CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/12/2017

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).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	NYW
INSURED	New York State West Youth Soccer Association 11397 LPGA Drive Corning, NY 14830

INSURERS AFFORDING COVERAGE	NAIC #
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 17114107 **REVISION NUMBER:** 0

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 INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	**GENERAL LIABILITY**	X		KRO 7039800	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 7039800	9/1/2017	9/1/2018	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 7039900	9/1/2017	9/1/2018	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SRSOCCNYW-P-053225	9/1/2017	9/1/2018		$100,000

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

This certificate is issued on behalf of New York State West Youth Soccer Association & Rush-Henrietta Soccer Club. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER

Total Sports Experience, LLC
880 Elmgrove Road
Rochester, NY 14624

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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