



# 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.

**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).

| <b>PRODUCER</b> License # OE67789<br><b>BENE-MARC ATHLETIC INSURANCE AGENCY</b><br>6301 Southwest Blvd, Suite 101<br>Fort Worth, Texas 76132                                     | <b>CONTACT NAME:</b><br><b>PHONE (A/C, No, Ext):</b> (800)247-1734<br><b>FAX (A/C, No):</b> (817) 738-1811<br><b>E-MAIL ADDRESS:</b> SpecialEvents@Bene-Marc.com   |                               |        |   |  |  |  |   |  |                   |  |                   |  |                   |  |
|--|--|-------------------------------|--------|---|--|--|--|---|--|-------------------|--|-------------------|--|-------------------|--|
| <b>INSURED</b><br>Tenant Users of Bene-Marc Special Event Insurance Program<br>Bene-Marc Special Event Insurance Services, LLC<br>Tri County Adult Soccer League - Randall Dahme | <table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td><b>INSURER A:</b> HDI Global Specialty SE</td><td></td></tr><tr><td><b>INSURER B:</b> AXIS Insurance Company</td><td></td></tr><tr><td><b>INSURER C:</b> HDI Global Specialty SE</td><td></td></tr><tr><td><b>INSURER D:</b></td><td></td></tr><tr><td><b>INSURER E:</b></td><td></td></tr><tr><td><b>INSURER F:</b></td><td></td></tr></table> | INSURER(S) AFFORDING COVERAGE | NAIC # | <b>INSURER A:</b> HDI Global Specialty SE |  | <b>INSURER B:</b> AXIS Insurance Company |  | <b>INSURER C:</b> HDI Global Specialty SE |  | <b>INSURER D:</b> |  | <b>INSURER E:</b> |  | <b>INSURER F:</b> |  |
| INSURER(S) AFFORDING COVERAGE  | NAIC #   |                               |        |   |  |  |  |   |  |                   |  |                   |  |                   |  |
| <b>INSURER A:</b> HDI Global Specialty SE  |  |                               |        |   |  |  |  |   |  |                   |  |                   |  |                   |  |
| <b>INSURER B:</b> AXIS Insurance Company   |  |                               |        |   |  |  |  |   |  |                   |  |                   |  |                   |  |
| <b>INSURER C:</b> HDI Global Specialty SE  |  |                               |        |   |  |  |  |   |  |                   |  |                   |  |                   |  |
| <b>INSURER D:</b>  |  |                               |        |   |  |  |  |   |  |                   |  |                   |  |                   |  |
| <b>INSURER E:</b>  |  |                               |        |   |  |  |  |   |  |                   |  |                   |  |                   |  |
| <b>INSURER F:</b>  |  |                               |        |   |  |  |  |   |  |                   |  |                   |  |                   |  |

**COVERAGES****CERTIFICATE NUMBER:** Cert# 9071-55680-256091**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE  | ADDL INSR                    | SUBR WVD | POLICY NUMBER   | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|--|------------------------------|----------|---|-------------------------|-------------------------|--|
| A        | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> Excludes Participant Legal Liability for Athletic or Sports Participants<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |                              | X        | 18LB7180<br><br>Sexual Abuse/Molestation Coverage included with a limit of \$50,000 per Occurrence/\$100,000 Aggregate. | 01/01/2025              | 01/01/2026              | EACH OCCURRENCE \$ 1,000,000.00<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00<br>MED EXP (Any one person) \$ 5,000.00<br>PERSONAL & ADV INJURY \$ 1,000,000.00<br>GENERAL AGGREGATE \$ 5,000,000.00<br>PRODUCTS - COMP/OP AGG \$ 2,000,000.00 |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS   |                              |          |   |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$  |
|          | <b>UMBRELLA LIAB</b><br><b>EXCESS LIAB</b><br>DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>   |                              |          |   |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N <input type="checkbox"/> | N/A      |   |                         |                         | WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |
| A        | Third Party Property Damage  |                              |          | 18LB7180  | 01/01/2025              | 01/01/2026              | \$1,000,000.00 limit/ \$1,000.00 deductible  |

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

Bridgewater Township Recreation Department including its current and former trustees, officers, directors, employees, and volunteers are added to this policy as additional insured, as their interests may appear.

Event: Tri County Adult Soccer League - Randall Dahme to be held 03/15/2025 - 12/31/2025 at Bridgewater Township Recreation Department.

**CERTIFICATE HOLDER** Cert# 9071-55680-256091**CANCELLATION**

|   |   |
|---|---|
| BRIDGEWATER TOWNSHIP RECREATION DEPARTMENT<br><br>100 COMMONS WAY<br><br>BRIDGEWATER NJ 08807 | <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE<br/><br/>Alisa Lynn Hall</p> |
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