

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/04/2025

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.

	erms and conditions of the pe ficate holder in lieu of such e						tement on th	is certificate does not confer i	rights to the	
PRODUCER License # OE67789						CONTACT NAME:				
	BENE-MARC ATHLET	URAN	CE AGENCY	PHONE (A/C, No, Ext): (800)247-1734 FAX (A/C, No): (817) 738-1811						
6301 Southwest Blvd, Suite 101						ADDRESS: SpecialEvents@Bene-iviale.com				
Fort Worth, Texas 76132						INSURER(S) AFFORDING COVERAGE INSURER A: HDI Global Specialty SE				
INSURED						INSURER B: AXIS Insurance Company				
Tenant Users of Bene-Marc Special Event Insurance Program						INSURER C: HDI Global Specialty SE				
Bene-Marc Special Event Insurance Services, LLC						INSURER D:				
Tri County Adult Soccer League - Randall Dahme						INSURER E :				
					INSURER F : 55690 256001 PENICION NUMBER:					
	IS TO CERTIFY THAT THE POL			ENUMBER: Cert# 9071-				REVISION NUMBER:  ED NAMED ABOVE FOR THE POI	ICY PERIOD	
INDIC CER	CATED. NOTWITHSTANDING AN	NY REQI MAY PE	JIREME RTAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER I	DOCUMENT WITH RESPECT TO D HEREIN IS SUBJECT TO ALL	WHICH THIS	
NSR LTR	TYPE OF INSURANCE		DL SUBI SR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	ENERAL LIABILITY			18LB7180		01/01/2025	01/01/2026	EACH OCCURRENCE \$ DAMAGE TO RENTED	1,000,000.00	
A X								PREMISES (Ea occurrence) \$	300,000.00	
X	CLAIMS-MADE X OCCUR	:1:4 3	7					MED EXP (Any one person) \$	5,000.00	
A	Excludes Participant Legal Liab for Athletic or Sports Participan		ζ	Sexual Abuse/Molestation (	Coverag	e included		PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$	1,000,000.00 5,000,000.00	
GI	EN'L AGGREGATE LIMIT APPLIES PER:	113		with a limit of \$50,000 per	Occurre	nce/\$100,000 A	Aggregate.	PRODUCTS - COMP/OP AGG \$	2,000,000.00	
	POLICY PRO- JECT LOC							\$	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Al	UTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$		
	ANY AUTO ALL OWNED SCHEDULE							BODILY INJURY (Per person) \$		
	AUTOS AUTOS NON-OWNE							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	V/N						WC STATU- TORY LIMITS ER		
OF	NY PROPRIETOR/PARTNER/EXECUTIVE FFICER/MEMBER EXCLUDED?	Y/N N	/ A					E.L. EACH ACCIDENT \$		
Ìf	landatory in NH) yes, describe under							E.L. DISEASE - EA EMPLOYEE \$		
	ÉSCRIPTION OF OPERATIONS below			18LB7180		01/01/2025	01/01/2026	E.L. DISEASE - POLICY LIMIT   \$   \$1,000,000.00 limit/ \$1,000.00	) daduatible	
A	hird Party Property Damage			18LB/180		01/01/2023	01/01/2020	\$1,000,000.00 1111110 \$1,000.00	deductible	
DESCRI	PTION OF OPERATIONS / LOCATIONS /	VEHICLES	(Attack	ACORD 101 Additional Remarks	Schedule	if more snace is	required)			
	gh of New Providence including		•					eers are added to this policy as		
_	nal insured, as their interests m			a former trustees, officers,	unceio	is, employee	s, and volum	eers are added to this policy as		
	Tri County Adult Soccer Leagu			ahme to be held 03/15/2025	5 - 12/3	1/2025 at Bo	rough of Nev	w Providence.		
<b>CERTIFICATE HOLDER</b> Cert# 9071-55680-256091						CANCELLATION				
BOROUGH OF NEW PROVIDENCE										
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
60 ELKWOOD AVENUE					AUTHORIZED REPRESENTATIVE					

alisa Lynn Hall

NJ

09774

PROVIDENCE

Alisa Lynn Hall