER	TIEIC	ATE	NUMBER: Cert #: 1704	INSURE			REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES			· · · · · · · · · · · · · · · · · · ·					HE POL	ICY PERIOD		
INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	QUIF	REMEI AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN'	Y CONTRACT THE POLICIES	OR OTHER DESCRIBED	DOCUMENT WITH RESPE	CT TO	WHICH THIS		
INSR LTR TYPE OF INSURANCE	ADDL	SUBR		DELIVI		POLICY EXP (MM/DD/YYYY)	LIMIT	s			
GENERAL LIABILITY	INSR	WVD	FOLICT NUMBER				EACH OCCURRENCE		000,000.00		
A X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	_	100,000.00		
CLAIMS-MADE X OCCUR	X		CPG1005795				MED EXP (Any one person)	\$	5,000.00		
X EXCLUDES Participant			CI G1005775		4/ 1/2017	4/ 1/2018	PERSONAL & ADV INJURY	·	000,000.00		
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	<u> </u>						Med Exp	for Sp	ectators Only		
AUTOMOBILE LIABILITY							(Ea accident)	\$			
ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per person)	\$			
AUTOS AUTOS NON-OWNED						1	PROPERTY DAMAGE	\$			
HIRED AUTOS AUTOS						-	(Per accident)	\$			
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$ \$			
DED RETENTION \$							NOONEONIE	\$			
WORKERS COMPENSATION							WC STATU- OTH- TORY LIMITS ER				
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					ŀ	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	\$			
					12:01 am	12:01 am					
DESCRIPTION OF OPERATIONS (1 COATIONS (VEHIC	F0 /4	44	100DD 404 A 44WI D	0-1							
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC Certificate Holder is named as additional	l Insi	ured a	as respects to the addition	schedule, hal insu	red endorser	nent added t	o the policy.		•		
Covered activities: adult soccer league.											
CERTIFICATE HOLDER Cert #: 1704-32.	389-2	18748	3-0	CANC	ELLATION						
Township of Branchburg							ESCRIBED POLICIES BE CA REOF, NOTICE WILL E				
1077 US Hwy 202 North							Y PROVISIONS.				
Branchburg, NJ 08876				ALLENGE	UZED DESSECT	- A	Ф 21	11	.		
				AUTHOR	KED KEPKESEN	'' ^{'''} '''''	sa Lynn Ha	W			



3/15/2017

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		ndorsement. A stat	tement on thi	s certificate does not co	onter r	gnts to the			
PRODUCER	1.7.	CONTACT Bene	e-Marc, Inc						
Bene-Marc, Inc.		PHONE (A/C, No, Ext): (817) 738-6899 FAX (A/C, No): (817) 738-1811							
6301 Southwest Blvd, Suite 101		E-MAIL conta	act@bene-ma						
Fort Worth, TX 76132		INSURER(S) AFFORDING COVERAGE NAI							
MOURE		INSURER A: Tudor Insurance Company							
INSURED		INSURER B:							
Tri County Adult Soccer League		INSURER C:							
P.O. Box 6611		INSURER D :							
Bridgewater, NJ 08807		INSURER F:							
COVERAGES CERTIFICA	ATE NUMBER: Cert #: 1704-		ı	REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF INSINDICATED. NOTWITHSTANDING ANY REQUIRE CERTIFICATE MAY BE ISSUED OR MAY PERTAIL EXCLUSIONS AND CONDITIONS OF SUCH POLICIES INSINDICE (ADDLIST INSINDICATE).	MENT, TERM OR CONDITION IN, THE INSURANCE AFFORDE ES. LIMITS SHOWN MAY HAVE	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	OR OTHER D S DESCRIBED PAID CLAIMS.	OCUMENT WITH RESPEC	CT TO \	WHICH THIS			
LTR TYPE OF INSURANCE INSR W	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	1 (000 000 00			
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A X COMMERCIAL GENERAL LIABILITY				PREMISES (Ea occurrence)	Ψ	5,000.00			
CLAIMS-MADE X OCCUR X	CPG1005795	4/1/2015	4/1/2010	MED EXP (Any one person)	\$ s 1,0	000,000.00			
X EXCLUDES Participant Legal Liability		4/ 1/2017		PERSONAL & ADV INJURY GENERAL AGGREGATE	Ψ ,	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		ectators Only			
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$				
ANY AUTO				BODILY INJURY (Per person)	\$				
ALL OWNED SCHEDULED AUTOS AUTOS AUTOS				BODILY INJURY (Per accident)	\$				
HIRED AUTOS NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$				
UMBRELLA LIAB OCCUR					\$				
- CCOR				EACH OCCURRENCE	\$				
DED RETENTION \$				AGGREGATE	\$				
WORKERS COMPENSATION				WC STATU- OTH- TORY LIMITS ER	Ψ				
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE				E.L. EACH ACCIDENT	\$				
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			ľ	E.L. DISEASE - EA EMPLOYEE	\$				
If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT	\$				
		12:01 am	12:01 am						
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Atta Certificate Holder is named as additional Insur-	ach ACORD 101, Additional Remarks S red as respects to the addition	ichedule, if more space is nal insured endorsei	required) ment added to	o the policy.					
Covered activities: adult soccer league.	•			. ,					
CERTIFICATE HOLDER Cert #: 1704-32389-218	5/49-0	CANCELLATION							
Township of East Anwell 1070 Route 202/31 Ringoes, NJ 08551		THE EXPIRATION ACCORDANCE WIT	DATE THE	SCRIBED POLICIES BE CAREOF, NOTICE WILL EYPROVISIONS.					
	Ī	AUTHORIZED REPRESEN	VTATIVE 1	Un	Ш				



DATE (MM/DD/YYYY) 3/15/2017

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to

the terms and conditions of the policy certificate holder in lieu of such endor				ndorse	ment. A stat	tement on th	is certificate de	oes not co	onfer r	ights to the	
PRODUCER		(-/		CONTA NAME:	ст Веп	e-Marc, Inc					
Bene-Marc, Inc.				PHONE (A/C, No	. Ext): (817	7) 738-6899		FAX (A/C, No):	(817)	738-1811	
6301 Southwest Blvd, Suite 101				É-MAIL ADDRE	ss: cont	tact@bene-m	arc.com				
Fort Worth, TX 76132				INSURER(S) AFFORDING COVERAGE							
INSURED				INSURER A: Tudor Insurance Company							
Tri County Adult Soccer League				INSURE							
, ,				INSURE							
P.O. Box 6611				INSURE							
Bridgewater, NJ 08807				INSURE							
COVERAGES CEF	RTIFI	CATE	ENUMBER: Cert #: 1704	•			REVISION NU	MBER:			
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUII PERT POLI	REME TAIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBED PAID CLAIMS.	OCUMENT WIT	H RESPEC	O ALL	WHICH THIS	
INSR LTR TYPE OF INSURANCE GENERAL LIABILITY	INSR	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT		,000,000.00	
		1					DAMAGE TO RENT	ED		100,000.00	
A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR		,	anatos ses				PREMISES (Ea occ MED EXP (Any one		\$	5,000.00	
X EXCLUDES Participant	X		CPG1005795		4/ 1/2017	4/1/2019	PERSONAL & ADV	• • •		,000,000.00	
Legal Liability					12:01 am		GENERAL AGGRE		\$ 3,	,000,000.00	
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ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (P		\$		
AUTOS AUTOS							BODILY INJURY (P	-	\$		
HIRED AUTOS AUTOS							(Per accident)		\$		
UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$		
EXCESS LIAB CLAIMS-MADE							AGGREGATE	OL	\$		
DED RETENTION \$	1								\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATU- TORY LIMITS	OTH- ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE		\$		
(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$		
DESCRIPTION OF OPERATIONS below		ļ					E.L. DISEASE - PO	LICY LIMIT	\$		
					12:01 am	12:01 am				•	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL Certificate Holder is named as addition	al In	Attach A	ACORD 101, Additional Remarks: as respects to the additio	Schedule nal ins	, if more space is ured endorse	required) ment added	to the policy.				
Covered activities: adult soccer league			•								
CERTIFICATE HOLDER Cert #: 1704-32	2389-	21875	50-0	CANC	ELLATION						
Township of Long Hill Town Hill				SHO	ULD ANY OF T	THE ABOVE OF	SCRIBED POLIC	CIES BE CA	NCFI	ED BEFORE	
Township of Long Hill Town Hill				THE	EXPIRATION	DATE THE	REOF, NOTICE				
915 Valley Road Gillette, NJ 07922				ACC	ORDANCE WI	_	Y PROVISIONS.	_			
Omette, 143 07722				AUTHOR	RIZED REPRESE	NTATIVE :	 	Hn	00.		



DATE (MM/DD/YYYY) 3/15/2017

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to

the terms and conditions of the policy, certain policies may require an experiment of such endorsement (s).	endorsement. A statement on this certificate does not confer rights to the							
PRODUCER	CONTACT Bene-Marc, Inc							
Bene-Marc, Inc.	PHONE (A/C, No, Ext): (817) 738-6899 (A/C, No): (817) 738-1811							
6301 Southwest Blvd, Suite 101	E-MAIL ADDRESS: contact@bene-marc.com							
Fort Worth, TX 76132	INSURER(S) AFFORDING COVERAGE NAIC #							
	INSURER A: Tudor Insurance Company							
INSURED	INSURER B:							
Tri County Adult Soccer League	INSURER C:							
P.O. Box 6611	INSURER D:							
Bridgewater, NJ 08807	INSURER E : INSURER F :							
COVERAGES CERTIFICATE NUMBER: Cert #: 170								
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVI	AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD I OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS DED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, E BEEN REDUCED BY PAID CLAIMS.							
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GENERAL LIABILITY	EACH OCCURRENCE							
A X COMMERCIAL GENERAL LIABILITY	PREMISES (Ea occurrence) \$ 100,000.00							
CPG1005795	1 000 000 00							
X EXCLUDES Participant Legal Liability	4/ 1/2017 4/ 1/2018 FENSONAL WAS INVESTIGATE \$ 3.000.000.00							
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ANY AUTO	BODILY INJURY (Per person) \$							
ALL OWNED SCHEDULED AUTOS AUTOS AUTOS AUTOS	BODILY INJURY (Per accident) \$							
HIRED AUTOS NON-OWNED AUTOS	PROPERTY DAMAGE (Per accident) \$							
UMBRELLA LIAB COCCUR	\$							
L -varas	EACH OCCURRENCE \$							
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? N/ A (Mandatory in NH)	E.L. DISEASE - EA EMPLOYEE \$							
If yes, describe under DESCRIPTION OF OPERATIONS below	E.L. DISEASE - POLICY LIMIT \$							
	12:01 am 12:01 am							
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Certificate Holder is named as additional Insured as respects to the additional Insured as respec	Schedule, if more space is required)							
Covered activities: adult soccer league.	mai insured endorsement added to the poncy.							
CERTIFICATE HOLDER	CANCELLATION							
	CHOILD ANY OF THE ABOVE PROCEINED DOLLOIS DE CANCELLES DESCRI							
Township of Montgomery	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN							
2261 Van Horne Road	ACCORDANCE WITH THE POLICY PROVISIONS.							
Belle Mead, NJ 08502	AUTHORIZED REPRESENTATIVE 1:							
Attn: Mill Pon Park and Soccer Fields	AUTHORIZED REFRESENTATIVE 1 CATA III.							



DATE (MM/DD/YYYY) 3/15/2017

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SERI-MITE, Inc. 6301 Southwest Blvd, Suite 101 For Worth, TX 76132 THO County Adult Soccer League P,O. Box 6611 Pridgewater, NJ 08807 COVERAGES CERTIFICATE NUMBER: Cert #F 100432389-21873-0 THIS IS TO GERTIFY THAT THE POLICES OF INSURANCE LISTED BECOWNAVE BEEN ISSUED TO THE INSURED	_ c	ertificate holder in lieu of such endor		•									
6301 Southwest Blvd, Suite 101 FAMELER CONTACT, TX 76132 NOUNTER, TX 76132 NOUNTER, TX 76132 NOUNTER, TY 76132 NOUNTER, TY 76132 COVERAGES CERTIFICATE NUMBER: Cott #: 1704-32389-21873-2 THIS ST O CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD NOUNTER/CRO FOR THE RESPECT TO WHICH THIS CERTIFICATE NAME BE ISSUED ON MAY FERDUREMENT. TERM OR CONDITION OF ANY FOR THE POLICY PERIOD BY THE POLICY PERIOD BY THE POLICY PERIOD BY THE POLICY BY POLICY PERIOD BY THE POLICY PERIOD BY THE POLICY BY POLICY PERIOD BY THE POLICY BY POLICY PERIOD BY THE POLICY BY POLICY PERIOD BY THE POLICY BY POLICY PERIOD BY THE POLICY BY POLICY PERIOD BY THE POLICY BY POL	PRO	DUCER					ct Bene	-Marc, Inc					
SOUR Southwest BIND, Suite 101 For Worth, TX 76132 ***RSURER A: Tutlor Insurance Company** ***RSURER A: Tutlor Insurance Company** ***RSURER A: Tutlor Insurance Company** ***RSURER B:		Bene-Marc, Inc.				PHONE (A/C, No, Ext): (817) 738-6899 FAX (A/C, No): (817) 738-1811						/38-1811	
RSURERS A: TOIGO INJURIED COMPANY NOUNE		6301 Southwest Blvd, Suite 101				I E-MAIL	conte	act@bene-m	arc.com				
INSURED INS	1	·				INSURER(S) AFFORDING COVERAGE NAIC #						NAIC#	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE SUBJECT TO WHICH THE TERMS, EXCLUSIONS AND CONDITION OF A WAY. DESCRIPTION OF OPERATIONS AND CONDITION. DESCRIPTION OF OPERAT						INSURER A: Tudor Insurance Company							
P.O. Box 6611 Bridgewater, NJ 08807 COVERAGES CERTIFICATE NUMBER: Carl # 1704-32389-218752-0 THIS IS TO CERTIFY THAT THE POLICIES OF INSUFANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSUFED NAMED ABOVE FOR THE POLICY PERIOD MOICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT ON OTHER DOCUMENT WITH REPORT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERIOD OR MAY PERIAD. THE TERM OR CONDITION OF ANY CONTRACT ON OTHER DOCUMENT WITH REPORT TO WHICH THIS CERTIFICATE MAY BE ISSUED TO THE INSUFED NAMED ABOVE FOR THE POLICY PERIOD MOICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH REPORT TO WHICH THIS CERTIFICATE MAY BEEN REPORT TO WHICH THIS CERTIFICATE MAY BEEN INSURED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD CONTRACT OR OTHER DOCUMENT WITH REPORT TO WHICH THIS CERTIFICATE MAY CONTRACT OR OTHER DOCUMENT WITH THE POLICY PERIOD OR OTHER DOCUMENT WITH THE POLICY PERIOD OR OTHER DOCUMENT WITH THE POLICY PERIOD OR OTHER DOCUMENT WITH THE POLICY PERIOD OR OTHER DOCUMENT WITH THE POLICY PERIOD OR OTHER DOCUMENT WITH THE POLICY PERIOD OR OTHER DOCUMENT WITH THE POLICY PROVISIONS. POLICY FOR THE POLICY PERIOD OR OTHER DOCUMENT WITH THE POLICY PROVISIONS. AND EXPLORMED AND THE POLICY PERIOD OR OTHER DOCUMENT WITH THE POLICY PROVISIONS. AND EXPLORMED AND THE POLICY PROVISIONS. AND EXPLORMED AND THE POLICY PROVISIONS. AND EXPLORMED AND THE POLICY PROVISIONS. AND EXPLORMED AND THE POLICY PROVISIONS. AND EXPLORMED AND THE POLICY PROVISIONS. AND EXPLORMED AND THE POLICY PROVISIONS. AND EXPLORMED AND THE POLICY PROVISIONS. AND EXPLORMED AND THE POLICY PROVISIONS. AND EXPLORMED AND THE POLICY PROVISIONS. AND EXPLORMED AND THE POLICY PROVISIONS. BROWN THE POLICY PROVISIONS. BROWN THE POLICY PROVISIONS. BROWN THE POLICY PROVISIONS. BROWN THE POLICY PROVISIONS. BROWN THE POLICY PROVISIONS. BROWN THE POLICY PROVISIONS. BROWN THE POLICY PROVISIONS. BROWN THE POLICY PROVISIONS. BROWN THE POLICY PROVISIONS. BROWN THE POLICY PROVISION	INSU	RED											
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Bridgewater, NJ 08807 COVERACES CERTIFICIATE NUMBER: Certif-1704-32389-218752-0 THIS IS TO CERTIFY THAT THE POLICIES OF INSUPANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSUPED NAMED ABOVE FOR THE POLICY PERIOD NIDIOATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERIAD. THE NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERIAD. THE NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES SECRIBLED HEREIN IS SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS. AND COMMERCIAL LIBERTY A COMMERCIAL LIBERTY THE OF INSURANCE LIBERTY AND CONTRACT OR THE POLICY NAMED REPORT OF THE DOCUMENT OF THE NAMED AND CONTRACT OR THE POLICY NAMED REPORT OR THE POLICY PROVIDED REPORT OF THE POLICY PROVIDED REPORT OF THE POLICY PROVIDED REPORT OF THE POLICY PROVIDED REPORT OF THE POLICY PROVIDED REPORT OF THE POLICY PROVIDED REPORT OF THE POLICY PROVIDED REPORT OF THE POLICY PROVIDED REPORT OF THE POLICY PROVIDED REPORT OF THE POLICY PROVIDED REPORT OF THE POLICY PROVIDED REPORT OF THE POLICY PROVISIONS. AND COMMERCE COMPERCIAL TO THE POLICY PROVISIONS. AND COMMERCE COMPERCIAL TO THE POLICY PROVISIONS. AND COMMERCE COMPERCIAL TO THE POLICY PROVISIONS. AND COMPERCIAL TO THE POLICY PROVISIONS. BOOLITY AND COMPERCIAL TO THE POLICY PROVISIONS. BOOLITY AND COMPERCIAL TO THE POLICY PROVISIONS. BOOLITY AND COMPERCIAL TO THE POLICY PROVISIONS. BOOLITY AND COMPERCIAL TO THE POLICY PROVISIONS. BOOLITY AND COMPERCIAL TO THE POLICY PROVISIONS. BOOLITY AND COMPERCIAL TO THE POLICY PROVISIONS. BOOLITY AND COMPERCIAL TO THE POLICY PROVISIONS. BOOLITY AND COMPERCIAL TO THE POLICY PROVISIONS. BOOLITY AND COMPERCIAL TO THE POLICY PROVISIONS. BOOLI	P.	O. Box 6611			INSURE	RD:							
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3/15/2017

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					CONTA NAME:	DÇII	e-Marc, Inc					
Bene-	-Marc, Inc.				PHONE (A/C, No, Ext): (817) 738-6899 FAX (A/C, No): (817) 738-1811						738-1811	
6301	Southwest Blvd, Suite 101				E-MAIL ADDRESS: contact@bene-marc.com							
Fort V	Worth, TX 76132				-	NAIC#						
MOUDED					INSURER A: Tudor Insurance Company							
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Tri Count	ty Adult Soccer League			INSURE	ERC:							
P.O. Box	k 6611				INSURE							
Bridgew	ater, NJ 08807				INSURE							
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3/15/2017

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C	ertificate holder in lieu of such endor				nuorse	illelli. A Stat	tement on th	is certificate does not com	161 11	gnis to the		
PRO	DUCER				CONTACT Bene-Marc, Inc							
	Bene-Marc, Inc.				PHONE (A/C, No, Ext): (817) 738-6899 FAX (A/C, No): (817) 738-1811							
	6301 Southwest Blvd, Suite 101				E-MAIL contact@bene-marc.com							
	Fort Worth, TX 76132				INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Tudor Insurance Company							
INSU	RED				INSURER B:							
Tr	County Adult Soccer League				INSURER C:							
P.	O. Box 6611				INSURE	RD:			_			
Bı	idgewater, NJ 08807				INSURE		····					
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					AUTHOR	RIZED REPRESEN	ITATIVE /	Ni Lama Hall	١,			



DATE (MM/DD/YYYY) 3/15/2017

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.

C	ertificate holder in lieu of such endor				nuorse	ineni. A Sia	tement on th	is certificate does not co	merr	ights to the		
PRO	DUCER				CONTA NAME:	CT Ben	e-Marc, Inc					
	Bene-Marc, Inc.				PHONE (AIC, No, Ext): (817) 738-6899 FAX (AIC, No): (817) 738-1811							
	6301 Southwest Blvd, Suite 101				E-MAIL ADDRE	ss: cont	act@bene-m					
	Fort Worth, TX 76132					NAIC#						
INSU	RED	-			INSURER A: Tudor Insurance Company							
ı	i County Adult Soccer League				INSURER B: INSURER C:							
					INSURE							
	O. Box 6611				INSURE		·					
Bı	idgewater, NJ 08807				INSURE							
CO	VERAGES CER	TIFI	CATE	NUMBER: Cert #: 1704				REVISION NUMBER:				
IN C	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	OCUMENT WITH RESPECT	T TO	WHICH THIS								
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
	GENERAL LIABILITY	, nasia		, one indirect		1.1111 POLITICAL	1-1111/20/11 [1]	EACH OCCURRENCE \$	1,	000,000.00		
$ _{\mathbf{A}}$	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)		100,000.00		
••	CLAIMS-MADE X OCCUR	X		CPG1005795				MED EXP (Any one person) \$	5	5,000.00		
	X EXCLUDES Participant			01 01005775		4/ 1/2017	4/ 1/2018	PERSONAL & ADV INJURY \$, 1,	000,000.00		
	Legal Liability					12:01 am	12:01 am	GENERAL AGGREGATE \$; 3,	00.000,000		
İ	GEN'L AGGREGATE LIMIT APPLIES PER:						12.01 a.i.	PRODUCTS - COMP/OP AGG \$		Included		
	POLICY PRO- JECT LOC								for Sp	ectators Only		
	AUTOMOBILE LIABILITY	ļ						COMBINED SINGLE LIMIT (Ea accident) \$				
	ANY AUTO ALL OWNED SCHEDULED	ŀ						BODILY INJURY (Per person) \$				
	AUTOS AUTOS NON-OWNED							BODILY INJURY (Per accident) \$ PROPERTY DAMAGE				
	HIRED AUTOS AUTOS							(Per accident)				
_	UMBRELLA LIAB OCCUR	-						\$				
	- CCOR						}	EACH OCCURRENCE \$				
	CLAINIS-WADE	1					-	AGGREGATE \$				
	WORKERS COMPENSATION	 						WC STATU- OTH- TORY LIMITS ER	<u> </u>			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N							E.L. EACH ACCIDENT \$				
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					ļ	E.L. DISEASE - EA EMPLOYEE \$				
	If yes, describe under DESCRIPTION OF OPERATIONS below						-	E.L. DISEASE - POLICY LIMIT \$				
						12:01 am	12:01 am					
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC ertificate Holder is named as additional	LES (A	Attach /	ACORD 101, Additional Remarks :	Schedule, nal insi	if more space is	required) ment added t	o the policy.				
	overed activities: adult soccer league.			and the provide to the that the				o une ponej.				
	svoica activities, adult soccei league.											
CEE	RTIFICATE HOLDER Cert #: 1704-32	389-2	1875	5-0	CANO	TI LATION			·			
OLI	THIORIE HOLDER				CANC	ELLATION						
W	ashington Township				SHOU	JLD ANY OF T	HE ABOVE DE	SCRIBED POLICIES BE CAN	NCELL	ED BEFORE		
	0 Rt. 57 West							REOF, NOTICE WILL BE Y PROVISIONS.	DEL	.IVERED IN		
W	ashington, NJ 07882				4000	CHUMINOE WIL	IIIL FOLIO	T ROVISIONS.				
				ľ	AUTHOR	IZED REPRESEN	ITATIVE 1	J. Hall	II.			
								oa Lrynn Hal	U			
								/)				



3/15/2017

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				naorse	ment. A Stat	tement on th	us certificate does not confi	er rights to the			
PRO	DUCER				CONTA NAME:	CT Bene	e-Marc, Inc					
	Bene-Marc, Inc.				PHONE (A/C, No, Ext): (817) 738-6899 FAX (A/C, No): (817) 738-1811							
	6301 Southwest Blvd, Suite 101				E-MAIL ADDRE	aonte	act@bene-m	arc.com				
	Fort Worth, TX 76132				INSURER(S) AFFORDING COVERAGE INSURER A : Tudor Insurance Company							
INSU	RED				INSURER B:							
Tri	County Adult Soccer League				INSURER C:							
P.0	D. Box 6611				INSURER D:							
	idgewater, NJ 08807				INSURE	RE:						
	· · · · · · · · · · · · · · · · · · ·	~	~	- NI ISAN MIN CONT. 1704	INSURE							
	VERAGES CERTIFY THAT THE POLICIES			NUMBER: Cert #: 1704				REVISION NUMBER:	DOLLOV BEBIOD			
IN	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY	EQUIF PERT	reme Tain.	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN'	Y CONTRACT THE POLICIES	OR OTHER I S DESCRIBEI	DOCUMENT WITH RESPECT TO A	TO WHICH THIS			
E)	CLUSIONS AND CONDITIONS OF SUCH	POLI	CIES ISUBR	LIMITS SHOWN MAY HAVE	BEEN F	REDUCED BY I	PAID CLAIMS					
INSR LTR	TYPE OF INSURANCE GENERAL LIABILITY	INSR	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	1,000,000.00			
١,	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$ DAMAGE TO RENTED	100,000.00			
A	CLAIMS-MADE X OCCUR	X	1	CDC1005705				PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$	5,000.00			
	X EXCLUDES Participant	/ A		CPG1005795		4/ 1/2017	4/ 1/2018	PERSONAL & ADV INJURY \$	1,000,000.00			
	Legal Liability					12:01 am	12:01 am	GENERAL AGGREGATE \$	3,000,000.00			
	GEN'L AGGREGATE LIMIT APPLIES PER:					12.01 4	12.01 am	PRODUCTS - COMP/OP AGG \$	Included			
<u> </u>	POLICY PRO- JECT LOC								Spectators Only			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$				
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$				
	AUTOS AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE &				
	HIRED AUTOS AUTOS					,		(Per accident) \$				
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$				
	EXCESS LIAB CLAIMS-MADE	ļ						AGGREGATE \$				
	DED RETENTION \$ WORKERS COMPENSATION							\$				
	AND EMPLOYERS' LIABILITY Y/N							WC STATU- OTH- TORY LIMITS ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT \$				
	If yes, describe under DESCRIPTION OF OPERATIONS below				İ			E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$				
_	DECOMM MON OF ENVIRONMENTAL							L.L. DIOLAGE - POLICY LIMIT 4				
		:				12:01 am	12:01 am					
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICI rtificate Holder is named as additiona	ĻĘŞ (/	Attach	ACORD 101, Additional Remarks \$	Schedule,	, if more space is	required) , ,					
		u ins	urea	as respects to the addition	iai insu	rea endorsen	nent added t	o the policy.				
Co	overed activities: adult soccer league.											
									ŕ			
CEF	RTIFICATE HOLDER Cert #: 1704-32:	389-2	18756	5-0	CANCELLATION							
					JAITO	LLLA HON			-			
Fa	Hills Country Day School							SCRIBED POLICIES BE CANC				
69	7 Route 202							REOF, NOTICE WILL BE Y PROVISIONS.	DELIVERED IN			
Fa	Hills, NJ 07931					<u> </u>	<u> </u>	Q 91 AA				
					AUTHOR	(IZED REPRESEN	ITATIVE /	Say Lormy Hall				



3/15/2017

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.

	cate holder in lieu of such endor				liuoise	illelit. A Sta	tement on th	is certificate does not c	Ollier i	ights to the		
PRODUCE	R		·		CONTACT Bene-Marc, Inc							
В	ene-Marc, Inc.				PHONE (A/C, No, Ext): (817) 738-6899 FAX (A/C, No): (817) 738-1811							
63	01 Southwest Blvd, Suite 101				ADDRESS: CONTACTION DETICATION CONT							
Fo	ort Worth, TX 76132				INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Tudor Insurance Company							
INSURED												
Tri Co	ounty Adult Soccer League				INSURER B: INSURER C:							
	•				INSURE							
	30x 6611				INSURE	RE:						
	ewater, NJ 08807				INSURE	RF:						
COVER				NUMBER: Cert #: 1704				REVISION NUMBER:	IE DOI	IOV PERIOR		
INDICA CERTI	S TO CERTIFY THAT THE POLICIES NTED. NOTWITHSTANDING ANY RE FICATE MAY BE ISSUED OR MAY ISIONS AND CONDITIONS OF SUCH	EQUIF PERT	REMEI AIN	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER DESCRIBED	DOCUMENT WITH RESPE	CT TO	WHICH THIS		
INSR LTR	TYPE OF INSURANCE		SUBR		JEE!!!	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
	IERAL LIABILITY	IIVOR	VVVD	T OCIOT NOMBER		(IIIII)	THE PARTY OF THE P	EACH OCCURRENCE	\$ 1	,000,000.00		
AX	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00		
11	CLAIMS-MADE X OCCUR	X		CPG1005795				MED EXP (Any one person)	\$	5,000.00		
\mathbf{x}	EXCLUDES Participant			0101000750		4/ 1/2017	4/ 1/2018	PERSONAL & ADV INJURY		,000,000.00		
	Legal Liability					12:01 an	12:01 an	GENERAL AGGREGATE		,000,000.00		
GEN	POLICY PRO- POLICY JECT LOC							PRODUCTS - COMP/OP AGG	\$	Included pectators Only		
AUT	POLICY JECT LOC OMOBILE LIABILITY	<u> </u>						COMBINED SINGLE LIMIT	\$	pectators Omy		
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$			
	ALL OWNED SCHEDULED							BODILY INJURY (Per accident)	\$			
	AUTOS AUTOS NON-OWNED AUTOS AUTOS							PROPERTY DAMAGE (Per accident)	\$			
									\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
woi	DED RETENTION \$ RKERS COMPENSATION							WC STATU- OTH- TORY LIMITS ER	\$			
	PROPRIETOR/PARTNER/EXECUTIVE							TORY LIMITS ER	\$			
OFF	ICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE				
If ye	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
						12:01.0	40:04 am					
DESCRIPT	ION OF OPERATIONS II OCATIONS INCHES	E6 //		A CORD 404 Additional Remarks	0-1	12:01 am	1-11					
Certif	ion of operations / Locations / vehiclicate Holder is named as addition:	al Ins	sured	as respects to the addition	nal ins	ured endorse	ment added	to the policy.				
Cove	ed activities: adult soccer league.											
	CATE UOLDED Cert #: 1704-32	380	71275	7-0								
CERTIF	ICATE HOLDER Cert #: 1704-32		21012		CANC	ELLATION						
New P	rovidence Soccer Club				SHO	ULD ANY OF 1	THE ABOVE DE	ESCRIBED POLICIES BE CA	ANCELI	LED BEFORE		
	narnwood Road							REOF, NOTICE WILL E Y PROVISIONS.	BE DE	LIVERED IN		
	rovidence, NJ 07974						Δ A	.0 0.1	Δ.α	_		
					AUTHOR	RIZED REPRESE	NTATIVE /	sa Lynn Ma	W.			
							VIM	DW CHINING TIM	<i>.</i>			