DATE (MM/DD/YYYY) 10/3/2017

DOE OF I	S CERTIFICATE IS ISSUED AS A MA ES NOT AFFIRMATIVELY OR NEGA INSURANCE DOES NOT CONSTITU CERTIFICATE HOLDER.	TIVE	LY AN	MEND, EXTEND OR ALTER	THE COVERAG	E AFFORDED B	Y THE POLICIES BELOW.	THIS CERTIFICATE		
and	ORTANT: If the certificate holder is conditions of the policy, certain po eu of such endorsement(s).	s an A olicie	NDDI1 s ma	FIONAL INSURED, the polic y require an endorsement.	ey(ies) must be e A statement on t	endorsed. If SUB this certificate d	BROGATION IS WAIVED, s loes not confer rights to th	ubject to the terms a certificate holder		
PRO	Pullen Insurance Se	rvi	res	Inc	CONTACT NAME: Sports Division					
	2560 River Park Pl				PHONE: (8)	17) 738-6100	FAX: (817) 738-2	993		
	Fort Worth, TX 76		Dui	10 500	E-MAIL ADDRESS:	contact@pul	lenins.com			
		110			PRODUCER CUSTO					
					INSURERS AF	FORDING COVE	RAGE	NAIC #		
INSU	RED Michigan State Youth	So	ccer	Association	Insurer A: Na	tional Casualty	Company	11991		
	9401 General Drive, S	Suite	- 12	0		utual of Omaha	1 P	71412		
	Plymouth, MI 48170	Juin	12	0	Insurer C:					
	Trymouth, wir 10170				Insurer D:					
					Insurer E:					
					Insurer F:					
СО	VERAGES CE	RTI	FIC	ATE NUMBER: 1700404		F	EVISION NUMBER:	0		
INDI	S IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY F TIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUC			URANCE LISTED BELOW HA	VE BEEN ISSUE	ACT OR OTHER	DOCUMENT WITH RESPE	CT TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADD'L	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
Α	GENERAL LIABILITY	X		KRO 7035200	9/1/2017	9/1/2018	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
							MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000		
							PARTICIPANT LEGAL LIABILITY	\$1,000,000		
Α				KRO 7035200	9/1/2017	9/1/2018	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
	ALL OWNED AUTOS						BODILY INJURY (Per person)			
	SCHEDULED AUTOS						BODILY INJURY (Per accident)			
							PROPERTY DAMAGE (Per accident)			
	X NON-OWNED AUTOS									
Α	UMBRELLA LIAB X OCCUR			XKO 7035300	9/1/2017	9/1/2018	EACH OCCURRENCE	\$5,000,000		
Л	X EXCESS LIAB CLAIMS-MADE			AKO 7033300	9/1/2017	9/1/2018		\$5,000,000		
		-					AGGREGATE	\$5,000,000		
	RETENTION \$									
							WC STATU- OTH-			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY									
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE			
	(Mandatory in NH) If yes, describe under									
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2017	9/1/2018	E. L. DISEASE - POLICY LIMIT	\$100,000		
Thi: is A	RIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf o .dditional Insured as respects the	f Mi	chiga	an State Youth Soccer As	sociation & Sag or sanctioned a	ginaw Townshi	p Soccer Association. C state association.	Certificate Holder		

CERTIFICATE HOLDER	CANCELLATION
Nouvel Catholic Central High School Attn: John H Urban 2555 Weinke	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Saginaw , MI 48603	AUTHORIZED REPRESENTATIVE
	© 1988-2009 ACORD CORPORATION. All rights reserved.

ACCINE LO(LOUDIO)	ACORD	25(2009/09)	
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DATE (MM/DD/YYYY) 10/3/2017

DOE OF I	S CERTIFICATE IS ISSUED AS A MA S NOT AFFIRMATIVELY OR NEGA NSURANCE DOES NOT CONSTITU CERTIFICATE HOLDER.	TIVE	LY AI	MEND, EXTEND OR ALTER	THE COVERAG	E AFFORDED B	Y THE POLICIES BELOW.	THIS CERTIFICATE
and	ORTANT: If the certificate holder is conditions of the policy, certain po eu of such endorsement(s).	s an / olicie	ADDI ⁻ s ma	FIONAL INSURED, the poli y require an endorsement.	cy(ies) must be e . A statement on	endorsed. If SUB this certificate d	BROGATION IS WAIVED, s loes not confer rights to th	subject to the terms ne certificate holder
PRO	Pullen Insurance Se	ervi	ces	Inc	CONTACT NAME:	Sports Divis	ion	
	2560 River Park Pl				PHONE: (8)	17) 738-6100	FAX: (817) 738-2	993
	Fort Worth, TX 76		541		E-MAIL ADDRESS:	contact@pul	llenins.com	
		110			PRODUCER CUSTO	DMER ID#: MI		
					INSURERS AF	FORDING COVE	ERAGE	NAIC #
INSU	RED Michigan State Youth	So	ccer	Association	Insurer A: Na	tional Casualty	Company	11991
	9401 General Drive, S	Snit	= 12	0		utual of Omaha	1 V	71412
	Plymouth, MI 48170		• 12	•	Insurer C:			
					Insurer D:			
					Insurer E:			
					Insurer F:			
CO	VERAGES CE	RTI	FIC/	ATE NUMBER: 170046	665	F	REVISION NUMBER:	0
THIS INDI CER EXC	B IS TO CERTIFY THAT THE POLICII CATED. NOTWITHSTANDING ANY F TIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUC	Requ 7 Pei 2H PC	IREM RTAIN DLICIE	URANCE LISTED BELOW H ENT, TERM OR CONDITION N, THE INSURANCE AFFOR ES. LIMITS SHOWN MAY HAV	AVE BEEN ISSUE N OF ANY CONTR DED BY THE POI VE BEEN REDUCE	ACT OR OTHER LICIES DESCRIB D BY PAID CLAII	RED NAMED ABOVE FOR T DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T MS.	HE POLICY PERIOD CT TO WHICH THIS O ALL THE TERMS,
INSR LTR	TYPE OF INSURANCE	ADD'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
Α	GENERAL LIABILITY	X		KRO 7035200	9/1/2017	9/1/2018	EACH OCCURRENCE	\$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000
	POLICY PROJECT LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000
А	AUTOMOBILE LIABILITY			KRO 7035200	9/1/2017	9/1/2018	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ALL OWNED AUTOS						BODILY INJURY (Per person)	
	SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	X HIRED AUTOS						PROPERTY DAMAGE (Per accident)	
	X NON-OWNED AUTOS						, ,	
Α	UMBRELLA LIAB X OCCUR			XKO 7035300	9/1/2017	9/1/2018	EACH OCCURRENCE	\$5,000,000
••	X EXCESS LIAB CLAIMS-MADE				<i>>/1/2011</i>	<i>y</i> , 1, 2 010	AGGREGATE	\$5,000,000
	DEDUCTIBLE	1						. , ,
	RETENTION \$							
	WORKERS COMPENSATION						WC STATU- TORY LIMITS ER	
	AND EMPLOYERS' LIABILITY Y/N						E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2017	9/1/2018		\$100,000
Thi	RIPTION OF OPERATIONS/LOCATIONS/VE s certificate is issued on behalf o dditional Insured as respects the	f Mi	chiga	an State Youth Soccer As	ssociation & Sag	ginaw Townshi		Certificate Holder
CF	RTIFICATE HOLDER				CANCELLA	TION		
	arter Township of Saginaw	,						
	men rownship or saginaw					OF THE ABOVE 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.

AUTHORIZED REPRESENTATIVE

Vatik Puel

3485 McCarty Saginaw, MI 48603

DATE (MM/DD/YYYY) 10/3/2017

DOES NOT AFF	RMATIVELY OR NEGA	TIVE	LY AI	INFORMATION ONLY AND C MEND, EXTEND OR ALTER NTRACT BETWEEN THE IS	THE COVERAG	E AFFORDED B	Y THE POLICIES BELOW.	THIS CERTIFICATE
IMPORTANT: If t and conditions of in lieu of such e	of the policy, certain po	s an A olicie	S ma	FIONAL INSURED, the polic y require an endorsement.	ey(ies) must be e A statement on t	endorsed. If SUE this certificate d	BROGATION IS WAIVED, so oes not confer rights to the second	subject to the terms ne certificate holder
PRODUCER P	ullen Insurance Se	ervi	ces.	Inc	CONTACT NAME:	Sports Divis	ion	
	560 River Park Pl				PHONE: (8)	17) 738-6100	FAX: (817) 738-2	993
	ort Worth, TX 76		N GI		E-MAIL ADDRESS:	contact@pul	lenins.com	
_					PRODUCER CUSTO	DMER ID#: MI		
					INSURERS AF	FORDING COVE	RAGE	NAIC #
INSURED Mic	higan State Youth	n So	ccer	Association	Insurer A: Na	tional Casualty	Company	11991
940	1 General Drive, S	Suite	e 12	0	Insurer B: Mu	utual of Omaha		71412
	nouth, MI 48170			-	Insurer C:			
2	- ··· , - · · ·				Insurer D:			
					Insurer E:			
					Insurer F:			
COVERAGES	S CE	ERTI	FIC/	ATE NUMBER: 170084	54	R	EVISION NUMBER:	0
INDICATED. NOT CERTIFICATE MA EXCLUSIONS AN	TIFY THAT THE POLICIE WITHSTANDING ANY F AY BE ISSUED OR MAY ID CONDITIONS OF SUC	requ Y Per Ch Pc	IREM RTAIN DLICIE	URANCE LISTED BELOW HA ENT, TERM OR CONDITION I, THE INSURANCE AFFORE S. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POI E BEEN REDUCE	ACT OR OTHER LICIES DESCRIB D BY PAID CLAIM	RED NAMED ABOVE FOR T DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T MS.	THE POLICY PERIOD CT TO WHICH THIS O ALL THE TERMS,
INSR TY	PE OF INSURANCE	ADD'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A GENERAL LIAI	BILITY	X		KRO 7035200	9/1/2017	9/1/2018	EACH OCCURRENCE	\$1,000,000
X COMMERC							DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	MS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
GEN'L AGGREG	ATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000
POLICY	PROJECT LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000
				KRO 7035200	9/1/2017	9/1/2018	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
ALL OWNE	D AUTOS						BODILY INJURY (Per person)	
SCHEDULE	ED AUTOS						BODILY INJURY (Per accident)	
X HIRED AUT	ros						PROPERTY DAMAGE (Per accident)	
X NON-OWN	ED AUTOS							
A UMBRELL	A LIAB X OCCUR			XKO 7035300	9/1/2017	9/1/2018	EACH OCCURRENCE	\$5,000,000
X EXCESS L							AGGREGATE	\$5,000,000
DEDUCTIB	LE							
RETENTIO	N \$							
WORKERS CO	MPENSATION						WC STATU- TORY LIMITS ER	
AND EMPLOYE	ERS' LIABILITY Y/N	NUA					E. L. EACH ACCIDENT	
OFFICER/MEMBE	R/PARTNER/EXECUTIVE R EXCLUDED?	N/A					E. L. DISEASE - EA EMPLOYEE	
If yes, describe und							E. L. DISEASE - POLICY LIMIT	
B PARTICIPAN	NT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2017	9/1/2018		\$100,000
This certificate	is issued on behalf o	of Mi	chiga	ch ACORD 101, Additional Remarks S an State Youth Soccer As as of the Named Insured f	sociation & Sag	ginaw Townshi	p Soccer Association. C state association.	Certificate Holder
CERTIFICAT					CANCELLA	TION		
White Pine	Middle School (Sa	agin	aw	Twp Community				
Schools)					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

Vatik Puel

3465 North Center Road Saginaw, MI 48603

DATE (MM/DD/YYYY) 10/3/2017

DOI OF	S CERTIFICATE IS ISSUED AS A MA ES NOT AFFIRMATIVELY OR NEGA INSURANCE DOES NOT CONSTITU E CERTIFICATE HOLDER.	TIVE		IEND, EXTEND OR ALTER	THE COVERAG	E AFFORDED B	Y THE POLICIES BELOW. 1	THIS CERTIFICATE
and	ORTANT: If the certificate holder is conditions of the policy, certain po eu of such endorsement(s).	s an A olicie	DDIT s may	IONAL INSURED, the polic y require an endorsement.	ey(ies) must be e A statement on t	endorsed. If SUI this certificate c	BROGATION IS WAIVED, so loes not confer rights to th	ubject to the terms e certificate holder
PRO	DUCER Pullen Insurance Se	ervi	res	Inc	CONTACT NAME:	Sports Divis	ion	
	2560 River Park Pl				PHONE: (8)	7) 738-6100	FAX: (817) 738-29	993
	Fort Worth, TX 76		Sui		E-MAIL ADDRESS:	contact@pu	llenins.com	
	1 010 11 0101, 111 / 0				PRODUCER CUSTO	DMER ID#: MI		
					INSURERS AF	FORDING COVI	ERAGE	NAIC #
INSU	RED Michigan State Youth	ı So	ccer	Association	Insurer A: Na	tional Casualty	Company	11991
	9401 General Drive, S				Insurer B: Mu	utual of Omaha	l	71412
	Plymouth, MI 48170				Insurer C:			
					Insurer D:			
					Insurer E:			
					Insurer F:			
				TE NUMBER: 1701554			REVISION NUMBER:	
IND CEF	S IS TO CERTIFY THAT THE POLICII ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MA' CLUSIONS AND CONDITIONS OF SUC	requ Y pei	IREMI RTAIN	ENT, TERM OR CONDITION , THE INSURANCE AFFORD	OF ANY CONTR DED BY THE POI	ACT OR OTHER	DOCUMENT WITH RESPECT	CT TO WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADD'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
Α	GENERAL LIABILITY	X		KRO 7035200	9/1/2017	9/1/2018	EACH OCCURRENCE	\$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
							MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000
	POLICY PROJECT LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000
A	AUTOMOBILE LIABILITY			KRO 7035200	9/1/2017	9/1/2018	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ALL OWNED AUTOS						BODILY INJURY (Per person)	
	SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	X HIRED AUTOS						PROPERTY DAMAGE (Per accident)	
	X NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO 7035300	9/1/2017	9/1/2018	EACH OCCURRENCE	\$5,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
	DEDUCTIBLE RETENTION \$							
	WORKERS COMPENSATION						WC STATU- TORY LIMITS ER	
	AND EMPLOYERS' LIABILITY Y/N	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2017	9/1/2018		\$100,000
Thi is A CE ST 13	RTIFICATE HOLDER CRIPTION OF OPERATIONS / LOCATIONS / VE S certificate is issued on behalf o Additional Insured as respects the RTIFICATE HOLDER C. STEPHENS 00 Malzahn St ginaw, MI 48602	f Mi	chiga	in State Youth Soccer Ass	CANCELLA SHOULD ANY THE EXPIRATIO	ginaw Townshi activities of the TION OF THE ABOVE I ON DATE THEREO ICY PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE
							U-in Dal	

batik bel
© 1988-2009 ACORD CORPORATION. All rights reserved.

DATE (MM/DD/YYYY) 10/3/2017

DOI OF	S CERTIFICATE IS ISSUED AS A MA ES NOT AFFIRMATIVELY OR NEGA INSURANCE DOES NOT CONSTITU E CERTIFICATE HOLDER.	TIVE	LY AN	MEND, EXTEND OR ALTER	THE COVERAG	E AFFORDED B	Y THE POLICIES BELOW.	THIS CERTIFICATE	
and	ORTANT: If the certificate holder is conditions of the policy, certain po eu of such endorsement(s).	s an A olicie	ADDIT s maj	FIONAL INSURED, the polic y require an endorsement.	y(ies) must be e A statement on t	endorsed. If SUB this certificate d	BROGATION IS WAIVED, so loes not confer rights to th	ubject to the terms e certificate holder	
PRO	DUCER Pullen Insurance Se	ervi	res	Inc	CONTACT NAME:	Sports Divis	ion		
	2560 River Park Pl				PHONE: (8)	17) 738-6100	FAX: (817) 738-29	993	
	Fort Worth, TX 76		541		E-MAIL ADDRESS:	contact@pul	llenins.com		
		110			PRODUCER CUSTO	DMER ID#: MI			
INSURERS AFFORDING COVERAGE NAIC #									
INSU	RED Michigan State Youth	So	ccer	Association	Insurer A: Na	tional Casualty	Company	11991	
	9401 General Drive, S					utual of Omaha	1 2	71412	
	Plymouth, MI 48170	Juin	12	0	Insurer C:		·		
	Trymouth, wir 10170				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTI	FICA	TE NUMBER: 1701589	99	F	REVISION NUMBER:	0	
IND CEF	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
INSR LTR	TYPE OF INSURANCE	ADD'L	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X		KRO 7035200	9/1/2017	9/1/2018	EACH OCCURRENCE	\$1,000,000	
				III(0 / 035200	<i>)</i> , <u>1</u> , <u>2</u> ,01,	<i>y</i> 1/2010	DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000	
							PARTICIPANT LEGAL LIABILITY	\$1,000,000	
Α				KRO 7035200	9/1/2017	9/1/2018	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	ALL OWNED AUTOS						BODILY INJURY (Per person)		
	SCHEDULED AUTOS						BODILY INJURY (Per accident)		
							PROPERTY DAMAGE (Per accident)		
	X NON-OWNED AUTOS								
Α	UMBRELLA LIAB X OCCUR			XKO 7035300	9/1/2017	9/1/2018	EACH OCCURRENCE	\$5,000,000	
11	X EXCESS LIAB CLAIMS-MADE			MRO 7055500	9/1/2017	2010	AGGREGATE	\$5,000,000	
	DEDUCTIBLE	1						\$2,000,000	
	RETENTION \$								
	WORKERS COMPENSATION						WC STATU- TORY LIMITS ER		
	AND EMPLOYERS' LIABILITY Y/N						E. L. EACH ACCIDENT		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E. L. DISEASE - EA EMPLOYEE		
	lf yes, describe under						E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2017	9/1/2018		\$100,000	
					,, _, _ , _ , _ ,	,, _, _ 0 _ 0		. ,	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) This certificate is issued on behalf of Michigan State Youth Soccer Association & Saginaw Township Soccer Association. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.							ertificate Holder		
~~									
	RTIFICATE HOLDER				CANCELLA	TION]	
At	orthwood UniversityStreet tn: 400 Whiting Drive idland, MI 48640				SHOULD ANY THE EXPIRATIO WITH THE POL	OF THE ABOVE I ON DATE THEREO ICY PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE D IN ACCORDANCE	

Jatik Puel

DATE (MM/DD/YYYY) 10/3/2017

DOE OF	S CERTIFICATE IS ISSUED AS A MA ES NOT AFFIRMATIVELY OR NEGA INSURANCE DOES NOT CONSTITU E CERTIFICATE HOLDER.	TIVE	LY AME	END, EXTEND OR ALTER	THE COVERAG	E AFFORDED B	Y THE POLICIES BELOW.	THIS CERTIFICATE
and	ORTANT: If the certificate holder is conditions of the policy, certain po eu of such endorsement(s).	an A olicie	ADDITI(es may i	ONAL INSURED, the polic require an endorsement.	y(ies) must be e A statement on t	endorsed. If SUE his certificate d	BROGATION IS WAIVED, s oes not confer rights to th	ubject to the terms le certificate holder
PRO	DUCER Pullen Insurance Se	rvi	ces Ir	nc	CONTACT NAME:	Sports Divis	ion	
	2560 River Park Pla				PHONE: (81	7) 738-6100	FAX: (817) 738-2	993
	Fort Worth, TX 76			2 300	E-MAIL ADDRESS:	contact@pul	· · ·	
		110			PRODUCER CUSTO	MER ID#: MI		
					INSURERS AF	FORDING COVE	RAGE	NAIC #
INSU	RED Michigan State Youth	So	ccer /	Association	Insurer A: Na	tional Casualty	Company	11991
	9401 General Drive, S			looolullon		utual of Omaha	<u> </u>	71412
	Plymouth, MI 48170				Insurer C:			
	y				Insurer D:			
					Insurer E:			
					Insurer F:			
CO	VERAGES CE	RTI	FICAT	E NUMBER: 1701590	00	R	EVISION NUMBER:	0
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY R TIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUC	REQU / PEI H PC	VIREMEN RTAIN, DLICIES	NT TERM OR CONDITION	OF ANY CONTR DED BY THE POL E BEEN REDUCE	ACT OR OTHER LICIES DESCRIB D BY PAID CLAIM	DOCUMENT WITH RESPE	
INSR LTR	TYPE OF INSURANCE	ADD'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
А	GENERAL LIABILITY	X	H	KRO 7035200	9/1/2017	9/1/2018	EACH OCCURRENCE	\$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
							MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000
A	POLICY PROJECT LOC		ŀ	KRO 7035200	9/1/2017	9/1/2018	PARTICIPANT LEGAL LIABILITY COMBINED SINGLE LIMIT	\$1,000,000
	ANY AUTO				,, _, _ , _ , _ ,	,,_,_,_,	(Ea accident)	. , ,
	ALL OWNED AUTOS						BODILY INJURY (Per person)	
	SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	
•	UMBRELLA LIAB X OCCUR			VKO 7025200	0/1/2017	0/1/2019		\$5,000,000
Α	X EXCESS LIAB CLAIMS-MADE			XKO 7035300	9/1/2017	9/1/2018	EACH OCCURRENCE	\$5,000,000
	DEDUCTIBLE						AGGREGATE	\$5,000,000
	RETENTION \$						WC STATU- OTH-	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E. L. EACH ACCIDENT	
	(Mandatory in NH) If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
В	PARTICIPANT ACCIDENT MEDICAL		5	SR2014MI-P-053256	9/1/2017	9/1/2018	E. L. DISEASE - POLICY LIMIT	\$100,000
-								
Thi	CRIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf o additional Insured as respects the	f Mi	chigan	State Youth Soccer Ass	sociation & Sag	ginaw Townshi		ertificate Holder
CE	RTIFICATE HOLDER				CANCELLA	TION		
No At	orthwood University tn: 400 Whiting Drive Idland, MI 48640				SHOULD ANY THE EXPIRATIO WITH THE POL	OF THE ABOVE I ON DATE THEREO ICY PROVISIONS	DESCRIBED POLICIES BE CA	NCELLED BEFORE DINACCORDANCE
					AUTHORIZED REPRESENTATIVE			

ACORD 25(2009/09)	The ACORD na
ACORD 23(2003/03)	THE ACORD Ha

DATE (MM/DD/YYYY) 10/3/2017

THIS CERTIFICATE IS ISSUED AS A I DOES NOT AFFIRMATIVELY OR NEC OF INSURANCE DOES NOT CONST THE CERTIFICATE HOLDER.	ATIVE	LY AI	MEND, EXTEND OR ALTER	THE COVERAG	E AFFORDED B	Y THE POLICIES BELOW.	THIS CERTIFICATE
IMPORTANT: If the certificate holder and conditions of the policy, certain in lieu of such endorsement(s).	is an policie	ADDI ⁻ es ma	TIONAL INSURED, the polic y require an endorsement.	ey(ies) must be e A statement on t	endorsed. If SUE this certificate d	BROGATION IS WAIVED, s oes not confer rights to th	ubject to the terms le certificate holder
PRODUCER Pullen Insurance	Servi	ces.	Inc.	CONTACT NAME:	Sports Divis	ion	
2560 River Park I				PHONE: (8)	7) 738-6100	FAX: (817) 738-2	993
Fort Worth, TX 7				E-MAIL ADDRESS:	contact@pul	lenins.com	
1 010 () 0101, 111 /	0110			PRODUCER CUSTO	MER ID#: MI		
				INSURERS AF	FORDING COVE	RAGE	NAIC #
INSURED Michigan State You	th So	ccer	· Association	Insurer A: Na	tional Casualty	Company	11991
9401 General Drive	Suit	e 12	0	Insurer B: Mi	utual of Omaha		71412
Plymouth, MI 48170		•	•	Insurer C:			
				Insurer D:			
				Insurer E:			
				Insurer F:			
COVERAGES C	ERT	FIC/	ATE NUMBER: 170165	51	R	EVISION NUMBER:	0
THIS IS TO CERTIFY THAT THE POLIC INDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR M EXCLUSIONS AND CONDITIONS OF S	REQU AY PE	JIREM RTAIN	IENT, TERM OR CONDITION N, THE INSURANCE AFFORD	OF ANY CONTR DED BY THE POI	ACT OR OTHER	DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT TO WHICH THIS
INSR LTR TYPE OF INSURANCE	ADD'I	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A GENERAL LIABILITY	X		KRO 7035200	9/1/2017	9/1/2018	EACH OCCURRENCE	\$1,000,000
X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
	-					PERSONAL & ADV INJURY	\$1,000,000
	_					GENERAL AGGREGATE	UNLIMITED
GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000
POLICY PROJECT LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000
A AUTOMOBILE LIABILITY			KRO 7035200	9/1/2017	9/1/2018	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
ALL OWNED AUTOS						BODILY INJURY (Per person)	
SCHEDULED AUTOS						BODILY INJURY (Per accident)	
						PROPERTY DAMAGE (Per accident)	
X NON-OWNED AUTOS							
A NON-OWNED A0103							
A UMBRELLA LIAB X OCCUR			XKO 7035300	9/1/2017	9/1/2018	EACH OCCURRENCE	\$5,000,000
X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
DEDUCTIBLE							
RETENTION \$	_					WC STATU- OTH-	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						TORY LIMITS ER	
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
(Mandatory in NH)						E. L. DISEASE - EA EMPLOYEE	
If yes, describe under						E. L. DISEASE - POLICY LIMIT	* 100.000
B PARTICIPANT ACCIDENT MEDICA	L		SR2014MI-P-053256	9/1/2017	9/1/2018		\$100,000
DESCRIPTION OF OPERATIONS / LOCATIONS / This certificate is issued on behalf is Additional Insured as respects the CERTIFICATE HOLDER	of M	chiga	an State Youth Soccer Ass	sociation & Sag	ginaw Townshi activities of the		Certificate Holder
Bethany Lutheran Church 5051 McCarty Road Saginaw, MI 48603			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

Vatik Puel © 1988-2009 ACORD CORPORATION. All rights reserved.

DATE (MM/DD/YYYY) 10/3/2017

DOES OF INS	ERTIFICATE IS ISSUED AS A MA NOT AFFIRMATIVELY OR NEGA SURANCE DOES NOT CONSTITU ERTIFICATE HOLDER.	TIVE	LY AI	MEND, EXTEND OR ALTER	THE COVERAG	E AFFORDED B	Y THE POLICIES BELOW.	THIS CERTIFICATE	
and co	RTANT: If the certificate holder is onditions of the policy, certain po of such endorsement(s).	an A Dlicie	∖DDI⊺ s ma	FIONAL INSURED, the polic y require an endorsement.	cy(ies) must be e A statement on	endorsed. If SUE this certificate d	ROGATION IS WAIVED, s oes not confer rights to th	ubject to the terms le certificate holder	
PRODU	Pullen Insurance Se	ervio	ces.	Inc.	CONTACT NAME:	Sports Divis	ion		
	2560 River Park Pla				PHONE: (8)	17) 738-6100	FAX: (817) 738-2	993	
	Fort Worth, TX 76				E-MAIL ADDRESS:	contact@pul	lenins.com		
					PRODUCER CUSTO	DMER ID#: MI			
					INSURERS AF	FORDING COVE	RAGE	NAIC #	
INSURE	^D Michigan State Youth	So	ccer	Association	Insurer A: Na	tional Casualty	Company	11991	
	9401 General Drive, S	Suite	e 12	0	Insurer B: M	utual of Omaha		71412	
	Plymouth, MI 48170			-	Insurer C:				
	5				Insurer D:				
					Insurer E:				
					Insurer F:				
COV	ERAGES CE	RTI	FIC/	ATE NUMBER: 170163	33	R	EVISION NUMBER:	0	
INDIC/ CERTI	S TO CERTIFY THAT THE POLICIE NTED. NOTWITHSTANDING ANY R FICATE MAY BE ISSUED OR MAY ISIONS AND CONDITIONS OF SUC	Requ / Pef H PC	IREM RTAIN	ENT, TERM OR CONDITION I, THE INSURANCE AFFORE ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE PO	ACT OR OTHER	DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADD'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
AG	ENERAL LIABILITY	X		KRO 7035200	9/1/2017	9/1/2018	EACH OCCURRENCE	\$1,000,000	
X	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
]						PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
GI	======================================						PRODUCTS - COMP/OP AGG	\$1,000,000	
							PARTICIPANT LEGAL LIABILITY	\$1,000,000	
A A	JTOMOBILE LIABILITY			KRO 7035200	9/1/2017	9/1/2018	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	ALL OWNED AUTOS						BODILY INJURY (Per person)		
	SCHEDULED AUTOS						BODILY INJURY (Per accident)		
x	HIRED AUTOS						PROPERTY DAMAGE (Per accident)		
X									
•	UMBRELLA LIAB X OCCUR			XKO 7035300	9/1/2017	9/1/2018		\$5,000,000	
A				AKU 7055500	9/1/2017	9/1/2018	EACH OCCURRENCE	\$5,000,000	
	DEDUCTIBLE						AGGREGATE	\$5,000,000	
	RETENTION \$						WC STATU- OTH-		
	ORKERS COMPENSATION ND EMPLOYERS' LIABILITY Y/N						TORY LIMITS ER		
AN	IY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT		
(M	andatory in NH) ves, describe under						E. L. DISEASE - EA EMPLOYEE		
					0.11.12015	0.11.12.01.0	E. L. DISEASE - POLICY LIMIT	¢100.000	
B P.	ARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2017	9/1/2018		\$100,000	
This c is Add	PTION OF OPERATIONS/LOCATIONS/VE certificate is issued on behalf o ditional Insured as respects the FIFICATE HOLDER	f Mi	chiga	an State Youth Soccer As	sociation & Sag	ginaw Townshi activities of the	p Soccer Association. C state association.	Certificate Holder	
1961	Delta College Soccer Fields 1961 Delta Road City University Center, MI 48710					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

Jatik Puel

DATE (MM/DD/YYYY) 10/3/2017

DOI OF	S CERTIFICATE IS ISSUED AS A MA ES NOT AFFIRMATIVELY OR NEGA INSURANCE DOES NOT CONSTITU E CERTIFICATE HOLDER.	TIVE	LY AI	MEND. EXTEND OR ALTER	THE COVERAG	E AFFORDED B	Y THE POLICIES BELOW.	THIS CERTIFICATE	
and	ORTANT: If the certificate holder is conditions of the policy, certain pe eu of such endorsement(s).	s an / olicie	ADDI ⁻ s ma	FIONAL INSURED, the poli y require an endorsement.	cy(ies) must be e A statement on	endorsed. If SUI this certificate c	BROGATION IS WAIVED, s loes not confer rights to th	subject to the terms ne certificate holder	
PRO	PULLER Pullen Insurance Se	ervi	ces.	Inc.	CONTACT NAME:	Sports Divis	ion		
	2560 River Park Pl				PHONE: (8)	17) 738-6100	FAX: (817) 738-2	993	
	Fort Worth, TX 76		0.01		E-MAIL ADDRESS:	contact@pu	llenins.com		
	1 010 // 0101, 111 / 0				PRODUCER CUSTO	OMER ID#: MI			
					INSURERS AF	FORDING COVE	ERAGE	NAIC #	
INSU	RED Michigan State Youth	So	ccer	Association	Insurer A: Na	11991			
	9401 General Drive, S				Insurer B: M	utual of Omaha	l .	71412	
	Plymouth, MI 48170	Juit	012	0	Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:				
со	VERAGES CE	RTI	FIC/	ATE NUMBER: 170169		F	REVISION NUMBER:	0	
IND CEF EXC	S IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MA' SLUSIONS AND CONDITIONS OF SUC	requ Y Pei Ch Pc	IREM RTAIN DLICIE	ENT, TERM OR CONDITION	N OF ANY CONTR DED BY THE PO VE BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	DOCUMENT WITH RESPE	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADD'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
Α	GENERAL LIABILITY	X		KRO 7035200	9/1/2017	9/1/2018	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
							MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000	
	POLICY PROJECT LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000	
A				KRO 7035200	9/1/2017	9/1/2018	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	ALL OWNED AUTOS						BODILY INJURY (Per person)		
	SCHEDULED AUTOS						BODILY INJURY (Per accident)		
	X HIRED AUTOS						PROPERTY DAMAGE (Per accident)		
	X NON-OWNED AUTOS								
A	UMBRELLA LIAB X OCCUR			XKO 7035300	9/1/2017	9/1/2018		\$5,000,000	
A	X EXCESS LIAB CLAIMS-MADE			AKO 7055500	9/1/2017	9/1/2018		\$5,000,000	
		-					AGGREGATE	\$5,000,000	
	RETENTION \$								
							WC STATU- OTH-		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY								
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A							
	(Mandatory in NH) If yes, describe under						E. L. DISEASE - EA EMPLOYEE		
D				CD2014MI D 052256	0/1/2017	0/1/2019	E. L. DISEASE - POLICY LIMIT	\$100,000	
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2017	9/1/2018		\$100,000	
Thi is A	cription of operations/locations/ve s certificate is issued on behalf o additional Insured as respects the RTIFICATE HOLDER	f Mi	chiga	an State Youth Soccer As	ssociation & Sag for sanctioned a	ginaw Townshi activities of the	p Soccer Association. C state association.	Certificate Holder	
						CANCELLATION			
Sa	ginaw Valley State Univers	Sity							

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

Vatik hele

7400 Bay Road

University Center, MI 48710

DATE (MM/DD/YYYY) 10/3/2017

DOE OF I	CERTIFICATE IS ISSUED AS A MA S NOT AFFIRMATIVELY OR NEGA NSURANCE DOES NOT CONSTITU CERTIFICATE HOLDER.	TIVE	LY AI	MEND, EXTEND OR ALTER	THE COVERAG	E AFFORDED B	Y THE POLICIES BELOW	. THIS CERTIFICATE	
and	ORTANT: If the certificate holder is conditions of the policy, certain po u of such endorsement(s).	s an A olicie	NDDI' s ma	FIONAL INSURED, the polic y require an endorsement.	cy(ies) must be e A statement on t	endorsed. If SUE this certificate d	BROGATION IS WAIVED, loes not confer rights to	subject to the terms the certificate holder	
PROD	UCER Pullen Insurance Se	ervio	ces.	Inc	CONTACT NAME:	Sports Divis	ion		
	2560 River Park Pl				PHONE: (8)	17) 738-6100	FAX: (817) 738-	2993	
	Fort Worth, TX 76		Dui		E-MAIL ADDRESS:	contact@pul	lenins.com		
		110			PRODUCER CUSTO	DMER ID#: MI			
					INSURERS AF	FORDING COVE	RAGE	NAIC #	
INSUF	^{ED} Michigan State Youth	So	ccer	Association	Insurer A: Na	11991			
	9401 General Drive, S					utual of Omaha		71412	
	Plymouth, MI 48170	Jun	- 12	0	Insurer C:		-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	i tymouth, wir 40170				Insurer D:				
					Insurer E:				
					Insurer F:				
co	/ERAGES CE	RTI	FIC/	ATE NUMBER: 170181		R	EVISION NUMBER:	0	
	IS TO CERTIFY THAT THE POLICIE								
INDI CER	TIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUC	requ Y pef	IREM RTAIN	ENT, TERM OR CONDITION	OF ANY CONTR	ACT OR OTHER	DOCUMENT WITH RESP	ECT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADD'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	6	
Α	GENERAL LIABILITY	X		KRO 7035200	9/1/2017	9/1/2018	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
İ							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
] GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000	
						PARTICIPANT LEGAL LIABILITY	\$1,000,000		
Α				KRO 7035200	9/1/2017	9/1/2018	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS					BODILY INJURY (Per person)				
					BODILY INJURY (Per accident)				
							PROPERTY DAMAGE		
							(Per accident)		
	X NON-OWNED AUTOS								
Α	UMBRELLA LIAB X OCCUR			VKO 7025200	0/1/2017	0/1/2019		\$5,000,000	
			XKO 7035300		9/1/2017	9/1/2018	EACH OCCURRENCE	\$5,000,000	
		-					AGGREGATE	\$3,000,000	
	RETENTION \$						WC STATU- OTH-		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <u>Y/N</u>						TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT		
	(Mandatory in NH)						E. L. DISEASE - EA EMPLOYEE		
D				(D2014) (LD 052256	0/1/2017	0/1/2019	E. L. DISEASE - POLICY LIMIT	\$100,000	
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2017	9/1/2018		\$100,000	
This is A	RIPTION OF OPERATIONS / LOCATIONS / VE certificate is issued on behalf o dditional Insured as respects the RTIFICATE HOLDER	of Mie oper	chiga	an State Youth Soccer As ns of the Named Insured f	sociation & Sag	ginaw Townshi activities of the	p Soccer Association. state association.	Certificate Holder	
	NTRAL MICHIGAN UNI	IVE	RSI	ТҮ	SHOULD ANY	OF THE ABOVE	DESCRIBED POLICIES BE C	ANCELLED BEFORE	
	0 S Franklin St				THE EXPIRATION	ON DATE THEREO	F, NOTICE WILL BE DELIVER	RED IN ACCORDANCE	
Mt	At Pleasant, MI 48858				WITH THE POLICY PROVISIONS.				

AUTHORIZED REPRESENTATIVE

Jatik Puele

DATE (MM/DD/YYYY) 10/3/2017

THIS CERTIFICATE IS ISSUED AS A MA DOES NOT AFFIRMATIVELY OR NEGA OF INSURANCE DOES NOT CONSTITU THE CERTIFICATE HOLDER.	TIVEL	Y AMEND, EXTEND OR ALTER	THE COVERAG	SE AFFORDED B	Y THE POLICIES BELOW.	THIS CERTIFICATE			
IMPORTANT: If the certificate holder is and conditions of the policy, certain po in lieu of such endorsement(s).	an A	DDITIONAL INSURED, the polices may require an endorsement.	cy(ies) must be . A statement on	endorsed. If SU this certificate of	BROGATION IS WAIVED, s does not confer rights to th	ubject to the terms e certificate holder			
PRODUCER Pullen Insurance Se	rvic	es Inc	CONTACT NAME:	Sports Divis	sion				
2560 River Park Pla			PHONE: (8	317) 738-6100	FAX: (817) 738-29	993			
Fort Worth, TX 76		Suite 500	E-MAIL ADDRESS	contact@pu	llenins.com				
			PRODUCER CUST	PRODUCER CUSTOMER ID#: MI					
			INSURERS A	NAIC #					
INSURED Michigan State Youth	Soc	cer Association	Insurer A: N	11991					
9401 General Drive, S				lutual of Omah		71412			
Plymouth, MI 48170			Insurer C:						
			Insurer D:						
			Insurer E:						
			Insurer F:						
COVERAGES CE	RTIF	FICATE NUMBER: 170270)19	F	REVISION NUMBER:	0			
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUC	equi Per H Poi	REMENT, TERM OR CONDITION TAIN, THE INSURANCE AFFOR LICIES. LIMITS SHOWN MAY HAV	N OF ANY CONT DED BY THE PO VE BEEN REDUC	RACT OR OTHEF DLICIES DESCRIE ED BY PAID CLAI	2 DOCUMENT WITH RESPE				
INSR LTR TYPE OF INSURANCE	ADD'L INSRD	SUBR POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS				
	X	KRO 7035200	9/1/2017	9/1/2018	EACH OCCURRENCE	\$1,000,000			
					DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000			
					MED EXP (Any one person)	\$5,000			
					PERSONAL & ADV INJURY	\$1,000,000			
					GENERAL AGGREGATE	UNLIMITED			
GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$1,000,000			
POLICY PROJECT LOC					PARTICIPANT LEGAL LIABILITY	\$1,000,000			
A AUTOMOBILE LIABILITY		KRO 7035200	9/1/2017	9/1/2018	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000			
ALL OWNED AUTOS					BODILY INJURY (Per person)				
SCHEDULED AUTOS					BODILY INJURY (Per accident) PROPERTY DAMAGE				
X HIRED AUTOS					(Per accident)				
X NON-OWNED AUTOS									
A UMBRELLA LIAB X OCCUR		XKO 7035300	9/1/2017	9/1/2018	EACH OCCURRENCE	\$5,000,000			
X EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$5,000,000			
DEDUCTIBLE									
RETENTION \$									
WORKERS COMPENSATION					WC STATU- TORY LIMITS OTH- ER				
AND EMPLOYERS' LIABILITY Y/N					E. L. EACH ACCIDENT				
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E. L. DISEASE - EA EMPLOYEE				
If yes, describe under					E. L. DISEASE - POLICY LIMIT				
B PARTICIPANT ACCIDENT MEDICAL		SR2014MI-P-053256	9/1/2017	9/1/2018		\$100,000			
DESCRIPTION OF OPERATIONS / LOCATIONS / VE This certificate is issued on behalf o is Additional Insured as respects the CERTIFICATE HOLDER Peace Lutheran School 3161 Lawndale Rd Saginaw, MI 48603	f Mic	higan State Youth Soccer As	SSOCIATION & Sa for sanctioned	ATION OF THE ABOVE ION DATE THERECULICY PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE			
			hatillull						

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DATE (MM/DD/YYYY) 10/3/2017

GENL AGGREGATE LIMIT APPLIES PER: PROJECT LOC PROJECT LOC A AUTOMOBILE LABILITY LOC PROJECT LOC PROJECT COMBINED SINGLE LIABILITY ANY AUTO ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS SCHEDULED AUTOS SCHEDULED AUTOS PROPERTY DAMAGE PROPERTY PROPER	FICATE IS ISSUED AS A MATTER OF INFORMA AFFIRMATIVELY OR NEGATIVELY AMEND, EX NCE DOES NOT CONSTITUTE A CONTRACT I FICATE HOLDER.	TEND OR ALTER THE COVERAG	SE AFFORDED BY THE PO	LICIES BELOW. TH	IS CERTIFICATE		
2560 River Park Plaza, Suite 300 Fort Worth, TX 76116 FAME. ADDRESS. Contact@pullenins.com INSURED Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170 Insurer A: National Casualty Company II Insurer C: Insurer F: Insurer C: Insu	ons of the policy, certain policies may require	ISURED, the policy(ies) must be an endorsement. A statement on	endorsed. If SUBROGATI this certificate does not c	ON IS WAIVED, sub onfer rights to the c	ject to the terms ertificate holder:		
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AUTHORIZED REPRESENTATIVE

Vatik Puel

DATE (MM/DD/YYYY) 10/3/2017

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PRO	PUCER Pullen Insurance Se	rvi	res	Inc	CONTACT NAME:	Sports Divis	ion		
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	Fort Worth, TX 762		bui	<i>w</i> 500	E-MAIL ADDRESS:	contact@pul	lenins.com		
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	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
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	RETENTION \$								
							WC STATU- OTH-		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						E. L. EACH ACCIDENT		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E. L. DISEASE - EA EMPLOYEE		
	(Mandatory in NH) If yes, describe under						E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2017	9/1/2018	E. L. DISEASE - POLICIT LIMIT	\$100,000	
	FARTICIFANT ACCIDENT MEDICAL			SK2014WII-1-055250	9/1/2017	9/1/2018		\$100,000	
This	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) This certificate is issued on behalf of Michigan State Youth Soccer Association & Saginaw Township Soccer Association. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.								
CE	RTIFICATE HOLDER				CANCELLA	TION			
Tri City Sports Complex 5117 Garfield Rd				SHOULD ANY		DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE D IN ACCORDANCE		

AUTHORIZED REPRESENTATIVE

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