

DATE (MM/DD/YYYY) 8/19/2014

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.

	conditions of the policy, certain pe eu of such endorsement(s).	olicie	s ma	y require an endorsement.	À statement on	this certificate of	loes not confer rights to the	e certificate holder		
PROI	Pullen Insurance Se	rvio	es	Inc	CONTACT NAME: Sports Division					
	2560 River Park Pl				PHONE: (8	17) 738-6100	FAX: (817) 738-29	993		
	Fort Worth, TX 76	,	Sui	iic 300	E-MAIL ADDRESS: contact@pullenins.com					
	Toft Worth, 124 70	110			PRODUCER CUSTOMER ID#: MI					
					INSURERS AF	NAIC #				
INSU	RED Michigan State Vouth	· Co	2221	Aggaigtion		ational Casualty		11991		
	Whengan State 1 out	1 30	- 12	Association			Fire Insurance Company	19445		
	9401 General Drive, S	Suite	9 12	0		ational Union F	The misurance Company	19443		
	Plymouth, MI 48170				Insurer C:					
					Insurer D:					
					Insurer E:					
	VED 4.050			ATE NUMBER 440040	Insurer F:		EVIOLONI NUMBER			
				ATE NUMBER: 140012			REVISION NUMBER:			
INDI CER EXC	S IS TO CERTIFY THAT THE POLICII CATED. NOTWITHSTANDING ANY F TIFICATE MAY BE ISSUED OR MA' SLUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREM RTAIN DLICIE	IENT, TERM OR CONDITION N, THE INSURANCE AFFORI ES. LIMITS SHOWN MAY HAV	I OF ANY CONTR DED BY THE PO /E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	CT TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE	INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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			
	X HIRED AUTOS						(Per accident)			
	X NON-OWNED AUTOS									
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
•	X EXCESS LIAB CLAIMS-MADE			71110 1000000	7/1/2011	7,1,2015	AGGREGATE	\$5,000,000		
	DEDUCTIBLE	1					AGGREGATE	ψ2,000,000		
	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 ves. describe under						E. L. DISEASE - EA EMPLOYEE			
D	,			CDC 0115225 A	0/1/2014	0/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000		
DESC	I CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	ch ACORD 101, Additional Remarks S	Schedule, if more space	e is required)	 			
Thi	s certificate is issued on behalf o	f Mi	chiga	an State Youth Soccer As	sociation & Mi	chigan Youth S	Soccer League. Certificat	te Holder is		
Add	ditional Insured as respects the o	perat	ions	of the Named Insured for	r sanctioned act	tivities of the st	ate association.			
CE	RTIFICATE HOLDER				CANCELLA	TION				
At 63	nchor Bay School District tn: Athletic Department 19 County Line Road				THE EXPIRATION		DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERED			
Fa	ir Haven, MI 48023				AUTHORIZED REPRESENTATIVE Satisfied					



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in lie		endorsement				y require an endorsement.						
PROI	DUCER P	ullen Insu	rance Se	ervi	ces.	Inc.	CONTACT NAME: Sports Division					
		560 River					PHONE: (817) 738-6100 FAX: (817) 738-2993					
		ort Worth		,			E-MAIL ADDRESS: contact@pullenins.com					
	-	010 // 01011	, 111 / 0				PRODUCER CUSTO	PRODUCER CUSTOMER ID#: MI				
							INSURERS AF	FORDING COVE	ERAGE	NAIC #		
Michigan State Youth Soccer Association						Association	Insurer A: Na	ational Casualty	Company	11991		
							Insurer B: Na	ational Union F	ire Insurance Company	19445		
· ·							Insurer C:					
, , , , , , , , , , , , , , , , , , , ,							Insurer D:					
CO	VERAGE	S	CE	RTI	FIC/	ATE NUMBER: 140034	51	F	REVISION NUMBER:	0		
INDI CER EXC	CATED. NO TIFICATE M	TWITHSTAND IAY BE ISSUE	ING ANY R ED OR MAY	REQU PEI H PC	IREM RTAIN DLICIE	URANCE LISTED BELOW HA ENT, TERM OR CONDITION I, THE INSURANCE AFFORE S. LIMITS SHOWN MAY HAV	OF ANY CONTE DED BY THE PO E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	R DOCUMENT WITH RESPECT TO	CT TO WHICH THIS		
INSR LTR	Т	YPE OF INSURANCE	.	ADD'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A	GENERAL LIA	BILITY		X		KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE	\$1,000,000		
	-	CIAL GENERAL L							DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	L CLA	IMS MADE X	OCCUR						MED EXP (Any one person)	\$5,000		
									PERSONAL & ADV INJURY	\$1,000,000		
									GENERAL AGGREGATE	UNLIMITED		
	\vdash	GATE LIMIT APPLIE							PRODUCTS - COMP/OP AGG	\$1,000,000		
	POLICY	PROJECT	LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000		
A	AUTOMOBILE ANY AUTO					KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
	ALL OWN	ED AUTOS							BODILY INJURY (Per person)			
	SCHEDUL	ED AUTOS							BODILY INJURY (Per accident) PROPERTY DAMAGE			
	X HIRED AU	ITOS										
		NED AUTOS										
A	UMBRELL	A LIAB X OC	CUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
	X EXCESS I	LIAB CLA	AIMS-MADE						AGGREGATE	\$5,000,000		
	DEDUCTII	BLE										
	RETENTIO	ON \$										
		OMPENSATION 'ERS' LIABILITY	Y/N						WC STATU- TORY LIMITS OTH- ER			
	_	DR/PARTNER/EXECU		N/A					E. L. EACH ACCIDENT			
	(Mandatory in Ni	•							E. L. DISEASE - EA EMPLOYEE			
	If yes, describe ur								E. L. DISEASE - POLICY LIMIT	#100.000		
В	PARTICIPA	NT ACCIDENT	MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000		
DESC	RIPTION OF O	PERATIONS / LO	CATIONS / VE	HICLE	S (Atta	ch ACORD 101, Additional Remarks S	chedule, if more space	e is required)				
						an State Youth Soccer As			Soccer League. Certifica	te Holder is		
						of the Named Insured for						
		E HOLDE					CANCELLA	TION				

CERTIFICATE HOLDER	CANCELLATION
Birmingham Community Education Attn: Yvonne Curtis 2436 W. Lincoln Ave.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Birmingham, MI 48009	AUTHORIZED REPRESENTATIVE Satilibelle



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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 poly eu of such endorsement(s).	olicies	s may require an endorsement.	A statement on	this certificate of	loes not confer rights to the	e certificate holder		
PROI	Pullen Insurance Se	rvic	es Inc	CONTACT NAME: Sports Division					
	2560 River Park Pla			PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 761		Buile 300	E-MAIL ADDRESS:					
	Tort Worth, 121 70	110		PRODUCER CUSTOMER ID#: MI					
				INSURERS AF	FORDING COVI	ERAGE	NAIC #		
INSU	Michigan State Youth	Soc	cer Association		tional Casualty		11991		
	9401 General Drive, S	Suite	120						
	Plymouth, MI 48170			Insurer C:					
				Insurer D:					
				Insurer E:					
				Insurer F:					
CO	VERAGES CE	RTIE	FICATE NUMBER: 140034	-52	F	REVISION NUMBER:	0		
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY R ITIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUC	EQUI PER H PO	REMENT, TERM OR CONDITION TAIN, THE INSURANCE AFFORI LICIES. LIMITS SHOWN MAY HAV	I OF ANY CONTR DED BY THE PO /E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	CT TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADD'L INSRD	SUBR POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY	X	KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance)	\$1,000,000 \$300,000		
	CLAIMS MADE X OCCUR						\$5,000		
	CEANNS WADE A OCCUR					MED EXP (Any one person)	\$1,000,000		
						PERSONAL & ADV INJURY 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 4688700	9/1/2014	9/1/2015	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			
	X HIRED AUTOS					(Per accident)			
	NON-OWNED AUTOS								
A	UMBRELLA LIAB X OCCUR		XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
	X EXCESS LIAB CLAIMS-MADE		11110 1000000	7/1/2011	77172010	AGGREGATE	\$5,000,000		
	DEDUCTIBLE						. , ,		
	RETENTION \$								
	WORKERS COMPENSATION					WC STATU- TORY LIMITS OTH- ER			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	NI/A				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		SRG 9115335A	9/1/2014	9/1/2015		\$100,000		
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VEI	HIC! FS	(Attach ACORD 101 Additional Remarks S	Chedule if more space	is required)	1			
Thi	s certificate is issued on behalf of litional Insured as respects the op	f Mic	higan State Youth Soccer As	sociation & Mi	chigan Youth	Soccer League. Certificate association.	te Holder is		
CF	RTIFICATE HOLDER			CANCELLA	TION				
Bi At 15	rmingham Covington Schootn: Yvonne Curtis 25 Covington Rd.	ol		SHOULD ANY THE EXPIRATION	OF THE ABOVE I	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE D IN ACCORDANCE		
Bl	oomfield Hills, MI 48301			AUTHORIZED REPRESENTATIVE					



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	conditions of the policy, certain per eu of such endorsement(s).	DIICIE	s ma	y require an endorsement.	A statement on	this certificate o	loes not confer rights to th	e certificate holder	
PRO	Pullen Insurance So	rvi	ces	Inc	CONTACT NAME: Sports Division				
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76	,	Sui	ne 300	E-MAIL ADDRESS: contact@pullenins.com				
	Fort Worth, 1A 70	110			PRODUCER CUSTOMER ID#: MI				
					INSURERS AF	FORDING COVI	FRAGE	NAIC #	
INSU	RED Michigan State Vouth	· Co	0001	· Association		tional Casualty		11991	
	Wildingan State 1 Outi						Fire Insurance Company	19445	
	9401 General Drive, S	Sulu	e 12	0		monai Omon i	The misurance Company	17443	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
\Box	VERAGES CE	DTI	EIC.	ATE NUMBER: 140034:	Insurer F:		REVISION NUMBER:	0	
THIS IND CEF	S IS TO CERTIFY THAT THE POLICII CATED. NOTWITHSTANDING ANY P STIFICATE MAY BE ISSUED OR MA' SLUSIONS AND CONDITIONS OF SUC	ES OI REQU Y PEI	F INS IREM RTAIN	URANCE LISTED BELOW HA IENT, TERM OR CONDITION N, THE INSURANCE AFFORD	VE BEEN ISSUE OF ANY CONTR DED BY THE POI	D TO THE INSUI RACT OR OTHER LICIES DESCRIB	RED NAMED ABOVE FOR TI R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT TO	HE POLICY PERIOD 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 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	NI/A					E. L. EACH ACCIDENT		
	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			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	ch ACORD 101. Additional Remarks S	chedule, if more space	is required)			
Thi	s certificate is issued on behalf of ditional Insured as respects the o	f Mi	chig	an State Youth Soccer Ass	sociation & Mi	chigan Youth	Soccer League. Certifica ate association.	te Holder is	
	RTIFICATE HOLDER				CANCELLA	TION			
At Pie	rnum Center tn: Yvonne Curtis erce Street				THE EXPIRATION	OF THE ABOVE I ON DATE THEREO LICY PROVISIONS	DESCRIBED POLICIES BE CA IF, NOTICE WILL BE DELIVERE	NCELLED BEFORE DINACCORDANCE	
וטו	rmingham, MI 48009				AUTHORIZED REPRESENTATIVE Satikbull				



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and conditions of the policy, certain plin lieu of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate of	loes not confer rights to the	e certificate holder	
PRODUCER Pullen Insurance S	orvi	200	Inc	CONTACT NAME: Sports Division				
2560 River Park P				PHONE: (817) 738-6100 FAX: (817) 738-2993				
Fort Worth, TX 76		Sui	16 300	E-MAIL ADDRESS: contact@pullenins.com				
Fort Worth, 1A /C	1110			PRODUCER CUSTOMER ID#: MI				
				INSURERS AFFORDING COVERAGE NAIC #				
INSURED Michigan State Vout							11991	
Michigan State Yout 9401 General Drive,						ire Insurance Company	19445	
		5 12	U	Insurer C:	ational Cilion I	ire insurance company	17443	
Plymouth, MI 48170				Insurer D:				
				Insurer E:				
				Insurer F:				
COVERAGES C	EDTI	FIC	ATE NUMBER: 1400355			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLIC								
INDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR MAEXCLUSIONS AND CONDITIONS OF SU	REQU (Y PEF CH PC	IREM RTAIN OLICIE	ENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE PO E BEEN REDUCI	RACT OR OTHER PLICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	CT TO WHICH THIS	
INSR 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 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
X HIRED AUTOS						(Per accident)		
X NON-OWNED AUTOS								
A WINDS WAR AND	+		VII.O 4600000	0/1/2014	0/1/2017		¢5,000,000	
A UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
X EXCESS LIAB CLAIMS-MADE	4					AGGREGATE	\$5,000,000	
DEDUCTIBLE								
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		
	+-		GD G 0115225 A	0/1/2014	0/1/2015	E. L. DISEASE - POLICY LIMIT	¢100,000	
B PARTICIPANT ACCIDENT MEDICAL	1		SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
This certificate is issued on behalf	of Mi	chiga	an State Youth Soccer Ass	sociation & M	ichigan Youth S		te Holder is	
Additional Insured as respects the o	perat	ZHOL	of the manied histired for	sanctioned ac	uviues of the st	ait association.		
CERTIFICATE LIGHTER				CANCELLA	TION			
CERTIFICATE HOLDER	<u> </u>	-		CANCELLA	ATION			
32000 Campbell	Scho	ol		THE EXPIRATI	OF THE ABOVE I ION DATE THEREO LICY PROVISIONS	DESCRIBED POLICIES BE CAI F, NOTICE WILL BE DELIVEREI	NCELLED BEFORE DINACCORDANCE	
Bishop Foley Catholic High 32000 Campbell Madison Heights, MI 48071	Scho	ol		THE EXPIRATI	ION DATE THEREC	F, NOTICE WILL BE DELIVEREI	NCELLED BEFORE DIN ACCORDANCE	

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AUTHORIZED REPRESENTATIVE



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COVED	AGES CEPTIFICATE NUMBER: 1400425	DEVISION NUMBED: (`				
		Insurer F:					
		Insurer E:					
		Insurer D:					
	Plymouth, MI 48170	Insurer C:					
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445				
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991				
		INSURERS AFFORDING COVERAGE	NAIC #				
		PRODUCER CUSTOMER ID#: MI					
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com					
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-29	93				
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division					
	• • • • • • • • • • • • • • • • • • • •						

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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

AVONDALE PARK Attn: YVONNE CURTIS 3400 BATHURST ROCHESTER HILLS, MI 48309

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



DATE (MM/DD/YYYY) 8/19/2014

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).

	Plymouth, MI 48170	Insurer C: Insurer D: Insurer E: Insurer F:					
	Plymouth, MI 48170	Insurer D:					
	Plymouth, MI 48170						
	Plymouth, MI 481/U	Insurer C:					
	,	l					
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445				
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991				
		INSURERS AFFORDING COVERAGE	NAIC #				
		PRODUCER CUSTOMER ID#: MI					
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com					
		PHONE: (817) 738-6100 FAX: (817) 738-299	93				
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division					

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	
Α	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(Fer accident)	
	NON-OWNED AUTOS							
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER CANCELLATION

BETHESDA CHRISTIAN CHURCH/SCHOOL Attn: YVONNE CURTIS 14000 METROPOLITAN PARKWAY STERLING HEIGHTS, MI 48312

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

Satik Dieli___



DATE (MM/DD/YYYY) 8/19/2014

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(-)	
Producer Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division
2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993
Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com
1 010 11 0100, 111 7 0110	PRODUCER CUSTOMER ID#: MI
	INSURERS AFFORDING COVERAGE NAIC #
NSURED Michigan State Youth Soccer Association	Insurer A: National Casualty Company 11991
9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company 19445
Plymouth, MI 48170	Insurer C:
•	Insurer D:
	Insurer E:
	Insurer F:
COVERAGES CERTIFICATE NUMBER	R: 14004788 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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(i ei accident)	
	NON-OWNED AUTOS							
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
	DEDUCTIBLE	1						
	RETENTION \$							
	WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATIO

BISHOP GALLAGHER SOCCER FIELDS Attn: Yvonne Curtis 36301 Utica Road

STERLING HEIGHTS, MI 48312

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



DATE (MM/DD/YYYY) 8/19/2014

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iii iicu oi s	den endorsement(s).					
PRODUCER Pu	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division				
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-29	93			
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com				
	1 010 11 01110	PRODUCER CUSTOMER ID#: MI				
		INSURERS AFFORDING COVERAGE NAIC #				
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991			
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445			
	Plymouth, MI 48170	Insurer C:				
	y ,	Insurer D:				
		Insurer E:				
		Insurer F:				
COVERA	AGES CERTIFICATE NUMBER: 1400478	REVISION NUMBER: ()			
THIS IS TO	CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR TH	IE POLICY PERIOD			

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 CLAIM.

EXC	LUSIONS AND CONDITIONS OF SUC	H PO	LICIE	Ś. LIMITS SHOWN MAY H	AVE BEEN REDUCE	ED BY PAID CLAI	MS.	-,
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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A					E. L. EACH ACCIDENT	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	13/7	N/A				E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000
\vdash			L	l		1	1	

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 & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CARPATHIA HALL (OUTDOOR FIELDS) Attn: Yvonne Curtis 38000 UTICA ROAD STERLING HEIGHTS, MI 48313

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

Satik Dieli___



DATE (MM/DD/YYYY) 8/19/2014

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and	l conditions of the policy, certain pole eu of such endorsement(s).	olicie	es ma	y require an endorsement.	A statement on	this certificate of	loes not confer rights to th	e certificate holder	
PRO	Pullen Insurance Se	rvi	ces	Inc	CONTACT NAME: Sports Division				
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76			300	E-MAIL ADDRESS:	contact@pu	llenins.com		
	1010 ((01011, 111 / 0	110			PRODUCER CUST	OMER ID#: MI			
					INSURERS AF	FORDING COVE	ERAGE	NAIC #	
INSU	Michigan State Youth	So	ccer	Association	Insurer A: N	ational Casualty	Company	11991	
	9401 General Drive, S						ire Insurance Company	19445	
	Plymouth, MI 48170	<i>-</i>		·	Insurer C:		1 7		
	11/11104111, 1/11 101/0				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTI	FIC	ATE NUMBER: 1400494		F	REVISION NUMBER:	0	
IND CEF EXC	S IS TO CERTIFY THAT THE POLICII ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IIREM RTAIN DLICIE	IENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONT DED BY THE PC E BEEN REDUC	RACT OR OTHER DLICIES DESCRIB ED BY PAID CLAII	R DOCUMENT WITH RESPECT TO	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		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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	ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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								
								Φ# 000 000	
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE	1					AGGREGATE	\$5,000,000	
	DEDUCTIBLE								
	RETENTION \$						WC STATU- OTH-		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						WC STATU- TORY LIMITS OTH- 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						E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
Thi	CRIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf o ditional Insured as respects the o	f Mi	chig	an State Youth Soccer Ass	sociation & M	id-Michigan Yo		tificate Holder is	
CE	RTIFICATE HOLDER				CANCELLA	ATION			
Ca At 30	armen Ainsworth AYSO So tn: Thomas Curatti 5 Henry Court ushing, MI 48433	occe	r Fie	elds	SHOULD ANY THE EXPIRAT WITH THE PO	OF THE ABOVE I ION DATE THEREO LICY PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE		
Flushing, IVII 48433					AUTHORIZED REF	'KESENTATIVE	Satil Dieli	-	

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DATE (MM/DD/YYYY) 8/19/2014

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COVERA	AGES CERTIFICATE NUMBER: 1400538	REVISION NUMBER: 0)			
		Insurer F:				
		Insurer E:				
		Insurer D:				
	Plymouth, MI 48170	Insurer C:				
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445			
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991			
		INSURERS AFFORDING COVERAGE	NAIC #			
		PRODUCER CUSTOMER ID#: MI				
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com				
	,	PHONE: (817) 738-6100 FAX: (817) 738-29	93			
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division				

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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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	111/7					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATIO
CENTIFICATE HULDEN	CANCELLATIO

BAUMGARTNER PARK SOCCER FIELDS Attn: YVONNE CURTIS 13000 15 MILD ROAD STERLING HEIGHTS, MI 48312

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



DATE (MM/DD/YYYY) 8/19/2014

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)

iii iieu oi s	such endorsement(s).						
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division					
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com					
		PRODUCER CUSTOMER ID#: MI					
		INSURERS AFFORDING COVERAGE NAIC #					
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991				
		Insurer B: National Union Fire Insurance Company	19445				
	Plymouth, MI 48170	Insurer C:					
		Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 1400562	REVISION NUMBER: 0)				
THIS IS TO	CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR TH	E POLICY PERIOD				

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 CLAIM.

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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(* 5. 555.55)	
	NON-OWNED AUTOC							
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A					E. L. EACH ACCIDENT	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

ALMONT HIGH SCHOOL Attn: Steve Zott, Superintendent 401 CHURCH ST.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Almont, MI 48003	AUTHORIZED REPRESENTATIVE Satik Dull

CANCELLATION

CERTIFICATE HOLDER



DATE (MM/DD/YYYY) 8/19/2014

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.

	eu of such endorsement(s).	JIICIE	J IIIA	y require an endorsement.	- Statement On	una certificate (ioca noi comer rigina to tri	c certificate floider
PRODUCER Pullen Insurance Services, Inc.					CONTACT NAME: Sports Division			
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993 E-MAIL ADDRESS: contact@pullenins.com			
	Fort Worth, TX 76		-					
	,,,				PRODUCER CUSTO	OMER ID#: MI		
					INSURERS AF	FORDING COVI	ERAGE	NAIC #
INSU	Michigan State Youth	Soc	ccer	Association	Insurer A: Na	ational Casualty	y Company	11991
	9401 General Drive, S						Fire Insurance Company	19445
	Plymouth, MI 48170	Juice	. 12	O	Insurer C:		1 7	
	Trymouth, wir 10170				Insurer D:			
					Insurer E:			
					Insurer F:			
СО	VERAGES CE	RTI	FICA	ATE NUMBER: 140057	1	F	REVISION NUMBER:	0
CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUC	REQUI PEF H PO	IREM RTAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAV	OF ANY CONTE DED BY THE PO E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECT TO	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	
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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	ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(
	X							
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000
	X EXCESS LIAB CLAIMS-MADE			11110 1000000	<i>3717</i> 2 01.	7,1,2010	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	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000
Thi	cription of operations/locations/ve s certificate is issued on behalf o ditional Insured as respects the o	f Mi	chiga	an State Youth Soccer Ass	sociation & Mi	id-Michigan Yo		tificate Holder is
CF	RTIFICATE HOLDER				CANCELLA	TION		
Alma Public Schools Attn: Tom Curatti 600 E. Downey St					SHOULD ANY THE EXPIRATI WITH THE POI	OF THE ABOVE I ON DATE THEREO LICY PROVISIONS	DESCRIBED POLICIES BE CA PF, NOTICE WILL BE DELIVERE	NCELLED BEFORE D IN ACCORDANCE
Αl	ma , MI 48801				AUTHORIZED REPRESENTATIVE Jatik Pull			



DATE (MM/DD/YYYY) 8/19/2014

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iii iica oi c	such chaorsement(s).						
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division					
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com					
	,	PRODUCER CUSTOMER ID#: MI					
		INSURERS AFFORDING COVERAGE	NAIC #				
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991				
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445				
	Plymouth, MI 48170	Insurer C:					
	•	Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 1400612	REVISION NUMBER: ()				
THIS IS TO	CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR TH	E POLICY PERIOD				

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 CLAIM.

_	LUSIONS AND CONDITIONS OF SUC			S. LIMITS SHOWN MAY H			MS.	
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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(i ei accident)	
	A NON-OWNED ACTOS							
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION			
Ann Arbor Pioneer High School Soccer Field 601 W. Stadium Blvd Ann Arbor, MI 48103	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 Pull			



DATE (MM/DD/YYYY) 8/19/2014

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in lieu of s	such endorsement(s).					
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division				
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-29	93			
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com				
		PRODUCER CUSTOMER ID#: MI				
		INSURERS AFFORDING COVERAGE	NAIC #			
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991			
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445			
	Plymouth, MI 48170	Insurer C:				
	,	Insurer D:				
		Insurer E:				
		Insurer F:				
COVER	AGES CERTIFICATE NUMBER: 1400637	71 REVISION NUMBER: ()			
INDICATED	O CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAD. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION ATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD	OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPEC	T TO WHICH THIS			

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY EFFECTIVE DATE (MM/DD/YY) POLICY EXPIRATION DATE (MM/DD/YY) TYPE OF INSURANCE POLICY NUMBER LIMITS \$1,000,000 GENERAL LIABILITY X KRO 4688700 9/1/2014 9/1/2015 A EACH OCCURRENCE X COMMERCIAL GENERAL LIABILITY \$300,000 CLAIMS MADE X OCCUR \$5,000 MED EXP (Any one person) \$1,000,000 PERSONAL & ADV INJURY UNLIMITED GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: \$1,000,000 PRODUCTS - COMP/OP AGG POLICY PROJECT \$1,000,000 PARTICIPANT LEGAL LIABILITY \$1,000,000 **AUTOMOBILE LIABILITY** KRO 4688700 9/1/2014 9/1/2015 COMBINED SINGLE LIMIT (Ea accident) ANY AUTO BODILY INJURY (Per person) ALL OWNED AUTOS **BODILY INJURY (Per accident)** SCHEDULED AUTOS PROPERTY DAMAGE HIRED AUTOS (Per accident) NON-OWNED AUTOS UMBRELLA LIAB X OCCUR XKO 4688800 9/1/2014 9/1/2015 \$5,000,000 Α EACH OCCURRENCE CLAIMS-MADE \$5,000,000 X EXCESS LIAB AGGREGATE DEDUCTIBLE RETENTION \$ WC STATU-TORY LIMITS

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

SRG 9115335A

Y/N

N/A

This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

9/1/2014

9/1/2015

CERTIFICATE HOLDER	CANCELLATION
Burr Elementary School Attn: Yvonne Curtis 41460 Ryan Road	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Sterling Heights, MI 48314	AUTHORIZED REPRESENTATIVE Satisfull

E. L. EACH ACCIDENT

E. L. DISEASE - EA EMPLOYEE

E. L. DISEASE - POLICY LIMIT

\$100,000

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

If ves. describe under

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

PARTICIPANT ACCIDENT MEDICAL



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain policy, certain policy, certain policy.	olicie	s ma	y require an endorsement.	A statement on	this certificate o	loes not confer rights to the	e certificate holder
PROI	Pullen Insurance Se	rvi	es	Inc	CONTACT NAME: Sports Division PHONE: (817) 738-6100 FAX: (817) 738-2993			
	2560 River Park Pl							
	Fort Worth, TX 76	,	Sui	10 300	E-MAIL ADDRESS: contact@pullenins.com			
	Toft Worth, 1A 70	110			PRODUCER CUSTO			
						FORDING COVE	=RAGE	NAIC #
INSU	RED N.C. 1. C N.C 1	-		A : .:	+			11991
11400	Wildingan State Touti					tional Casualty		
	9401 General Drive, S	Suite	e 12	O		itional Union F	Fire Insurance Company	19445
	Plymouth, MI 48170				Insurer C:			
					Insurer D:			
					Insurer E:			
					Insurer F:			
CO	VERAGES CE	RTI	FIC/	ATE NUMBER: 140066	22	F	REVISION NUMBER:	0
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY F ITIFICATE MAY BE ISSUED OR MAY ILUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREM RTAIN DLICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORE S. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	CT TO WHICH THIS
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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	
	X HIRED AUTOS						(Per accident)	
	X NON-OWNED AUTOS							
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
	DEDUCTIBLE	1						. , ,
	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?	N/A					E. L. DISEASE - EA EMPLOYEE	
	(Mandatory in NH) If yes, describe under							
В	DA DEIGIDA NE A COIDENE MEDICA I			SRG 9115335A	9/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000
Ъ	PARTICIPANT ACCIDENT MEDICAL			SKU 7113333A	9/1/2014	9/1/2013		\$100,000
DESC	 CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	ch ACORD 101 Additional Remarks S	chedule if more space	is required)		
	s certificate is issued on behalf o						Soccer League Certificat	te Holder is
	ditional Insured as respects the opening							ie Holder is
CE	RTIFICATE HOLDER				CANCELLA	TION		
	andon Township Communi	ity F	Park					
	ccer Field(s)	ity I	uik				DESCRIBED POLICIES BE CAI OF, NOTICE WILL BE DELIVEREI	
	tn: Yvonne Curtis					ICY PROVISIONS		D III ACCONDANCE
	14 N. Hadley Road							
					AUTHORIZED REPR	RESENTATIVE	$()$ $ \wedge$ \wedge	
Ol	Ortonville, MI 48462						Vatil Pull	-



DATE (MM/DD/YYYY) 8/19/2014

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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

	conditions of the policy, certain po eu of such endorsement(s).	olicies ma	ay require an endorsement.	A statement on	tnıs certificate c	loes not conter rights to th	ne certificate holder	
PROD	Pullen Insurance Se	ervices.	Inc.	CONTACT NAME:	Sports Divis	ion		
	2560 River Park Pl			PHONE: (8	PHONE: (817) 738-6100 FAX: (817) 738-2993			
	Fort Worth, TX 76			E-MAIL ADDRESS:	contact@pu	llenins.com		
	,			PRODUCER CUST	OMER ID#: MI		_	
				INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSU	RED Michigan State Youth	Socce	r Association	Insurer A: Na	ational Casualty	y Company	11991	
	9401 General Drive, S	Suite 12	20	Insurer B: Na	ational Union F	Fire Insurance Company	19445	
	Plymouth, MI 48170			Insurer C:				
	,			Insurer D:				
				Insurer E:				
				Insurer F:				
CO	VERAGES CE	RTIFIC	ATE NUMBER: 140066	530	F	REVISION NUMBER:	0	
EXC	S IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY F TIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUC	Y PERTAI CH POLICI	N, THE INSURANCE AFFORI ES. LIMITS SHOWN MAY HAV	DED BY THE PO /E BEEN REDUC!	ELICIES DESCRIB ED BY PAID CLAI	ED HEREIN IS SUBJECT T MS.	THE POLICY PERIOD CT TO WHICH THIS O ALL THE TERMS,	
INSR LTR	TYPE OF INSURANCE	ADD'L SUBR	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X	KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO		KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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		
						E. L. DISEASE - EA EMPLOYEE		
_	If yes, describe under		GD G 044 52254	0.44.201.4	0/1/2015	E. L. DISEASE - POLICY LIMIT	Φ100 000	
В	PARTICIPANT ACCIDENT MEDICAL		SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VE		ach ACORD 101, Additional Remarks S			1.6 1 6		

This certificate is issued on behalf of Michigan State Youth Soccer Association & Mid-Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
Atherton United Methodist Church Attn: Tom Curatti 4010 Lippincott Blvd.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Burton, MI 49519	AUTHORIZED REPRESENTATIVE Satik Pull

CERTIFICATE HOLDER



DATE (MM/DD/YYYY) 8/19/2014

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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)

in lieu of such endorsement(s).				1				
PRODUCER Pullen Insurance Services, Inc.				CONTACT NAME:	Firm			
2560 River Park Pl	te 300	PHONE: (8	(617) 756 6166 (617) 756 2555					
Fort Worth, TX 76		E-MAIL ADDRESS:	E-MAIL ADDRESS: contact@pullenins.com					
,				PRODUCER CUSTO	OMER ID#: MI			
				INSURERS AF	FORDING COVE	ERAGE	NAIC #	
INSURED Michigan State Youth	So	ccer	Association	Insurer A: Na	ational Casualty	Company	11991	
9401 General Drive,	Suite	120	0	Insurer B: Na	ational Union F	ire Insurance Company	19445	
Plymouth, MI 48170	5 67100			Insurer C:		•		
				Insurer D:				
				Insurer E:				
				Insurer F:				
COVERAGES CE	RTI	FICA	ATE NUMBER: 140067		F	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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(i el accident)		
A NON-OWNED ACTOS								
A UMBRELLA LIAB X OCCUR	+		XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
X EXCESS LIAB CLAIMS-MADE			711C 4000000	7/1/2014	7/1/2013	AGGREGATE	\$5,000,000	
DEDUCTIBLE	1					AGGREGATE	ψ3,000,000	
RETENTION \$								
	1					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		
B PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	E. L. DISEASE - POLIC I LIMIT	\$100,000	
B PARTICIPANT ACCIDENT MEDICAL			5KU 7113333K)/1/201 4)/1/2013		φ100,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	ch ACORD 101 Additional Remarks S	Chedule if more space	is required)			
This certificate is issued on behalf of		•				Soccer League. Certifica	te Holder is	
Additional Insured as respects the o								
CERTIFICATE HOLDER				CANCELLA	TION			

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

Outdoor Field

Administration Building

Attn: Yvonne Curtis 15115 Deefield

East Pointe, MI 48021

WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 8/19/2014

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in lieu of such endorsement(s).		, .,					
PRODUCER Pullen Insurance Se	ervices,	Inc.	CONTACT NAME:	CONTACT NAME: Sports Division			
2560 River Park Pl			PHONE: (8	PHONE: (817) 738-6100 FAX: (817) 738-2993			
Fort Worth, TX 76	,		E-MAIL ADDRESS: contact@pullenins.com				
			PRODUCER CUSTO	OMER ID#: MI			
			INSURERS AF	FORDING COVE	ERAGE	NAIC #	
INSURED Michigan State Youth	Soccei	Association	Insurer A: Na	ational Casualty	Company	11991	
9401 General Drive,	Suite 12	0	Insurer B: Na	ational Union F	ire Insurance Company	19445	
Plymouth, MI 48170			Insurer C:				
J sand y			Insurer D:				
			Insurer E:				
			Insurer F:				
COVERAGES CE	RTIFIC	ATE NUMBER: 140068	35	F	REVISION NUMBER:	0	
THIS IS TO CERTIFY THAT THE POLICI INDICATED. NOTWITHSTANDING ANY I CERTIFICATE MAY BE ISSUED OR MA EXCLUSIONS AND CONDITIONS OF SUC	REQUIREM Y PERTAII CH POLICII	IENT, TERM OR CONDITION N, THE INSURANCE AFFORI ES. LIMITS SHOWN MAY HAV	OF ANY CONTE DED BY THE PO 'E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	CT TO WHICH THIS	
INSR TYPE OF INSURANCE	ADD'L SUBR INSRD WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A GENERAL LIABILITY	X	KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO		KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
X EXCESS LIAB CLAIMS-MADE		11120 1000000	7,1,201.	37172010	AGGREGATE	\$5,000,000	
DEDUCTIBLE	1				7.00NZOMZ	1 = , = = , = = , = = =	
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		SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VE	HICLES (Atta	ıch ACORD 101, Additional Remarks S	L Schedule, if more space	e is required)	I		
This certificate is issued on behalf of	f Michig	an State Youth Soccer As	sociation & Mi	d-Michigan Yo	outh Soccer League. Cert	ificate Holder is	
Additional Insured as respects the o	perations	of the Named Insured for	r sanctioned act	tivities of the st	ate association.		

CERTIFICATE HOLDER	CANCELLATION
Audobon Park - City of Lapeer Attn: Ray Turczyn 880 S. Saginaw St.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Lapeer, MI 48446	AUTHORIZED REPRESENTATIVE Satik Pull



DATE (MM/DD/YYYY) 8/19/2014

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	is of the policy, certain p n endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate of	loes not confer rights to the	ne certificate holder	
PRODUCER	Pullen Insurance Se	ervi	ces.	Inc	CONTACT NAME: Sports Division				
	2560 River Park Pl				PHONE: (8	17) 738-6100	FAX: (817) 738-2	993	
	Fort Worth, TX 76		201		E-MAIL ADDRESS:	contact@pu	llenins.com		
	1010 ((01011, 111 / 0	110			PRODUCER CUSTO	OMER ID#: MI			
					INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSURED M	ichigan State Youth	h So	ccer	Association	Insurer A: Na	ational Casualty	y Company	11991	
	01 General Drive,				Insurer B: Na	ational Union F	Fire Insurance Company	19445	
	ymouth, MI 48170				Insurer C:		•		
	, , ,				Insurer D:				
					Insurer E:				
					Insurer F:				
COVERAG	ES CE	ERTI	FIC	ATE NUMBER: 140069	59	F	REVISION NUMBER:	0	
INDICATED. N CERTIFICATE EXCLUSIONS	OTWITHSTANDING ANY I MAY BE ISSUED OR MA	REQU Y PEI CH PC	IREM RTAIN LICIE	URANCE LISTED BELOW HAENT, TERM OR CONDITION I, THE INSURANCE AFFORI S. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE PO 'E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPE SED 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		
A GENERAL		X		KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE	\$1,000,000	
	RCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	LAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
<u> </u>							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
GEN'L AGGF	EGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000	
POLICY	PROJECT LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000	
A AUTOMOBI	LE LIABILITY			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	/NED AUTOS						BODILY INJURY (Per person)		
I ⊢	ULED AUTOS						BODILY INJURY (Per accident)		
X HIRED							PROPERTY DAMAGE (Per accident)		
l 	WNED AUTOS						(* 5: 5:5:5:5)		
A UMBRE	LLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
X EXCES	<u> </u>			1 1000000	, I, DOI 1	1 7, 1, 2010	1		
1 14 - 1	S LIAB CLAIMS-MADE						AGGREGATE	1- 1 1 1	
DEDUC		-					AGGREGATE	\$5,000,000	

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

SRG 9115335A

N/A

This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

9/1/2014

CANCELLATION

9/1/2015

CENTIFICATE HOLDEN	CANCELLATION
Beaufait Farms (Soccer Field) Attn: Yvonne Curtis 46138 Lookout Drive	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Macomb, MI 48044	AUTHORIZED REPRESENTATIVE Jatik Pull

E. L. EACH ACCIDENT

E. L. DISEASE - EA EMPLOYEE

E. L. DISEASE - POLICY LIMIT

\$100,000

CEDTIFICATE HOLDED

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

PARTICIPANT ACCIDENT MEDICAL

If yes, describe under



DATE (MM/DD/YYYY) 8/19/2014

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in lieu of s	such endorsement(s).							
PRODUCER	Pullen Insurance Services, Inc.	ces. Inc. CONTACT NAME: Sports Division						
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-29	93					
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com						
		PRODUCER CUSTOMER ID#: MI						
		INSURERS AFFORDING COVERAGE	NAIC #					
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991					
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445					
	Plymouth, MI 48170	Insurer C:						
	•	Insurer D:						
		Insurer E:						
		Insurer F:						
COVER	AGES CERTIFICATE NUMBER: 1400703	REVISION NUMBER: 0)					
INDICATED	CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAD NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION	OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPEC	T 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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(i ei accident)	
	NON-OWNED AUTOS							
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
	DEDUCTIBLE	1						
	RETENTION \$							
	WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE 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			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

OLK III IOAT E HOLDEK	OANOLLLATION				
BARNARD ELEMENTARY SCHOOL Attn: Yvonne Curtis 3601 FORGE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Troy, MI 48083	AUTHORIZED REPRESENTATIVE Satikbull				

CANCELL ATION

CERTIFICATE HOLDER



DATE (MM/DD/YYYY) 8/19/2014

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.

	conditions of the policy, certain po eu of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on t	this certificate d	loes not confer rights to the	e certificate holder	
PROI	Pullen Insurance Se	rvic	es	Inc	CONTACT NAME: Sports Division				
	2560 River Park Pla				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 762	,	Dui	10 300	E-MAIL ADDRESS: contact@pullenins.com				
	Toft Worth, 12 70	110			PRODUCER CUSTO				
					INSURERS AF	FORDING COVE	FRAGE	NAIC #	
INSU	IRED Michigan State Voyeth	Car		Association	1	tional Casualty		11991	
	Michigan State 1 Outil						Fire Insurance Company	19445	
	9401 General Drive, S	suite	120	U		ulollal Ullion F	The misurance Company	19443	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
	VED 4.050			TE MUNDED 440050	Insurer F:		EVIOLONI NUMBER		
				ATE NUMBER: 1400703			REVISION NUMBER:		
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	REQUI PER H PO	REMI RTAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	OF ANY CONTR DED BY THE POI E BEEN REDUCE	ACT OR OTHER LICIES DESCRIB D BY PAID CLAII	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	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		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
Л	X EXCESS LIAB CLAIMS-MADE			7KO 4000000)/1/201 4	7/1/2013		\$5,000,000	
	DEDUCTIBLE						AGGREGATE	Ψ5,000,000	
									
	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		
_	ii yes, describe under			an a	0/4/2044	0.11.501.5	E. L. DISEASE - POLICY LIMIT	φ100 000	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
Thi	CRIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf o ditional Insured as respects the op	f Mic	chiga	an State Youth Soccer Ass	sociation & Mi	chigan Youth S		te Holder is	
CF	RTIFICATE HOLDER				CANCELLA	TION			
Beach Park Attn: Yvonne Curtis 4695 Beach Road					SHOULD ANY THE EXPIRATION	OF THE ABOVE [DESCRIBED POLICIES BE CAI F, NOTICE WILL BE DELIVEREI	NCELLED BEFORE D IN ACCORDANCE	
Tr	oy, MI 48085				AUTHORIZED REPRESENTATIVE Satisfull				



DATE (MM/DD/YYYY) 8/19/2014

\$100,000

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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 per of such endorsement (s).	olicie	s ma	y require an endorsement.	A statement on	this certificate o	loes not confer rights to th	e certificate holder	
PROD	Pullen Insurance S	ervio	ces.	Inc.	CONTACT NAME:	Sports Divis	ion		
	2560 River Park Pl		,		PHONE: (82	17) 738-6100	FAX: (817) 738-29	993	
	Fort Worth, TX 76	,			E-MAIL ADDRESS:	contact@pu	llenins.com		
	,				PRODUCER CUSTO	OMER ID#: MI			
					INSURERS AF	FORDING COVE	ERAGE	NAIC #	
INSUF	RED Michigan State Youth	ı So	ccer	Association		tional Casualty		11991	
	9401 Ğeneral Drive,	Suite	120	0	Insurer B: Na	tional Union F	ire Insurance Company	19445	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	ERTI	FIC/	ATE NUMBER: 140070	38	F	REVISION NUMBER:	0	
INDI	S IS TO CERTIFY THAT THE POLICI CATED. NOTWITHSTANDING ANY I TIFICATE MAY BE ISSUED OR MA LUSIONS AND CONDITIONS OF SUG	REQUI Y PEF	IREM RTAIN	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	OF ANY CONTR DED BY THE PO	RACT OR OTHER LICIES DESCRIB	R DOCUMENT WITH RESPE LED HEREIN IS SUBJECT TO	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		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	ALL OWNED AUTOS						BODILY INJURY (Per person)		

BODILY INJURY (Per accident) SCHEDULED AUTOS PROPERTY DAMAGE (Per accident) HIRED AUTOS NON-OWNED AUTOS \$5,000,000 UMBRELLA LIAB X OCCUR XKO 4688800 9/1/2014 9/1/2015 EACH OCCURRENCE X EXCESS LIAB CLAIMS-MADE \$5,000,000 AGGREGATE DEDUCTIBLE RETENTION \$ WC STATU-TORY LIMITS WORKERS COMPENSATION 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

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

SRG 9115335A

This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

9/1/2014

9/1/2015

CERTIFICATE HOLDER	CANCELLATION
Bemis Elementary School Attn: Yvonne Curtis 3571 Northfield Pkwy	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Troy, MI 48084	AUTHORIZED REPRESENTATIVE Satisfull-

PARTICIPANT ACCIDENT MEDICAL



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain peeu of such endorsement(s).	olicie	s ma	y require an endorsement.	Á statement on t	this certificate o	loes not confer rights to the	e certificate holder	
PROI	Pullen Insurance So	ervi	ces	Inc	CONTACT NAME: Sports Division PHONE: (817) 738-6100 FAX: (817) 738-2993				
	2560 River Park Pl								
	Fort Worth, TX 76	,	Sui	10 500	E-MAIL ADDRESS: contact@pullenins.com				
	1 of t worth, 12t 70	110			PRODUCER CUSTO				
					INSURERS AF	FORDING COVE	ERAGE	NAIC #	
INSU	Michigan State Youth	. 50	222*	Association		tional Casualty		11991	
	9401 General Drive, S	200	12	Association			Fire Insurance Company	19445	
		Sur	2 12	U	Insurer C:	monar Omon r	ne msurance company	17443	
	Plymouth, MI 48170				Insurer D:				
					Insurer E:				
~~	VEDACES OF	DTI		ATE NUMBER: 140070	Insurer F:		CVICION NUMBER.		
				ATE NUMBER: 1400703			REVISION NUMBER:		
INDI CER EXC	S IS TO CERTIFY THAT THE POLICI ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MA' CLUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREM RTAIN DLICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORE S. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	-						BODILY INJURY (Per person)		
	ALL OWNED AUTOS						BODILY INJURY (Per accident)		
	SCHEDULED AUTOS						PROPERTY DAMAGE		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000	
	DEDUCTIBLE	1							
	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		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	E. E. DIOEAGE - I GEIGT EIWIT	\$100,000	
DEC	DIDTION OF ODERATIONS (1.004TICHS 11.7		0./4::	- L A O O D D A O A A A A B B B B B B B B B B B B B B	ala ala da de de				
Thi	cription of operations/locations/ve s certificate is issued on behalf o ditional Insured as respects the o	f Mi	chiga	an State Youth Soccer Ass	sociation & Mi	chigan Youth S	Soccer League. Certificate association.	te Holder is	
CF	RTIFICATE HOLDER				CANCELLA	TION			
Bo At 35	oulan Middle School tn: Yvonne Curtis 70 Northfield Pkwy oy, MI 48084				SHOULD ANY THE EXPIRATION	OF THE ABOVE I ON DATE THEREO LICY PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERED		
11	0y, 1411 40004				AUTHORIZED REPRESENTATIVE				



DATE (MM/DD/YYYY) 8/19/2014

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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

	conditions of the policy, certain peeu of such endorsement(s).	olicie	s ma	y require an endorsement.	À statement on	this certificate o	loes not confer rights to the	e certificate holder	
PROI	Pullen Insurance So	ervi	ces	Inc	CONTACT NAME: Sports Division PHONE: (817) 738-6100				
	2560 River Park Pl								
	Fort Worth, TX 76	,	Dui	110 300	E-MAIL ADDRESS: contact@pullenins.com				
	Tort Worth, 124 70	110			PRODUCER CUSTO				
					INSURERS AF	FORDING COVE	FRAGE	NAIC #	
INSU	IRED Michigan State Vouth		2221	Association		tional Casualty		11991	
	Michigan State 1 out	1 20	- 12	ASSOCIATION			Fire Insurance Company	19445	
	9401 General Drive, S	Suite	e 12	0		monai Omon r	The misurance Company	19443	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
	VED 1 0 5 0			ATE MUMBER 440050	Insurer F:		EVIOLONI NUMBER		
				ATE NUMBER: 140070			REVISION NUMBER:		
INDI CER EXC	S IS TO CERTIFY THAT THE POLICI ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MA' CLUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREM RTAIN DLICIE	IENT, TERM OR CONDITION N, THE INSURANCE AFFORI ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE			71110 1000000	7,1,201.	7,1,2015	AGGREGATE	\$5,000,000	
	DEDUCTIBLE	1					AGGREGATE	ψ2,000,000	
	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		
		-		GD G 0115005 A	0/1/2014	0/1/2015	E. L. DISEASE - POLICY LIMIT	¢100,000	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	ch ACORD 101, Additional Remarks S	chedule, if more space	is required)	1		
	s certificate is issued on behalf of						Soccer League. Certificat	te Holder is	
Ado	ditional Insured as respects the o	perat	ions	of the Named Insured for	sanctioned act	ivities of the st	ate association.		
CE	RTIFICATE HOLDER				CANCELLA	TION			
		XX 7			JANUELLA	11014			
Boulan Park East, Center and West Attn: Yvonne Curtis 3671 Crooks Road					THE EXPIRATION		DESCRIBED POLICIES BE CAI IF, NOTICE WILL BE DELIVEREI		
Tr	oy, MI 48084				AUTHORIZED REPI	RESENTATIVE	0 0		
					Satischele				



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain pe eu of such endorsement(s).	olicie	es ma	y require an endorsement.	A statement on	this certificate of	loes not confer rights to the	e certificate holder	
PROI	Pullen Insurance Se	rvi	ces	Inc	CONTACT NAME: Sports Division				
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76			10 300	E-MAIL ADDRESS: contact@pullenins.com				
	Toft Worth, 124 70	110			PRODUCER CUSTO				
					INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSU	RED Michigan State Vouth	So	2221	Association	+	tional Casualty		11991	
	Michigan State Youth 9401 General Drive, S						Fire Insurance Company	19445	
		Suite	e 12	U	Insurer C:	ttionar Omon I	ne msurance Company	17443	
	Plymouth, MI 48170				Insurer D:				
					Insurer E:				
~~	VEDACES OF	DTI		ATE NUMBER: 140070	Insurer F:		SEVICION NUMBER.		
				ATE NUMBER: 140070			REVISION NUMBER:		
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IIREM RTAIN DLICIE	IENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	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		
A	GENERAL LIABILITY	X	1	KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000	
	DEDUCTIBLE	1							
	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		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	E. E. SIGE/IGE T GEIGT EIMIT	\$100,000	
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (A#2	ch ACORD 101 Additional Remarks S	chedule if more space	is required)			
Thi	s certificate is issued on behalf o	f Mi	chig	an State Youth Soccer Ass	sociation & Mi	chigan Youth		te Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
Brinston Park - East and West Attn: Yvonne Curtis 2262 Brinston Troy, MI 48083					THE EXPIRATION	ON DATE THEREO	0 0		
					Jatik Well-				



DATE (MM/DD/YYYY) 8/19/2014

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in li	eu of such endorsement(s).		Ju	,					
PROI	Pullen Insurance Se	rvio	ces.	Inc.	CONTACT NAME: Sports Division PHONE: (817) 738-6100 FAX: (817) 738-2993				
	2560 River Park Pla								
	Fort Worth, TX 76.				E-MAIL ADDRESS: contact@pullenins.com				
					PRODUCER CUST	TOMER ID#: MI			
					INSURERS A	FFORDING COVI	ERAGE	NAIC #	
INSU	Michigan State Youth	Soc	ccer	Association	Insurer A: N	ational Casualt	v Company	11991	
	9401 General Drive, S						Fire Insurance Company	19445	
	Plymouth, MI 48170	Juice	. 12	O	Insurer C:				
	Trymouth, wir 10170				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTI	FIC	ATE NUMBER: 1400729		F	REVISION NUMBER:	0	
THIS INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	S OF EQU PEF H PO	F INS IREM RTAIN OLICIE	URANCE LISTED BELOW HA ENT, TERM OR CONDITION J. THE INSURANCE AFFORD	VE BEEN ISSUI OF ANY CONT DED BY THE PO E BEEN REDUC	ED TO THE INSU RACT OR OTHEF DLICIES DESCRIE ED BY PAID CLAI	RED NAMED ABOVE FOR TI R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT TO	HE POLICY PERIOD 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		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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	
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							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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
							BODILY INJURY (Per person)		
	ALL OWNED AUTOS						BODILY INJURY (Per accident)		
	SCHEDULED AUTOS						PROPERTY DAMAGE		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	2.2.3.62.162 . 62.6 . 2	\$100,000	
Thi	cription of operations / locations / ve s certificate is issued on behalf or ditional Insured as respects the op	f Mi	chiga	an State Youth Soccer Ass	sociation & M	ichigan Youth		te Holder is	
CE	RTIFICATE HOLDER				CANCELLA	ATION			
By At Cl	wood Soccer Field tn: Yvonne Curtis awson City Park				SHOULD ANY	OF THE ABOVE	DESCRIBED POLICIES BE CA PF, NOTICE WILL BE DELIVERE S.	NCELLED BEFORE D IN ACCORDANCE	
Cl	awson, MI 48017			AUTHORIZED REPRESENTATIVE					



DATE (MM/DD/YYYY) 8/19/2014

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.

	conditions of the policy, certain policy, certain policy and such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on t	this certificate o	does not confer rights to the	e certificate holder	
PROI	Pullen Insurance Se	rvi	es	Inc	CONTACT NAME: Sports Division				
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76	,	Sui	10 300	E-MAIL ADDRESS: contact@pullenins.com				
	Toft Worth, 1A 70	110			PRODUCER CUSTOMER ID#: MI				
						FORDING COVI	FRAGE	NAIC #	
INSU	RED N.C. 1. C. 4 N.C. 41	-		A : .:		11991			
11400	Wildingan State Touti					tional Casualty			
	9401 General Drive, S	Suite	e 12	O		itional Union F	Fire Insurance Company	19445	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	:RTI	FIC	ATE NUMBER: 1400729	98	F	REVISION NUMBER:	0	
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY F TIFICATE MAY BE ISSUED OR MAY ELUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREM RTAIN DLICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	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		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
• •	X EXCESS LIAB CLAIMS-MADE			1110 1000000	<i>)</i> , 1, 2011	7,1,2015	AGGREGATE	\$5,000,000	
	DEDUCTIBLE	1					AGGREGATE	42,000,000	
	RETENTION \$								
							WC STATU- TORY LIMITS OTH- ER		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N								
	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		
D				CDC 0115225 A	0/1/2014	0/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	ch ACORD 101, Additional Remarks S	chedule, if more space	e is required)	1		
	s certificate is issued on behalf o						Soccer League. Certificat	te Holder is	
Add	ditional Insured as respects the o	perat	ions	of the Named Insured for	sanctioned act	ivities of the st	tate association.		
	•	•							
CE	DTIEICATE HOLDED				CANCELLA	TION			
	RTIFICATE HOLDER				CANCELLA	TION			
	rkley School District				SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA	NCELLED BEFORE	
	tn: Yvonne Curtis				THE EXPIRATION		F, NOTICE WILL BE DELIVERE		
	05 CATALPA				WITH THE POL	LOT I NOVIGIONS	•		
Be	rkley, MI 48072				AUTHORIZED REPR	RESENTATIVE	\cap		
						Vatik Pulling	-		



DATE (MM/DD/YYYY) 8/19/2014

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).

	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-29	93				
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com					
	1 010 11 01011, 111 7 0110	PRODUCER CUSTOMER ID#: MI					
		INSURERS AFFORDING COVERAGE	NAIC #				
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991				
		Insurer B: National Union Fire Insurance Company	19445				
	*	Insurer C:					
		Insurer D:					
		Insurer E:					
		Insurer F:					
COVERA	AGES CERTIFICATE NUMBER: 1400729	9 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	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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION

CATALPA OAKS COUNTY PARK

Attn: Yvonne Curtis

CATLPA DRIVE AND GREENFIELD RD

Southfield, MI 48076

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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DATE (MM/DD/YYYY) 8/19/2014

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and	or in the certificate holder is conditions of the policy, certain pole of such endorsement(s).									
PRO	Pullen Insurance Se	ervi	ces,	Inc.	CONTACT NAME:	Sports Divis	ion			
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 76				E-MAIL ADDRESS:	contact@pul	llenins.com			
	,				PRODUCER CUSTO	MER ID#: MI				
					INSURERS AF	FORDING COVE	ERAGE	NAIC #		
INSU	RED Michigan State Youth	So	ccer	Association	Insurer A: Na	tional Casualty	y Company	11991		
	9401 General Drive, S				Insurer B: Na	tional Union F	ire Insurance Company	19445		
	Plymouth, MI 48170				Insurer C:					
	•				Insurer D:					
					Insurer E:					
					Insurer F:					
				ATE NUMBER: 1400730			REVISION NUMBER:			
IND CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	REQU PEI H PC	IREM RTAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	OF ANY CONTR DED BY THE POL E BEEN REDUCE	ACT OR OTHER LICIES DESCRIB D BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	CT TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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	ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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									
	TY COOLD			**************************************	0/1/2011	0.44.004.5		Φ5 000 000		
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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						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			SRG 9115335A	9/1/2014	9/1/2015	2. 2. 5.627.62	\$100,000		
DEC	CRIPTION OF OPERATIONS / LOCATIONS / VE		S (A#-	sh ACORD 101 Additional Damaria C	chodulo if more cases	is roquired)				
Thi	cription of operations / Locations / Ve s certificate is issued on behalf o ditional Insured as respects the o	f Mi	chiga	nn State Youth Soccer Ass	sociation & Mi	chigan Youth S		te Holder is		
CE	RTIFICATE HOLDER				CANCELLA	TION				
BEDFORD WOODS PARK Attn: Yvonne Curtis Lathrup Drive					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
30	outhfield, MI 48076			AUTHORIZED REPRESENTATIVE Satisfuel						



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain per eu of such endorsement(s).	olicie	s ma	ly require an endorsement.	A statement on	this certificate o	loes not confer rights to th	e certificate holder	
PRO	Pullen Insurance So	rvi	ces	Inc	CONTACT NAME: Sports Division				
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76	,	Sui	ne 300	E-MAIL ADDRESS: contact@pullenins.com				
	Fort Worth, 1A 70	110			PRODUCER CUSTOMER ID#: MI				
					INSURERS AF	FORDING COVI	FRAGE	NAIC #	
INSU	RED Michigan State Voyeth	· Co	0001	· Association		tional Casualty		11991	
	Wildingan State 1 Outi							19445	
	9401 General Drive, S	Sulu	e 12	.0	F. J			17443	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
\Box	VERAGES CE	ЭТІ	EIC.	ATE NUMBER: 140091	Insurer F:		REVISION NUMBER:	0	
THIS IND CER EXC	S IS TO CERTIFY THAT THE POLICII CATED. NOTWITHSTANDING ANY F TIFICATE MAY BE ISSUED OR MA' LUSIONS AND CONDITIONS OF SUC	ES OI REQU Y PEI CH PC	F INS IREM RTAIN OLICIE	URANCE LISTED BELOW HA IENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	VE BEEN ISSUE OF ANY CONTR DED BY THE POI E BEEN REDUCE	D TO THE INSUI RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT TO	HE POLICY PERIOD 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		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	ALL OWNED AUTOS						BODILY INJURY (Per person)		
	\vdash						BODILY INJURY (Per accident)		
	SCHEDULED AUTOS						PROPERTY DAMAGE		
	X HIRED AUTOS						(Per accident)		
	NON-OWNED AUTOS								
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	NI/A					E. L. EACH ACCIDENT		
	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			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
DESC	LECTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	Loch ACORD 101, Additional Remarks S	chedule, if more space	l is required)	<u> </u>		
Thi	s certificate is issued on behalf of litional Insured as respects the o	f Mi	chig	an State Youth Soccer Ass	sociation & Mi	d-Michigan Yo		tificate Holder is	
CF	RTIFICATE HOLDER				CANCELLA	TION			
Bi 13	rch Run Park 175 Maple Rd. rch Run, MI 48415				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 Satikbull				



DATE (MM/DD/YYYY) 8/19/2014

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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).

COVERA							
		Insurer F:					
		Insurer E:					
		Insurer D:					
	Plymouth, MI 48170	Insurer C:					
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445				
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991				
		INSURERS AFFORDING COVERAGE	NAIC #				
		PRODUCER CUSTOMER ID#: MI					
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com					
	,	HONE: (817) 738-6100 FAX: (817) 738-2993					
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division					

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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION

BRANDON SCHOOLS ATHLETIC COMPLEX Soccer Fields 209 VARSITY DRIVE

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

Ortonville, MI 48462



DATE (MM/DD/YYYY) 8/19/2014

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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 pole eu of such endorsement(s).	olicie	es ma	y require an endorsement.	A statement on	this certificate d	loes not confer rights to th	e certificate holder		
PRO	Pullen Insurance Se	rvi	ces	Inc	CONTACT NAME: Sports Division					
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 76		, Dui	300	E-MAIL ADDRESS	contact@pul	llenins.com			
	1010 ((01011, 111 / 0	110			PRODUCER CUST	OMER ID#: MI				
					INSURERS AFFORDING COVERAGE NAIC #					
INSL	Michigan State Youth	So	ccei	Association	Insurer A: N	11991				
	9401 General Drive, S						ire Insurance Company	19445		
	Plymouth, MI 48170			•	Insurer C:		•			
	3				Insurer D:					
					Insurer E:					
					Insurer F:					
CC	VERAGES CE	RTI	FIC	ATE NUMBER: 140116	86	F	REVISION NUMBER:	0		
IND CEF EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MA' CLUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREN RTAIN DLICIE	IENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONT DED BY THE PO E BEEN REDUC	RACT OR OTHER DLICIES DESCRIB ED BY PAID CLAII	R DOCUMENT WITH RESPECT TO	CT TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADD'L INSRD	SUBR WVD		POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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	ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
^	X EXCESS LIAB CLAIMS-MADE			ARO 4000000)/1/201 4)/1/2013	AGGREGATE	\$5,000,000		
	DEDUCTIBLE	1					AGGREGATE	ψ3,000,000		
	RETENTION \$									
	WORKERS COMPENSATION						WC STATU- TORY LIMITS ER			
	AND EMPLOYERS' LIABILITY Y/N						E. L. EACH ACCIDENT			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E. L. DISEASE - EA EMPLOYEE			
	(Mandatory in NH) If yes, describe under						E. L. DISEASE - POLICY LIMIT			
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	E. E. BIOLAGE T GEIGT EINIT	\$100,000		
	Thereal the the election is the state of the			SRG 711333311	<i>y</i> , 1, 201 1	7,1,2013		, , , , , , , , , , , , , , , , , , , ,		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	ıch ACORD 101, Additional Remarks S	chedule, if more space	ce is required)				
	s certificate is issued on behalf o ditional Insured as respects the o							tificate Holder is		
CF	RTIFICATE HOLDER				CANCELLA	ATION				
	centennial Park				J TOLLER					
At 15	tn: Gary Yunge 05 East Grand Blanc Rd				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Gi	and Blanc, MI 48439				AUTHORIZED REPRESENTATIVE					



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain per eu of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate o	loes not confer rights to th	e certificate holder	
PROD	Pullen Insurance So	ervi	es	Inc	CONTACT NAME: Sports Division				
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76		Du	110 300	E-MAIL ADDRESS: contact@pullenins.com				
	Toft Worth, 124 70	110			PRODUCER CUSTO				
					INSURERS AF	NAIC #			
INSU	RED Minhings Chata Vandl			. A association	1	11991			
"1001	Michigan State 1 out					tional Casualty	ire Insurance Company	19445	
	9401 General Drive, S	Suite	e 12	20		monai Umon F	ire insurance Company	19443	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
				A== 10000== 10000	Insurer F:				
				ATE NUMBER: 140119			REVISION NUMBER:		
INDI CER EXC	S IS TO CERTIFY THAT THE POLICI CATED. NOTWITHSTANDING ANY F TIFICATE MAY BE ISSUED OR MA' LUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREN RTAIN DLICIE	IENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE PO E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT TO MS.	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR WVD		POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	 						BODILY INJURY (Per person)		
	ALL OWNED AUTOS						BODILY INJURY (Per accident)		
	SCHEDULED AUTOS						PROPERTY DAMAGE		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
	77 2200	-		*****		0/4/2042		Φ5 000 000	
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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	N/A					E. L. EACH ACCIDENT		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	"					E. L. DISEASE - EA EMPLOYEE		
	If yes, describe under						E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	ach ACORD 101, Additional Remarks S	chedule, if more space	e is required)			
	s certificate is issued on behalf o							te Holder is	
Add	litional Insured as respects the o	perat	ions	of the Named Insured for	sanctioned act	ivities of the st	ate association.		
CE	RTIFICATE HOLDER				CANCELLA	TION			
	MANDA MOORE ELEME	۸D	V	JANGELEA	111011				
I .		ZIN I.	AK	1	SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA	NCELLED BEFORE	
1	9 DICKENSON ST					ON DATE THEREO LICY PROVISIONS	F, NOTICE WILL BE DELIVERE	D IN ACCORDANCE	
KC	OMEO , MI 48065								
					AUTHORIZED REP	RESENTATIVE	\bigcap		
					Jutik Cheli-				



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain per cert	olicie	s ma	y require an endorsement.	A statement on	this certificate of	loes not confer rights to the	e certificate holder		
PRO	Pullen Insurance So	ervi	ces.	Inc.	CONTACT NAME: Sports Division					
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 76		Sui	.te 300	E-MAIL ADDRESS: contact@pullenins.com					
	Toft Worth, 124 70	110			PRODUCER CUSTOMER ID#: MI					
					INSURERS AF	FORDING COVE	FRAGE	NAIC #		
INSU	JRED Michigan State Vouth	· Co	2221	Association	+	tional Casualty		11991		
	Michigan State 1 out						ire Insurance Company	19445		
	9401 General Drive, S	Sulu	3 12	U		monai Omon i	ne msurance Company	17443		
	Plymouth, MI 48170				Insurer C:			+		
					Insurer D:					
					Insurer E:					
	VED 4 0 5 0	- D.T.		ATE MUMBER 1401014	Insurer F:		NEVIOLONI NUMBER			
				ATE NUMBER: 140121			REVISION NUMBER:			
IND CEF EXC	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 CH PC	IREM RTAIN DLICIE	ENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	NOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO MS.	CT TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE		SUBR WVD		POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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			
	X HIRED AUTOS						(Per accident)			
	X NON-OWNED AUTOS									
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
	X EXCESS LIAB CLAIMS-MADE				,, ,, _, .	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AGGREGATE	\$5,000,000		
	DEDUCTIBLE	1					7.CONZONIE	, - , ,		
	RETENTION \$									
							WC STATU- OTH-			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						TORY LIMITS ER 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									
D				CDC 0115225 A	0/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000		
	CRIPTION OF OPERATIONS / LOCATIONS / VE						1			
	s certificate is issued on behalf o							te Holder is		
Ado	ditional Insured as respects the o	perat	ions	of the Named Insured for	sanctioned act	ivities of the st	ate association.			
CE	RTIFICATE HOLDER				CANCELLA	TION				
	erlin Township Memorial P	ark			071110222					
	0 CAPAC RD.	ark			SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA	NCELLED BEFORE		
	LLENTON, MI 48002				WITH THE POL	ICY PROVISIONS	F, NOTICE WILL BE DELIVERE	D IN ACCURDANCE		
ΑI	LLENTON, WII 40002									
					AUTHORIZED REPI	RESENTATIVE	\bigcap			
					Jatik Pulling					
					1		v			



DATE (MM/DD/YYYY) 8/19/2014

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in li	eu of such endorsement(s).												
Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116 Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170					CONTACT NAME: Sports Division								
					PHONE: (817) 738-6100 FAX: (817) 738-2993 E-MAIL ADDRESS: contact@pullenins.com PRODUCER CUSTOMER ID#: MI								
									INSURERS AFFORDING COVERAGE			NAIC #	
									Insurer A: Na	tional Casualty	v Company	11991	
					Insurer B: National Union Fire Insurance Company			19445					
					Insurer C:								
					Insurer D:								
										Insurer E:			
										Insurer F:			
CO	VERAGES CE	RTI	FIC 4	ATE NUMBER: 140126			REVISION NUMBER:	0					
THIS IND CER EXC	S IS TO CERTIFY THAT THE POLICII CATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MA' LUSIONS AND CONDITIONS OF SUC	ES OF REQU Y PEF CH PC	INSI IREMI RTAIN ILICIE	JRANCE LISTED BELOW HA ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	VE BEEN ISSUE OF ANY CONTR DED BY THE POI E BEEN REDUCE	D TO THE INSUI LACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	RED NAMED ABOVE FOR TI DOCUMENT WITH RESPE ED HEREIN IS SUBJECT TO	HE POLICY PERIOD					
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						
	GENERAL LIABILITY			KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000					
	ALL OWNED AUTOS						BODILY INJURY (Per person)						
							BODILY INJURY (Per accident)						
	SCHEDULED AUTOS						PROPERTY DAMAGE						
	X HIRED AUTOS						(Per accident)						
	X NON-OWNED AUTOS												
Λ	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EAGU GOOLIDDENGE	\$5,000,000					
A	X EXCESS LIAB CLAIMS-MADE			AKU 4000000	9/1/2014	9/1/2013	EACH OCCURRENCE	\$5,000,000					
	DEDUCTIBLE DESCRIPTION OF THE PROPERTY OF THE	1					AGGREGATE	\$3,000,000					
	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						
	-			CDC 0115225 A	0/1/2014	0/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000					
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000					
Thi	CRIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf of ditional Insured as respects the o	f Mi	chiga	n State Youth Soccer Ass	sociation & Mi	chigan Youth S	Soccer League. Certifica ate association.	te Holder is					
CERTIFICATE HOLDER					CANCELLATION								
Addams Elementary 2222 W Webster Rd. Royal Oak, MI 48073					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								



DATE (MM/DD/YYYY) 8/19/2014

\$5,000,000

\$5,000,000

\$100,000

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and o	or IANI: If the certificate holder is conditions of the policy, certain purely under the certain purely.	s an <i>i</i> olicie	ADDI es ma	y require an endorsement.	y(les) must be A statement on	this certificate of	loes not confer rights to th	ne certificate holder	
PROD	Pullen Insurance S	ervi	ces.	Inc.	CONTACT NAME: Sports Division				
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76				E-MAIL ADDRESS:	contact@pul	lenins.com		
	, , , , , , , , , , , , , , , , , , , ,				PRODUCER CUST	OMER ID#: MI			
					INSURERS AF	FORDING COVE	ERAGE	NAIC #	
INSUR	ED Michigan State Youth	ı So	ccer	Association	Insurer A: Na	ational Casualty	/ Company	11991	
	9401 General Drive,				Insurer B: Na	ational Union F	ire Insurance Company	19445	
	Plymouth, MI 48170				Insurer C:				
	,				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	/ERAGES CE	RTI	FIC/	ATE NUMBER: 140131	34	F	REVISION NUMBER:	0	
INDIC	IS TO CERTIFY THAT THE POLICI CATED. NOTWITHSTANDING ANY I TIFICATE MAY BE ISSUED OR MA USIONS AND CONDITIONS OF SUC	REQU Y PE	IIREM RTAIN	IENT, TERM OR CONDITION N, THE INSURANCE AFFORD	OF ANY CONTR	RACT OR OTHER DLICIES DESCRIB	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		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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)		

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

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

XKO 4688800

SRG 9115335A

This certificate is issued on behalf of Michigan State Youth Soccer Association & MICHIGAN YOUTH SOCCER LEAGUE. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

9/1/2014

9/1/2014

9/1/2015

9/1/2015

CERTIFICATE HOLDER	CANCELLATION
CALVARY BAPTIST ACADEMY 6100 PERRINE RD MIDLAND, MI 48640	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 Satik Pull

EACH OCCURRENCE

WC STATU-TORY LIMITS

AGGREGATE

HIRED AUTOS NON-OWNED AUTOS

EXCESS LIAB

DEDUCTIBLE RETENTION \$

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

UMBRELLA LIAB X OCCUR

PARTICIPANT ACCIDENT MEDICAL

CLAIMS-MADE

Y/N



DATE (MM/DD/YYYY) 8/19/2014

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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).											
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division									
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993									
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com									
		PRODUCER CUSTOMER ID#: MI									
		INSURERS AFFORDING COVERAGE	NAIC #								
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991								
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445								
	Plymouth, MI 48170	Insurer C:									
	,	Insurer D:									
		Insurer E:									
		Insurer F:									
COVER	AGES CERTIFICATE NUMBER: 140143	23 REVISION NUMBER: ()								
INDICATED CERTIFICA	HIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD IDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS ERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, XCI USIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUICED BY PAID CLAIMS.										

INSR LTR	TYPE OF INSURANCE	ADD'L INSRD	SUBR	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	X	****	KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ALL OWNED AUTOS						BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
	SCHEDULED AUTOS X HIRED AUTOS						PROPERTY DAMAGE (Per accident)	
	X NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E. L. EACH ACCIDENT	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	. •,, \					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
AMBASSADOR PARK 600 EAST 13 MILE RD MADISON HEIGHTS, MI 48071	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 Satisfulli



DATE (MM/DD/YYYY) 8/19/2014

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.

	conditions of the policy, certain peeu of such endorsement(s).	olicie	s ma	y require an endorsement.	Á statement on t	this certificate o	loes not confer rights to the	e certificate holder		
PROI	Pullen Insurance So	ervi	ces	Inc	CONTACT NAME: Sports Division					
	2560 River Park Pl				PHONE: (81	17) 738-6100	FAX: (817) 738-29	993		
	Fort Worth, TX 76	,	Sui	500	E-MAIL ADDRESS:	contact@pul	llenins.com			
	1 of t worth, 12t 70	110			PRODUCER CUSTOMER ID#: MI					
					INSURERS AF	FORDING COVE	ERAGE	NAIC #		
INSU	Michigan State Youth	. 50	CCOT	Association	1	tional Casualty		11991		
	9401 General Drive, S	200	12	Association			Fire Insurance Company	19445		
	Plymouth, MI 48170	Sulu	C 12	U	Insurer C:	monar Cmon r	ne insurance company	17443		
	Flyilloutii, Mii 46170				Insurer D:					
					Insurer E:					
					Insurer F:					
	VERAGES CE	DTI	FIC	ATE NUMBER: 140150			REVISION NUMBER:	0		
THIS INDI CER EXC	S IS TO CERTIFY THAT THE POLICI ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MA' LUSIONS AND CONDITIONS OF SUC	ES O REQU Y PEI CH PC	F INS IREM RTAIN OLICIE	URANCE LISTED BELOW HA ENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAV	VE BEEN ISSUE OF ANY CONTR DED BY THE POI E BEEN REDUCE	D TO THE INSUI RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	RED NAMED ABOVE FOR TH R DOCUMENT WITH RESPEC ED HEREIN IS SUBJECT TO MS.	HE POLICY PERIOD CT TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	*******		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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	ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(i ei accident)			
	A NON-OWNED ACTOS									
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
11	X EXCESS LIAB CLAIMS-MADE			7110 1000000	<i>7/1/2011</i>	7/1/2013	AGGREGATE	\$5,000,000		
	DEDUCTIBLE	1					AGGREGATE	ψ2,000,000		
	RETENTION \$									
	WORKERS COMPENSATION						WC STATU- TORY LIMITS ER			
	AND EMPLOYERS' LIABILITY Y/N						TORY LIMITS ER 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			SRG 9115335A	9/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000		
D	TAKTICII ANT ACCIDENT MEDICAE			BRG 711333311)/1/201 4	7/1/2013		Ψ100,000		
DESC	.I CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	L ch ACORD 101, Additional Remarks S	chedule, if more space	l e is required)				
Thi	s certificate is issued on behalf oditional Insured as respects the o	f Mi	chiga	an State Youth Soccer As	sociation & Mi	chigan Youth S	Soccer League. Certificate association.	te Holder is		
CE	BLIEICALE MUI DED				CANCELLA	TION				
ANDERSON ELEMENTARY 5290 LEROY ST. GRAND BLANC, MI 48439					SHOULD ANY THE EXPIRATION	OF THE ABOVE I ON DATE THEREO LICY PROVISIONS	DESCRIBED POLICIES BE CA IF, NOTICE WILL BE DELIVERED			
					AUTHORIZED REP	RESENTATIVE	Jatik Oveli	-		



DATE (MM/DD/YYYY) 8/19/2014

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.

	eu of such endorsement(s).	nicies ii	ay require an endorsement.	A statement on	inis certificate (does not comer rights to th	e certificate florder	
PRO	Pullen Insurance Se	rvices	Inc.	CONTACT NAME: Sports Division				
	2560 River Park Pla			PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 761			E-MAIL ADDRESS: contact@pullenins.com				
	1 010 11 01011, 111 7 0 3			PRODUCER CUSTOMER ID#: MI				
				INSURERS AF	FORDING COV	ERAGE	NAIC #	
INSU	Michigan State Youth	Socce	er Association	Insurer A: Na	tional Casualt	v Company	11991	
	9401 General Drive, S					Fire Insurance Company	19445	
	Plymouth, MI 48170	ounce i	20	Insurer C:			27.10	
	1 1ymoddi, 141 401 70			Insurer D:				
				Insurer E:				
				Insurer F:				
CO	VERAGES CE	RTIFIC	CATE NUMBER: 140167	-	F	REVISION NUMBER:	0	
THIS IND CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	S OF IN EQUIRE PERTA H POLIC	SURANCE LISTED BELOW HAMENT, TERM OR CONDITION IN, THE INSURANCE AFFORI IES. LIMITS SHOWN MAY HAV	AVE BEEN ISSUE OF ANY CONTR DED BY THE PO E BEEN REDUCE	D TO THE INSU RACT OR OTHER LICIES DESCRIE ED BY PAID CLAI	RED NAMED ABOVE FOR TO R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT TO	HE POLICY PERIOD	
INSR LTR	TYPE OF INSURANCE	ADD'L SUB INSRD WV	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X	KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO		KRO 4688700	9/1/2014	9/1/2015	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					(i ei accident)		
	X NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR		XKO 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E. L. EACH ACCIDENT		
	OFFICER/MEMBER EXCLUDED?	IN/A				E. L. DISEASE - EA EMPLOYEE		
	If yes, describe under					E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL		SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEI	HICLES (At	ttach ACORD 101, Additional Remarks S	chedule, if more space	is required)			
	s certificate is issued on behalf of					Soccer League. Certifica	te Holder is	
Ado	ditional Insured as respects the op-	eration	s of the Named Insured for	sanctioned act	ivities of the s	tate association.		
CE	RTIFICATE HOLDER			CANCELLA	TION			
	rmingham Public Schools							
	0 West Merrill			SHOULD ANY	OF THE ABOVE	DESCRIBED POLICIES BE CA DF, NOTICE WILL BE DELIVERE	NCELLED BEFORE	
	rmingham, MI 48009				LICY PROVISIONS		2 ACCONDANCE	
1 1.	g.i, 1411 +0007			AUT. 105:=== ===	DEOENTAT" (T	•		
				AUTHORIZED REPI	KESENTATIVE	Vatik Ovel		
						Xale Chille-	-	



DATE (MM/DD/YYYY) 8/19/2014

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 cuch endorsement(s)

	such chaorsement(s).									
PRODUCER	runen msurance se				CONTACT NAME: Sports Division					
	2560 River Park Pl	,	Sui	te 300		17) 738-6100	FAX: (817) 738-29	993		
	Fort Worth, TX 76	116			E-MAIL ADDRESS: contact@pullenins.com					
					PRODUCER CUST					
					INSURERS AF	FORDING COVE	ERAGE	NAIC #		
INSURED	Michigan State Youth	ı So	ccer	Association	Insurer A: Na	ational Casualty	/ Company	11991		
	9401 General Drive, S	Suite	e 12	0	Insurer B: Na	ational Union F	ire Insurance Company	19445		
	Plymouth, MI 48170				Insurer C:					
	•				Insurer D:					
					Insurer E:					
					Insurer F:					
COVER	AGES CE	RTI	FIC/	ATE NUMBER: 141166	45	F	REVISION NUMBER:	0		
INDICATE:	O CERTIFY THAT THE POLICII D. NOTWITHSTANDING ANY F ATE MAY BE ISSUED OR MA' DNS AND CONDITIONS OF SUC	REQU Y PEI	IREM RTAIN	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	OF ANY CONTR DED BY THE PO	RACT OR OTHER LICIES DESCRIB	DOCUMENT WITH RESPECT TO	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			
	RAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE	\$1,000,000		
Xc	OMMERCIAL 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		
PC	DLICY PROJECT LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000		
I ** ├──	MOBILE LIABILITY			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
l H _{AL}	L OWNED AUTOS						BODILY INJURY (Per person)			
so	CHEDULED AUTOS						BODILY INJURY (Per accident)			
Хн	RED AUTOS						PROPERTY DAMAGE (Per accident)			
	ON-OWNED AUTOS									
A U	MBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
XEX	CLAIMS-MADE						AGGREGATE	\$5,000,000		
DE	EDUCTIBLE									
RE	ETENTION \$									
WORK	(ERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER			
1 1	EMPLOYERS' LIABILITY Y/N ROPRIETOR/PARTNER/EXECUTIVE	NI/A					E. L. EACH ACCIDENT			
OFFICE	R/MEMBER EXCLUDED?	N/A					E. L. DISEASE - EA EMPLOYEE			
If yes, de	escribe under						E. L. DISEASE - POLICY LIMIT			
B PART	TICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000		
This cert Addition	on of operations/locations/ve ificate is issued on behalf of al Insured as respects the of	f Mi	chiga	an State Youth Soccer As	sociation & Mi	ichigan Youth Stivities of the st		te Holder is		
CERTIF	ICALE HULDER				CANCELLA	TION				

Assumption Church 21800 Marter Road St. Clair Shores, MI 48080

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 Pull



DATE (MM/DD/YYYY) 8/19/2014

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in li			orsement(511010		y require an endorsement.	A Statement	0		ioco not comer riginio to t	ne der timodic morder
PRO	DUCER	Pull	len Insui	rance So	ervi	ces.	Inc.	CONTACT NAME: Sports Division				
			0 River					PHONE: (817) 738-6100 FAX: (817) 738-2993				
			t Worth,		,			E-MAIL ADDRESS: contact@pullenins.com				
			,					PRODUCER C	USTO	MER ID#: MI		
								INSURERS AFFORDING COVERAGE				NAIC #
INSU	RED	Michi	gan Stat	e Youth	So	ccei	Association	Insurer A:	Nat	ional Casualty	y Company	11991
		9401	General	Drive. S	Suite	e 12	0	Insurer B:	Nat	ional Union F	Fire Insurance Company	19445
			outh, MI		5 652 6			Insurer C:			•	
		1 1) 1110	0,011, 1,11	.01,0				Insurer D:				
								Insurer E:				
								Insurer F:				
CO	VER	AGES		CE	RTI	FIC	ATE NUMBER: 141166	46		F	REVISION NUMBER:	0
CEF EXC	ICATEI RTIFIC <i>A</i>	D. NOTWI ATE MAY INS AND (THSTANDI BE ISSUE CONDITION	NG ANY F D OR MA	REQU Y PEI CH PC	IREM RTAIN OLICIE	URANCE LISTED BELOW HA IENT, TERM OR CONDITION N, THE INSURANCE AFFORE SS. LIMITS SHOWN MAY HAV	OF ANY CO DED BY THE E BEEN RED	NTRA POL UCEI	ACT OR OTHER ICIES DESCRIB D BY PAID CLAI	R DOCUMENT WITH RESPECT THE SUBJECT TO SUBJECT SUBJECT TO SUBJECT SUB	CT TO WHICH THIS
INSR LTR			OF INSURANCE			SUBR WVD		POLICY EFFECT DATE (MM/DD/Y	Y)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		RAL LIABILI			X		KRO 4688700	9/1/2014		9/1/2015	EACH OCCURRENCE	\$1,000,000
	X cc	_	GENERAL LI								DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	$\sqcup \sqcup$	CLAIMS	MADE X	OCCUR							MED EXP (Any one person)	\$5,000
	<u> </u>										PERSONAL & ADV INJURY	\$1,000,000
	Ш-										GENERAL AGGREGATE	UNLIMITED
	GEN'L A	AGGREGATE	LIMIT APPLIES	S PER:							PRODUCTS - COMP/OP AGG	\$1,000,000
	PC	LICY	PROJECT	LOC							PARTICIPANT LEGAL LIABILITY	\$1,000,000
A		MOBILE LIA IY AUTO	BILITY				KRO 4688700	9/1/2014		9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	\vdash	L OWNED A	UTOS								BODILY INJURY (Per person)	
	-	HEDULED A									BODILY INJURY (Per accident)	
	\vdash	RED AUTOS									PROPERTY DAMAGE (Per accident)	
		N-OWNED									(i oi dooldonii)	
	And	N OWNED	10100									
A	UN	IBRELLA LI	AB X OCC	UR	+		XKO 4688800	9/1/2014		9/1/2015	EACH OCCURRENCE	\$5,000,000
11	-	CESS LIAB		IMS-MADE			7110 4000000	7/1/2014)/1/2013	AGGREGATE	\$5,000,000
		DUCTIBLE			1						AGGREGATE	ψ2,000,000
	\vdash	TENTION	\$									
	\vdash	ERS COMPI			+						WC STATU- OTH-	
	AND E	MPLOYERS	LIABILITY	Y/N							TORY LIMITS ER E. L. EACH ACCIDENT	
	OFFICE	R/MEMBER EX	RTNER/EXECUT (CLUDED?	TIVE	N/A						E. L. DISEASE - EA EMPLOYEE	
	1	ory in NH) escribe under									E. L. DISEASE - POLICY LIMIT	
В	DADT	ICIDANT	ACCIDENT	MEDICAL	1		SRG 9115335A	9/1/2014		9/1/2015	E. L. DISEASE - POLIC I LIMIT	\$100,000
"	IAKI	ICII AINI I	ACCIDENT	MEDICAL			5KG 7113333A	7/1/2014		<i>)</i> /1/2013		Ψ100,000
DESC	RIPTIO	N OF OPER	ATIONS / LOC	ATIONS / VE	HICLE	S (Atta	L ch ACORD 101, Additional Remarks S	chedule if more s	space i	is required)		
1						•	an State Youth Soccer As				Soccer League. Certific	ate Holder is
							of the Named Insured for					
CERTIFICATE HOLDER							CANCEL	ΙΔΊ	TION			
			ldle Sch					J, 1113LL				
l .			iburn Ro					SHOULD A	NY C	OF THE ABOVE I	DESCRIBED POLICIES BE C	ANCELLED BEFORE
			ls, MI 48					WITH THE	POLI	ICY PROVISIONS	F, NOTICE WILL BE DELIVER	ED IN ACCURDANCE
17.0	CHES		15, 1711 40	3307								
								AUTHORIZED	REPR	ESENTATIVE	0 - a 0 a	
										,	Jatik Rull	



DATE (MM/DD/YYYY) 8/19/2014

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in lieu of such endorsement(s).			_				
PRODUCER Pullen Insurance Se	rvice	s, Inc.	CONTACT NAME:	Sports Divisi	ion		
2560 River Park Pla			PHONE: (8	317) 738-6100	FAX: (817) 738-29	993	
Fort Worth, TX 761	,		E-MAIL ADDRESS	contact@pul	lenins.com		
, , , , ,			PRODUCER CUSTOMER ID#: MI				
			INSURERS AFFORDING COVERAGE NAIC				
INSURED Michigan State Youth	Socc	er Association	Insurer A: National Casualty Company 11991			11991	
9401 General Drive, S					ire Insurance Company	19445	
Plymouth, MI 48170	unc	120	Insurer C:				
1 Tymoum, WH 40170			Insurer D:				
			Insurer E:				
			Insurer F:				
COVERAGES CEI	RTIFI	CATE NUMBER: 1411664		R	EVISION NUMBER:	0	
THIS IS TO CERTIFY THAT THE POLICIE							
INDICATED. NOTWITHSTANDING ANY RICERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIRI PERTA H POLIC	EMENT, TERM OR CONDITION AIN, THE INSURANCE AFFORD CIES. LIMITS SHOWN MAY HAVI	OF ANY CONT DED BY THE PO E BEEN REDUC	RACT OR OTHER DLICIES DESCRIB CED BY PAID CLAIN	DOCUMENT WITH RESPECT TO	CT TO WHICH THIS	
INSR LTR TYPE OF INSURANCE	ADD'L SU INSRD W	JBR POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A GENERAL LIABILITY	X	KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT	\$1,000,000	
ANY AUTO			27 -7 - 2 - 1	, , , _ , _ ,	(Ea accident)	. , ,	
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 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
X EXCESS LIAB CLAIMS-MADE		7110 1000000	<i>7/1/2011</i>	7/1/2013	AGGREGATE	\$5,000,000	
DEDUCTIBLE					AGGREGATE	42,000,000	
RETENTION \$							
WORKERS COMPENSATION	-+				WC STATU- TORY LIMITS ER		
AND EMPLOYERS' LIABILITY Y/N					E. L. EACH ACCIDENT		
OFFICER/MEMBER EXCLUDED?	N/A				E. L. DISEASE - EA EMPLOYEE		
(Mandatory in NH) If yes, describe under							
B PARTICIPANT ACCIDENT MEDICAL	-	SRG 9115335A	9/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000	
B FARTICIFANT ACCIDENT MEDICAL		SKG 7113333A	9/1/2014	9/1/2013		Ψ100,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEH	HICLES (Attach ACORD 101 Additional Remarks Si	chedule if more spa	ce is required)			
This certificate is issued on behalf of					Soccer League. Certifica	te Holder is	
Additional Insured as respects the op							
CERTIFICATE HOLDER			CANCELL	ATION			
			JANGLEL				
Berkley Hurley Field					DESCRIBED POLICIES BE CA		
2211 Oakshire Berkley, MI 48072			WITH THE PO	TION DATE THEREO DLICY PROVISIONS.	F, NOTICE WILL BE DELIVERE	D IN ACCORDANCE	

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 8/19/2014

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 Se	ervic	es, Inc.	CONTACT NAME: Sports Division				
	2560 River Park Pla	aza,	Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76	116		E-MAIL ADDRESS: contact@pullenins.com				
				PRODUCER CUSTOMER ID#: MI				
				INSURERS AF	NAIC #			
INSURED	Michigan State Youth	Soc	ccer Association	Insurer A: Na	ational Casualty	/ Company	11991	
	9401 General Drive, S	Suite	2 120	Insurer B: Na	ational Union F	ire Insurance Company	19445	
	Plymouth, MI 48170			Insurer C:				
	,			Insurer D:				
				Insurer E:				
				Insurer F:				
COVER	AGES CE	RTIF	FICATE NUMBER: 1411664	48	F	REVISION NUMBER:	0	
INDICATE CERTIFIC EXCLUSION	D. NOTWITHSTANDING ANY R ATE MAY BE ISSUED OR MAY	REQUI Y PER CH POI	INSURANCE LISTED BELOW HA REMENT, TERM OR CONDITION ITAIN, THE INSURANCE AFFORE LICIES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE PO E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	R DOCUMENT WITH RESPECT TO	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADD'L INSRD	SUBR POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
l ^ ^	RAL LIABILITY DMMERCIAL GENERAL LIABILITY	X	KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance)	\$1,000,000 \$300,000	
	CLAIMS MADE X OCCUR					MED EXP (Any one person)	\$5,000	
	A					PERSONAL & ADV INJURY	\$1,000,000	
						GENERAL AGGREGATE	UNLIMITED	
GEN'L	AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$1,000,000	
Po	DLICY PROJECT LOC					PARTICIPANT LEGAL LIABILITY	\$1,000,000	
l · · · ⊢	MOBILE LIABILITY		KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
l –	NY AUTO					BODILY INJURY (Per person)		
l 	LL OWNED AUTOS					BODILY INJURY (Per accident)		
l 	CHEDULED AUTOS					PROPERTY DAMAGE		
 ^ 	RED AUTOS					(Per accident)		
X	ON-OWNED AUTOS							
A	MBRELLA LIAB X OCCUR		VVO 4699900	9/1/2014	9/1/2015		\$5,000,000	
I H	CESS LIAB CLAIMS-MADE		XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
==	EDUCTIBLE	1				AGGREGATE	\$3,000,000	
l 	ETENTION \$							
						WC STATU- OTH-		
AND E	KERS COMPENSATION EMPLOYERS' LIABILITY Y/N					TORY LIMITS ER		
OFFICE	ROPRIETOR/PARTNER/EXECUTIVE ER/MEMBER EXCLUDED?	N/A				E. L. EACH ACCIDENT		
1 1	tory in NH) escribe under					E. L. DISEASE - EA EMPLOYEE		
			SRG 9115335A	9/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000	
B PART	TICIPANT ACCIDENT MEDICAL		SKG 9113333A	9/1/2014	9/1/2013		\$100,000	
DESCRIPTION	NI OF OPERATIONS / LOCATIONS / VE	HICLES		chedule if more space	is required)			
1			chigan State Youth Soccer Ass			Soccer League. Certifica	te Holder is	
			ions of the Named Insured for				1101401 15	
CEPTIE	ICATE HOLDER			CANCELLA	TION			
				CANCELLA	TION			
	y School District			SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA	NCELLED BEFORE	
1	Oakshire			│ THE EXPIRATION	ON DATE THEREO LICY PROVISIONS	F, NOTICE WILL BE DELIVERE	D IN ACCORDANCE	
Berkle	y, MI 48072							

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AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 8/19/2014

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in li	eu of such endorsement(s).							
PRO	Pullen Insurance Se	rvice	es, Inc.	CONTACT NAME: Sports Division				
	2560 River Park Pla			PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 761	,		E-MAIL ADDRESS: contact@pullenins.com				
	Tore worting Trains	. 10		PRODUCER CUSTOMER ID#: MI				
				INSURERS AFFORDING COVERAGE NAIC #				
INSU	Michigan State Youth	Socc	per Association	Insurer A: Na	11991			
	9401 General Drive, S	Suite	120		ational Casualty ational Union F	Fire Insurance Company	19445	
	Plymouth, MI 48170	ourte.	120	Insurer C:	attonut Cilion I	ne meanice company	17113	
	Flymoun, Mi 48170			Insurer D:				
				Insurer E:				
				Insurer F:				
\overline{C}	VERAGES CE	DTIE	CATE NUMBER: 141166	-		REVISION NUMBER:	0	
THIS IND CEF EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	ES OF I REQUIR / PERT H POLI	NSURANCE LISTED BELOW HA EMENT, TERM OR CONDITION AIN, THE INSURANCE AFFORI CIES. LIMITS SHOWN MAY HAV	AVE BEEN ISSUE OF ANY CONTR DED BY THE PO 'E BEEN REDUCI	ED TO THE INSU RACT OR OTHEF ILICIES DESCRIE ED BY PAID CLAI	RED NAMED ABOVE FOR THE R DOCUMENT WITH RESPECT BED HEREIN IS SUBJECT TO	HE POLICY PERIOD CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADD'L SU	JBR POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
Α	GENERAL LIABILITY	X	KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
	X HIRED AUTOS					(Per accident)		
	X NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR		XKO 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	NI/A				E. L. EACH ACCIDENT		
	OFFICER/MEMBER EXCLUDED?	N/A				E. L. DISEASE - EA EMPLOYEE		
	If yes, describe under					E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL		SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VE							
	is certificate is issued on behalf of ditional Insured as respects the op						te Holder is	
CE	RTIFICATE HOLDER			CANCELLA	TION			
Ве 27	ethesda Christian Church 446 Huntington arren, MI 48088			SHOULD ANY THE EXPIRATI	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 REP	RESENTATIVE	Satik Pull	_	



DATE (MM/DD/YYYY) 8/19/2014

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and cond	ANT: If the certificate holder is ditions of the policy, certain possible such endorsement(s).	s an A olicie	s ma	y require an endorsement.	A statement on	endorsed. If SUI this certificate o	loes not confer rights to the	e certificate holder
PRODUCER	Pullen Insurance Se	ervio	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				E-MAIL ADDRESS:	contact@pul	llenins.com	
	,				PRODUCER CUSTO	OMER ID#: MI		
					INSURERS AF	FORDING COVE	ERAGE	NAIC #
INSURED	Michigan State Youth	ı Soo	ccei	Association	Insurer A: Na	tional Casualty	Company	11991
	9401 General Drive, S				Insurer B: Na	tional Union F	ire Insurance Company	19445
	Plymouth, MI 48170				Insurer C:			
	,				Insurer D:			
					Insurer E:			
					Insurer F:			
COVER	RAGES CE	RTI	FIC/	ATE NUMBER: 141166	51	F	REVISION NUMBER:	0
INDICATE CERTIFIC	O CERTIFY THAT THE POLICII ED. NOTWITHSTANDING ANY F CATE MAY BE ISSUED OR MAY ONS AND CONDITIONS OF SUC	REQU Y PEF	IREM RTAIN	IENT, TERM OR CONDITION N, THE INSURANCE AFFORD	OF ANY CONTR	RACT OR OTHER LICIES DESCRIB	DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	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	
A GENE	ERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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'I	AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000
P	POLICY PROJECT LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000
^ ^	OMOBILE LIABILITY			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
l 	ILL OWNED AUTOS						BODILY INJURY (Per person)	
l 	SCHEDULED AUTOS						BODILY INJURY (Per accident)	
ı Ш [°]	OUTEDOLED AUTOS						PROPERTY DAMAGE	

(Per accident) HIRED AUTOS NON-OWNED AUTOS \$5,000,000 UMBRELLA LIAB X OCCUR XKO 4688800 9/1/2014 9/1/2015 EACH OCCURRENCE CLAIMS-MADE \$5,000,000 **EXCESS LIAB** AGGREGATE DEDUCTIBLE RETENTION \$ WC STATU-TORY LIMITS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

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

SRG 9115335A

N/A

This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

9/1/2014

9/1/2015

CERTIFICATE HOLDER	CANCELLATION
Birmingham Public Schools (Seaholm High School) 2436 West Lincoln Birmingham, MI 48009	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 Satisfull

E. L. EACH ACCIDENT

E. L. DISEASE - EA EMPLOYEE

E. L. DISEASE - POLICY LIMIT

\$100,000

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

PARTICIPANT ACCIDENT MEDICAL

If yes, describe under



DATE (MM/DD/YYYY) 8/19/2014

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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 poly eu of such endorsement(s).	olicies	s may	require an endorsement.	A statement on t	this certificate of	loes not confer rights to the	e certificate holder		
PRO	Pullen Insurance Se	rvic	es l	Inc	CONTACT NAME:	Sports Divis	ion			
	2560 River Park Pla				PHONE: (81	7) 738-6100	FAX: (817) 738-29	993		
	Fort Worth, TX 76.		Dur	<i>C</i> 500	E-MAIL ADDRESS: contact@pullenins.com					
	101t Worth, 12t 70.	110			PRODUCER CUSTO					
					INSURERS AF	FORDING COVE	ERAGE	NAIC #		
INSU	Michigan State Youth	Soc	cer	Association	Insurer A: Na	11991				
	9401 General Drive, S						ire Insurance Company	19445		
	Plymouth, MI 48170				Insurer C:					
	•				Insurer D:					
					Insurer E:					
					Insurer F:					
CO	VERAGES CE	RTII	FICA	TE NUMBER: 141166	52	F	REVISION NUMBER:	0		
IND CEF EXC	S IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY R ITIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUC	EQUI PER H PO	REME RTAIN LICIE	ENT, TERM OR CONDITION , THE INSURANCE AFFORD	OF ANY CONTR DED BY THE POL E BEEN REDUCE	ACT OR OTHER LICIES DESCRIB D BY PAID CLAII	DOCUMENT WITH RESPECT TO	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			
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance)	\$1,000,000 \$300,000		
	CLAIMS MADE X OCCUR							\$5,000		
	CLAINIS WADE X OCCOR						MED EXP (Any one person)	\$1,000,000		
							PERSONAL & ADV INJURY	UNLIMITED		
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$1,000,000		
	POLICY PROJECT LOC						PRODUCTS - COMP/OP AGG	\$1,000,000		
A	AUTOMOBILE LIABILITY			KRO 4688700	9/1/2014	9/1/2015	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						PROPERTY DAMAGE (Per accident)			
	X NON-OWNED AUTOS									
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
-	X EXCESS LIAB CLAIMS-MADE			11120 1000000	37172011	37 17 2 010	AGGREGATE	\$5,000,000		
	DEDUCTIBLE						7.001.207.12	, - , ,		
	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)						E. L. DISEASE - EA EMPLOYEE			
_	If yes, describe under			~~~	0/1/2011		E. L. DISEASE - POLICY LIMIT	Ø100 000		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000		
DES	L CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLES	S (Attac	h ACORD 101, Additional Remarks S	chedule, if more space	is required)	1			
Thi	s certificate is issued on behalf of litional Insured as respects the of	f Mic	chiga	n State Youth Soccer Ass	sociation & Mi	chigan Youth S		te Holder is		
CF	RTIFICATE HOLDER				CANCELLA	TION				
Bo 14	bys & Girls Club 975 21 Mile Road elby Township, MI 48315				SHOULD ANY THE EXPIRATION	OF THE ABOVE I	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE D IN ACCORDANCE		
	•				AUTHORIZED REPR	RESENTATIVE	Datik Pull	_		



DATE (MM/DD/YYYY) 8/19/2014

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propiets 5 11 1		т	CONTACT MANS	Cnorte Dii-	ion				
PRODUCER Pullen Insurance S			CONTACT NAME:	Sports Divis		002			
2560 River Park P		Suite 300	<u> </u>	17) 738-6100	FAX: (817) 738-29	993			
Fort Worth, TX 70	5116		E-MAIL ADDRESS:	F					
			PRODUCER CUST	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
			+	FORDING COVI		NAIC #			
Michigan State Yout	h Soco	cer Association		ational Casualty		11991			
9401 General Drive,		120	Insurer B: Na	<u>ational Union F</u>	Fire Insurance Company	19445			
Plymouth, MI 48170)		Insurer C:						
			Insurer D:						
			Insurer E:						
			Insurer F:						
COVERAGES C	ERTIF	CATE NUMBER: 14116	653	F	REVISION NUMBER:	0			
THIS IS TO CERTIFY THAT THE POLICINDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR MATERICAL STANDARD OF SUBJECT OF SUBJEC	REQUIR AY PERT ICH POLI	EMENT, TERM OR CONDITION AIN, THE INSURANCE AFFOR CIES. LIMITS SHOWN MAY HA	N OF ANY CONTR DED BY THE PO VE BEEN REDUC!	RACT OR OTHER LICIES DESCRIE ED BY PAID CLAI	R DOCUMENT WITH RESPECT TO	CT TO WHICH THIS			
INSR LTR TYPE OF INSURANCE	ADD'L SI	UBR POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS				
A GENERAL LIABILITY	X	KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO		KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	NI/A				E. L. EACH ACCIDENT				
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	L	SRG 9115335A	9/1/2014	9/1/2015		\$100,000			
DESCRIPTION OF OPERATIONS / LOCATIONS / \	'EHICLES (Attach ACORD 101, Additional Remarks	Schedule, if more space	e is required)	•				
This certificate is issued on behalf						te Holder is			
Additional Insured as respects the	operatio	ons of the Named Insured fo	or sanctioned ac	tivities of the st	ate association.				
CERTIFICATE HOLDER			CANCELLA	TION					

CERTIFICATE HOLDER

Brandon Middle School 609 Ortonville Road Ortonville, MI 48462

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



DATE (MM/DD/YYYY) 8/19/2014

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.

	conditions of the policy, certain per eu of such endorsement(s).	DIICIE	s ma	y require an endorsement.	A statement on	this certificate o	loes not confer rights to th	e certificate holder
PRO	Pullen Insurance So	rvi	ces	Inc	CONTACT NAME:	Sports Divis	ion	
	2560 River Park Pl				PHONE: (81	17) 738-6100	FAX: (817) 738-29	993
	Fort Worth, TX 76	,	Sui	ne 300	E-MAIL ADDRESS:	contact@pu		
	Toft Worth, 124 70	110			PRODUCER CUSTO			
					INSURERS AF	FORDING COVI	FRAGE	NAIC #
INSU	RED Michigan State Vouth	· Co	0001	Association		tional Casualty		11991
	Wildingan State 1 Outi						Fire Insurance Company	19445
	9401 General Drive, S	Sulu	e 12	0		monai Omon i	The misurance Company	13443
	Plymouth, MI 48170				Insurer C:			
					Insurer D:			
					Insurer E:			
\Box	VERAGES CE	DTI	EIC.	ATE NUMBER: 141166	Insurer F:		REVISION NUMBER:	0
THIS IND CER EXC	S IS TO CERTIFY THAT THE POLICI CATED. NOTWITHSTANDING ANY F TIFICATE MAY BE ISSUED OR MA' ELUSIONS AND CONDITIONS OF SUC	ES OI REQU Y PEI CH PC	F INS IREM RTAIN OLICIE	URANCE LISTED BELOW HA IENT, TERM OR CONDITION I, THE INSURANCE AFFORD IS. LIMITS SHOWN MAY HAV	VE BEEN ISSUE OF ANY CONTR DED BY THE POI E BEEN REDUCE	D TO THE INSUI RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	RED NAMED ABOVE FOR TI R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT TO	HE POLICY PERIOD 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	
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	\vdash						BODILY INJURY (Per person)	
	ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	SCHEDULED AUTOS						PROPERTY DAMAGE	
	X HIRED AUTOS						(Per accident)	
	X NON-OWNED AUTOS							
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	NI/A					E. L. EACH ACCIDENT	
	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			SRG 9115335A	9/1/2014	9/1/2015		\$100,000
	 CRIPTION OF OPERATIONS / LOCATIONS / VE							
Thi Ado	s certificate is issued on behalf of ditional Insured as respects the o	f Mi perat	chiga cions	an State Youth Soccer Ass of the Named Insured for	sociation & Mi sanctioned act	chigan Youth Sivities of the st	Soccer League. Certifica ate association.	te Holder is
CF	RTIFICATE HOLDER				CANCELLA	TION		
	RW Department of Parks ar	d D	Acre	ation	J,			
36	1 Morton omeo, MI 48065	iu ix	CCIC	cation	THE EXPIRATION	OF THE ABOVE I ON DATE THEREO LICY PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE DINACCORDANCE
					AUTHORIZED REPR	RESENTATIVE	Patik Dull	-



DATE (MM/DD/YYYY) 8/19/2014

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			tne policy dorsemen		olicie	es ma	y require an endorsement.	A statement o	on this certificate o	ioes not confer rights to tr	ie certificate noider
PRO	DUCER	Pu	llen Inst	irance S	ervi	ces	Inc	CONTACT NAME	: Sports Divis	sion	
				r Park Pl				PHONE: ((817) 738-6100	FAX: (817) 738-2	993
				n, TX 76	,		ne 300	E-MAIL ADDRES	` ′	llenins.com	
		1.01	it worth	i, 1A /0	110			PRODUCER CU:			
									AFFORDING COVI	FRAGE	NAIC #
INSL	JRED	Miala	inam Cta	4. 1/241			. A a a a a i a ti a a	<u> </u>	National Casualty		11991
"100	JILLD						Association			Fire Insurance Company	19445
				Drive,	Suite	e 12	0		National Union F	rire insurance Company	19443
		Plym	outh, M	1 481 /0				Insurer C:			
								Insurer D:			
								Insurer E:			
							ATE MUMBER 1444.60	Insurer F:		SELVICIONI NUMBER	
		AGES					ATE NUMBER: 141168			REVISION NUMBER:	
IND CEF EXC	ICATED RTIFICA CLUSIO	D. NOTW ATE MAY	VITHSTAND Y BE ISSUI	DING ANY I ED OR MA	REQU Y PEI CH PC	IIREM RTAIN DLICIE	URANCE LISTED BELOW HA IENT, TERM OR CONDITION N, THE INSURANCE AFFORE ES. LIMITS SHOWN MAY HAV	OF ANY CON DED BY THE F E BEEN REDU	TRACT OR OTHER POLICIES DESCRIE CED BY PAID CLAI	R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT T	CT TO WHICH THIS
INSR LTR	1	TYPE	E OF INSURANC	E	ADD'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIV DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
Α	GENER	RAL LIABII	LITY		X		KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE	\$1,000,000
	X co	MMERCIA	AL GENERAL L	LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
		CLAIMS	S MADE X	OCCUR						MED EXP (Any one person)	\$5,000
				·						PERSONAL & ADV INJURY	\$1,000,000
										GENERAL AGGREGATE	UNLIMITED
	GEN'L A	AGGREGAT	E LIMIT APPLII	ES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000
	РО	LICY	PROJECT	LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000
A		OBILE LI	ABILITY				KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	-	Y AUTO								BODILY INJURY (Per person)	
	ALI	L OWNED	AUTOS							BODILY INJURY (Per accident)	
	sc	HEDULED	AUTOS							PROPERTY DAMAGE	
		RED AUTO	S							(Per accident)	
	X NO	N-OWNED	DAUTOS								
A	UM	IBRELLA I	LIAB X OC	CUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000
	XEX	CESS LIA	B CL	AIMS-MADE						AGGREGATE	\$5,000,000
	DE	DUCTIBLE	=]						
	RE	TENTION	\$								
	WORKI	ERS COM	PENSATION							WC STATU- TORY LIMITS ER	
	AND E	MPLOYER	S' LIABILITY	Y/N						E. L. EACH ACCIDENT	
	OFFICER	OPRIETOR/F R/MEMBER E ory in NH)	PARTNER/EXECU EXCLUDED?	UTIVE	N/A					E. L. DISEASE - EA EMPLOYEE	
		scribe under								E. L. DISEASE - POLICY LIMIT	
В	PART	ICIPANT	ACCIDENT	Γ MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000
DES	CRIPTION	N OF OPF	RATIONS / LO	CATIONS / VE	HICLE	S (Atta	ch ACORD 101, Additional Remarks S	chedule if more en	ace is required)		
1							an State Youth Soccer Ass			outh Soccer League. Cer	tificate Holder is
							of the Named Insured for				
					•						
	DTIE	CATE	HOLDE					CANCELL	ATION		
			HOLDE					CANCELL	ATION		
52	22 N.	McKi	on Build nley Rd II 48433					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 R	EPRESENTATIVE	Patik Dull	_



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain policy certain pole of such endorsement(s).	olicies r	nay require an endorsement.	A statement on	this certificate of	does not confer rights to the	e certificate holder	
PROI	Pullen Insurance Se	ervice	s Inc	CONTACT NAME:	Sports Divis	sion		
	2560 River Park Pla			PHONE: (8	17) 738-6100	FAX: (817) 738-29	993	
	Fort Worth, TX 76.	,	are 300	E-MAIL ADDRESS: contact@pullenins.com				
	Toft Worth, 124 70	110		PRODUCER CUSTO				
					FORDING COVI	FRAGE	NAIC #	
INSU	RED Mishigan Chaha Wayala	Casa	a. A aaaaiatia.	1	ational Casualt		11991	
	Michigan State 1 Outil				•		19445	
	9401 General Drive, S	Suite i	120		ational Union F	Fire Insurance Company	19443	
	Plymouth, MI 48170			Insurer C:				
				Insurer D:				
				Insurer E:				
	VED 4 0 5 0	DTIEL	OATE NUMBER 141160	Insurer F:	-			
			CATE NUMBER: 141168			REVISION NUMBER:		
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	REQUIRE Y PERT/ CH POLIC	EMENT, TERM OR CONDITION AIN, THE INSURANCE AFFORE CIES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE PO E BEEN REDUCE	RACT OR OTHER LICIES DESCRIE ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADD'L SU INSRD W	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X	KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
	X HIRED AUTOS					(Per accident)		
	X NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR		XKO 4688800	9/1/2014	9/1/2015	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					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		SRG 9115335A	9/1/2014	9/1/2015	2. 2. 2.02.402	\$100,000	
_			5110 711000011	<i>y,</i> 1, 2 01 .	3,1,2010		,,	
Thi	CRIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf o ditional Insured as respects the op	f Michi	igan State Youth Soccer Ass	sociation & Mi	d-Michigan Yo		tificate Holder is	
CE	RTIFICATE HOLDER			CANCELLA	TION			
Al 14	ternate Field 0 Churchgrove ankenmuth, MI 48734			THE EXPIRATI	OF THE ABOVE ON DATE THEREC	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE D IN ACCORDANCE	
				AUTHORIZED REP	RESENTATIVE	Patik Dull		



DATE (MM/DD/YYYY) 8/19/2014

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in lieu of such endorsement(s).		., .,				
PRODUCER Pullen Insurance Se	rvice	s, Inc.	CONTACT NAME:	Sports Divis	sion	
2560 River Park Pla			PHONE: (817) 738-6100 FAX: (817) 738-2993			
Fort Worth, TX 761			E-MAIL ADDRESS:	contact@pu	llenins.com	
1 010 11 01011, 111 7 0 1			PRODUCER CUSTO	OMER ID#: MI		
			INSURERS AF	NAIC #		
INSURED Michigan State Youth	Socc	er Association	Insurer A: Na	tional Casualt	v Company	11991
9401 General Drive, S	nite 1	120			Fire Insurance Company	19445
Plymouth, MI 48170	unc	120	Insurer C:	monur emon r	ne insurance company	17113
1 Tymoum, WH 48170			Insurer D:			
			Insurer E:			
			Insurer F:			
COVERAGES CE	PTIFI	CATE NUMBER: 141168	-		REVISION NUMBER:	0
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY RICERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCI	S OF II EQUIRE PERTA H POLIC	NSURANCE LISTED BELOW HA EMENT, TERM OR CONDITION AIN, THE INSURANCE AFFORE CIES. LIMITS SHOWN MAY HAV	AVE BEEN ISSUE OF ANY CONTR DED BY THE POI E BEEN REDUCE	D TO THE INSU RACT OR OTHER LICIES DESCRIE D BY PAID CLAI	RED NAMED ABOVE FOR THE R DOCUMENT WITH RESPECT BED HEREIN IS SUBJECT TO	HE POLICY PERIOD CT TO WHICH THIS
	ADD'L SU INSRD W		POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A GENERAL LIABILITY	X	KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO		KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
ALL OWNED AUTOS					BODILY INJURY (Per person)	
SCHEDULED AUTOS					BODILY INJURY (Per accident)	
l H					PROPERTY DAMAGE	
X HIRED AUTOS					(Per accident)	
X NON-OWNED AUTOS						
A UMBRELLA LIAB Y OCCUR	-+	VIVO 4600000	0/1/2014	0/1/2017		¢£ 000 000
11 11		XKO 4688800	9/1/2014	9/1/2015	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	
	N/A				E. L. EACH ACCIDENT	
(Mandatory in NH)					E. L. DISEASE - EA EMPLOYEE	
If yes, describe under	\rightarrow				E. L. DISEASE - POLICY LIMIT	
B PARTICIPANT ACCIDENT MEDICAL		SRG 9115335A	9/1/2014	9/1/2015		\$100,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEH					4.0 I O	.:C . IT 11 :
This certificate is issued on behalf of Additional Insured as respects the op						inicate Holder is
CERTIFICATE HOLDER			CANCELLA	TION		
Audubon Park 325 Parkway St Lapeer, MI 48446			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 REPI	RESENTATIVE	\cap	
					Vatik Pull	_



DATE (MM/DD/YYYY) 8/19/2014

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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 liquid of such and properties.

ın li	eu of such endorsement(s).							
PRO	Pullen Insurance Se	ervio	ces.	Inc.	CONTACT NAME:	Sports Divis	ion	
	2560 River Park Pla				PHONE: (8)	17) 738-6100	FAX: (817) 738-29	993
	Fort Worth, TX 761		-		E-MAIL ADDRESS:	contact@pul	llenins.com	
	,				PRODUCER CUSTO	OMER ID#: MI		
					INSURERS AF	FORDING COVE	ERAGE	NAIC #
INSU	Michigan State Youth	Soc	ccer	Association	Insurer A: Na	tional Casualty	Company	11991
	9401 General Drive, S	Snite	12	0			ire Insurance Company	19445
	Plymouth, MI 48170	Juin	- 12	U	Insurer C:		ire insurance company	15.10
	1 1ymoum, 1411 401 70				Insurer D:			
					Insurer E:			
					Insurer F:			
CO	VERAGES CE	RTI	FIC	ATE NUMBER: 1411683	-		REVISION NUMBER:	0
IND CEF EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	S OF EQUI PEF H PO	F INS IREM RTAIN LICIE	URANCE LISTED BELOW HA ENT, TERM OR CONDITION I, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	VE BEEN ISSUE OF ANY CONTR DED BY THE POI E BEEN REDUCE	D TO THE INSUI LACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	RED NAMED ABOVE FOR THE DOCUMENT WITH RESPECT TO	HE POLICY PERIOD 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	
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(i or desident)	
	A new smiles he res							
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000
71	X EXCESS LIAB CLAIMS-MADE			AKO 4000000	7/1/2014	7/1/2013	AGGREGATE	\$5,000,000
	DEDUCTIBLE						AGGILGATE	ψ2,000,000
	RETENTION \$							
	WORKERS COMPENSATION						WC STATU- TORY LIMITS ER	
	AND EMPLOYERS' LIABILITY Y/N						E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E. L. DISEASE - EA EMPLOYEE	
	(Mandatory in NH) If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	E. E. DIOLAGE - I OLIO I LIWITI	\$100,000
ט	TARTICII AIVI ACCIDEIVI MEDICAL			SKG 711333371	7/1/2014	7/1/2013		Ψ100,000
Thi	CRIPTION OF OPERATIONS/LOCATIONS/VEIS certificate is issued on behalf or ditional Insured as respects the operations.	f Mi	chiga	an State Youth Soccer Ass	sociation & Mi	d-Michigan Yo		ificate Holder is
CF	RTIFICATE HOLDER				CANCELLA	TION		
					CANCELLA	11014		
32	oome Park 01 Hammerberg Rd int, MI 48507				THE EXPIRATION		DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	

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AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 8/19/2014

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.

	eu of such endorsement(s).	Difcles	may requi	re an endorsement.	A statement on	tilis certificate o	ioes not conter rights to th	e certificate noider	
PROI	Pullen Insurance Se	ervice	es. Inc.		CONTACT NAME:	Sports Divis	sion		
	2560 River Park Pla)	PHONE: (817) 738-6100 FAX: (817) 738-2993 E-MAIL ADDRESS: contact@pullenins.com PRODUCER CUSTOMER ID#: MI				
	Fort Worth, TX 76	,	Juite 500	,					
	Toft Worth, 124 70	110							
						FORDING COVI	FRAGE	NAIC #	
INSU	IRED Michigan State Vouth	Coo	A	aiatian		ational Casualty		11991	
	Michigan State 1 Outil			Clauon		•	Fire Insurance Company	19445	
	9401 General Drive, S	Sune	120			17443			
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
~~	VEDACES OF	DTIE	ICATE N	IIMDED. 141120	Insurer F:		DEVICION NUMBER.		
				UMBER: 141168			REVISION NUMBER:		
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R KTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	REQUIR 7 PERT 3H POL	REMENT, ΤΙ ΓΑΙΝ, ΤΗΕ ICIES. LIMI	ERM OR CONDITION INSURANCE AFFOR	I OF ANY CONTI DED BY THE PC /E BEEN REDUC	RACT OR OTHER DLICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECT TO	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADD'L S INSRD V	UBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X	KRO	4688700	9/1/2014	9/1/2015	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	4688700	9/1/2014	9/1/2015	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		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
Α	UMBRELLA LIAB X OCCUR		XKO	4688800	9/1/2014	9/1/2015	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		
В	PARTICIPANT ACCIDENT MEDICAL		SRG	9115335A	9/1/2014	9/1/2015	2. 2. 3.02.402 1 32.01 2	\$100,000	
_			2110		7/1/2011	7,1,2010		, , , , , , ,	
Thi	CRIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf o ditional Insured as respects the op	f Micl	nigan Stat	e Youth Soccer As	ssociation & M	id-Michigan Yo		tificate Holder is	
CE	RTIFICATE HOLDER				CANCELLA	ATION			
92	yant School 5 Hampton St wosso, MI 48867				THE EXPIRAT	OF THE ABOVE I ION DATE THEREC LICY PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE 	NCELLED BEFORE D IN ACCORDANCE	
					AUTHORIZED REF	PRESENTATIVE	Patik Dull	-	



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain p eu of such endorsement(s).	olicie	s ma	y require an endorsement.	Á statement on t	this certificate o	loes not confer rights to the	e certificate holder		
PROI	Pullen Insurance Se	ervi	ces	Inc	CONTACT NAME:	Sports Divis	ion			
	2560 River Park Pl				PHONE: (81	17) 738-6100	FAX: (817) 738-29	993		
	Fort Worth, TX 76	,	Dui	300	E-MAIL ADDRESS: contact@pullenins.com					
	1 of t worth, 121 70	110			PRODUCER CUSTO					
					INSURERS AF	FORDING COVE	ERAGE	NAIC #		
INSU	Michigan State Youth	. 50	0001	Association	1	tional Casualty		11991		
	9401 General Drive,	200	12	ASSOCIATION			Fire Insurance Company	19445		
		Sur	2 12	U	Insurer C:	monar Omon r	ne msurance company	17443		
	Plymouth, MI 48170				Insurer D:					
					Insurer E:					
~~	VEDACES CE	DTI		ATE NUMBER: 141160	Insurer F:		CVICION NUMBER.			
				ATE NUMBER: 141168			REVISION NUMBER:			
INDI CER EXC	S IS TO CERTIFY THAT THE POLICI ICATED. NOTWITHSTANDING ANY P RTIFICATE MAY BE ISSUED OR MA CLUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREM RTAIN DLICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORE ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	CT TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
	ALL OWNED AUTOS						BODILY INJURY (Per person)			
	-						BODILY INJURY (Per accident)			
	SCHEDULED AUTOS						PROPERTY DAMAGE			
	X HIRED AUTOS						(Per accident)			
	X NON-OWNED AUTOS									
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
	X EXCESS LIAB CLAIMS-MADE						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			SRG 9115335A	9/1/2014	9/1/2015		\$100,000		
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	L	chedule, if more space	i is required)	1			
Thi	s certificate is issued on behalf of ditional Insured as respects the o	f Mi	chig	an State Youth Soccer Ass	sociation & Mi	d-Michigan Yo		tificate Holder is		
CE	RTIFICATE HOLDER				CANCELLA	TION				
Ca 51	apital City Baptist Church 00 Willoughby Rd olt, MI 48842				SHOULD ANY THE EXPIRATION	OF THE ABOVE I	DESCRIBED POLICIES BE CAI F, NOTICE WILL BE DELIVEREI			
					AUTHORIZED REP	RESENTATIVE	Ω			
							Vatik Vieli-	-		



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain policy eu of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate of	loes not confer rights to the	e certificate holder
PRO	Pullen Insurance Se	.r.,i,	200	Inc	CONTACT NAME:	Sports Divis	ion	
	2560 River Park Pla				PHONE: (81	17) 738-6100	FAX: (817) 738-29	93
			Sui	te 300	E-MAIL ADDRESS:	contact@pu		75
	Fort Worth, TX 762	110			PRODUCER CUSTO		nemis.com	
						FORDING COVE	EDACE	NAIC #
INICI	RED Michigan State Vouth							
IINOU	Michigan State 1 outil	So	ccer	Association		tional Casualty		11991
	9401 General Drive, S	Suite	e 12	0		itional Union F	Fire Insurance Company	19445
	Plymouth, MI 48170				Insurer C:			
					Insurer D:			
					Insurer E:			
					Insurer F:			
CO	VERAGES CE	RTI	FIC/	ATE NUMBER: 141168	38	F	REVISION NUMBER:	0
IND CEF EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	REQU PEI H PC	IREM RTAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	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	
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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	
	X HIRED AUTOS						(Per accident)	
	NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000
7.1	X EXCESS LIAB CLAIMS-MADE			7110 1000000	<i>7/1/2011</i>	7/1/2013	AGGREGATE	\$5,000,000
	DEDUCTIBLE	-					AGGREGATE	Ψ2,000,000
	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 ves. describe under						E. L. DISEASE - EA EMPLOYEE	
	,			CD C 0115225 A	0/1/2014	0/1/2017	E. L. DISEASE - POLICY LIMIT	¢100 000
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VE	L HICLE	S (Atta	ch ACORD 101 Additional Remarks S	chedule if more space	l e is required\		
Thi	s certificate is issued on behalf o ditional Insured as respects the op	f Mi	chiga	an State Youth Soccer As	sociation & Mi	d-Michigan Yo		ificate Holder is
CE	RTIFICATE HOLDER				CANCELLA	TION		
Са 14	nrmen Ainsworth Jr. High S 09 W. Maple Ave. int , MI 48507	cho	ol		SHOULD ANY THE EXPIRATION	OF THE ABOVE I ON DATE THEREO LICY PROVISIONS	0	
						,	Vatil Delle	



 $\begin{array}{c} \text{DATE (MM/DD/YYYY)} \\ 8/19/2014 \end{array}$

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	conditions of the policy, certain policy, cert	olicies	s ma	y require an endorsement. <i>I</i>	A statement on t	inis certificate d	loes not conter rights to the	e certificate noider	
PROI	Pullen Insurance Se	rvic	es	Inc	CONTACT NAME: Sports Division				
	2560 River Park Pla				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76.	,	Sui	10 300	E-MAIL ADDRESS: contact@pullenins.com				
	Toft Worth, IA 70.	110			PRODUCER CUSTOMER ID#: MI				
						FORDING COVI	=RAGE	NAIC #	
INSU	DED 34.1. G 37 .1								
11400	Michigan State 1 Outil					tional Casualty		11991	
	9401 General Drive, S	Suite	12	0		tional Union F	Fire Insurance Company	19445	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTIF	FICA	ATE NUMBER: 1401718	35	F	REVISION NUMBER:	0	
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	REQUII 7 PER 3H POI	REM TAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	OF ANY CONTR ED BY THE POI E BEEN REDUCE	ACT OR OTHER LICIES DESCRIB D BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	T 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		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	ANY AUTO						BODILY INJURY (Per person)		
	ALL OWNED AUTOS						` ' '		
	SCHEDULED AUTOS						PROPERTY DAMAGE		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000	
	DEDUCTIBLE	1							
	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		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	L. L. DISEASE - FOLIC I LIWIT	\$100,000	
ט	PARTICIPANT ACCIDENT MEDICAL			5KG /113333A	<i>)</i> /1/201 4	7/1/2013		Ψ100,000	
Thi	CRIPTION OF OPERATIONS/LOCATIONS/VE s certificate is issued on behalf o ditional Insured as respects the op	f Mic	higa	n State Youth Soccer Ass	sociation & Mi	chigan Youth S	Soccer League. Certificat ate association.	e Holder is	
<u>~</u>	DTIEICATE HO! DED				CANCELLA	TION			
	RTIFICATE HOLDER				CANCELLA	IION			
43	UBURN PARK 0 S AUBURN ST. UBURN HILLS, MI 48611				THE EXPIRATION	OF THE ABOVE I ON DATE THEREC LICY PROVISIONS	DESCRIBED POLICIES BE CAP F, NOTICE WILL BE DELIVERED	NCELLED BEFORE DIN ACCORDANCE	
					AUTHORIZED REPR	RESENTATIVE	Patik Dueli		



DATE (MM/DD/YYYY) 8/19/2014

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and	conditions of the policy, certain poly eu of such endorsement(s).	olicies	s may require an endorsement.	A statement on	this certificate	does not confer rights to the	e certificate holder		
PROI	Pullen Insurance Se	rvic	es Inc	CONTACT NAME:	CONTACT NAME: Sports Division				
	2560 River Park Pla			PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 761		Buile 300	E-MAIL ADDRESS:	contact@pu				
	Tort Worth, 121 70	110		PRODUCER CUST					
				INSURERS AF	FORDING COV	ERAGE	NAIC #		
INSU	Michigan State Youth	Soc	cer Association		ational Casualt		11991		
	9401 General Drive, S					Fire Insurance Company	19445		
	Plymouth, MI 48170	, 6110	120	Insurer C:		1			
	Trymoden, wir 10170			Insurer D:					
				Insurer E:					
				Insurer F:					
СО	VERAGES CE	RTIE	ICATE NUMBER: 140175	530	F	REVISION NUMBER:	0		
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY R ITIFICATE MAY BE ISSUED OR MAY ILUSIONS AND CONDITIONS OF SUC	EQUI PER H PO	REMENT, TERM OR CONDITION TAIN, THE INSURANCE AFFOR LICIES. LIMITS SHOWN MAY HAV	I OF ANY CONTF DED BY THE PO /E BEEN REDUCE	RACT OR OTHEF LICIES DESCRIE ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	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			
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY	X	KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance)	\$1,000,000 \$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 ANY AUTO		KRO 4688700	9/1/2014	9/1/2015	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					(i or additionly)			
	A NON SWILLD NOTES								
A	UMBRELLA LIAB X OCCUR		XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
	X EXCESS LIAB CLAIMS-MADE		71113 1000000	<i>3/1/2011</i>	7,1,2013	AGGREGATE	\$5,000,000		
	DEDUCTIBLE					ACCINE .	+-,,		
	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			
В	PARTICIPANT ACCIDENT MEDICAL		SRG 9115335A	9/1/2014	9/1/2015		\$100,000		
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VEI	HIC! FS	(Attach ACORD 101 Additional Remarks to	Schedule if more space	e is required)				
Thi	s certificate is issued on behalf of litional Insured as respects the op	f Mic	higan State Youth Soccer As	ssociation & Mi	ichigan Youth	Soccer League. Certificate association.	te Holder is		
CF	RTIFICATE HOLDER			CANCELLA	TION				
BE 84	EDFORD HIGH SCHOOL 86 DOUGLAS EMPERANCE, MI 48182			SHOULD ANY THE EXPIRATI	OF THE ABOVE	DESCRIBED POLICIES BE CA PF, NOTICE WILL BE DELIVERE	NCELLED BEFORE D IN ACCORDANCE		
	22.11.02., 1.11.10102			AUTHORIZED REPRESENTATIVE					



DATE (MM/DD/YYYY) 8/19/2014

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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).

COVED	AGES CEPTIFICATE NUMBER: 1401756		1			
		Insurer F:				
		Insurer E:				
		Insurer D:				
	Plymouth, MI 48170	Insurer C:				
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445			
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991			
		INSURERS AFFORDING COVERAGE	NAIC #			
		PRODUCER CUSTOMER ID#: MI				
		E-MAIL ADDRESS: contact@pullenins.com				
	,	PHONE: (817) 738-6100 FAX: (817) 738-29	93			
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division				

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	
Α	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(Fer accident)	
	NON-OWNED AUTOS							
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATIO

AUBURN HILLS COMMUNITY CENTER MULTISPORTS FIELD 1800 VALLEY VIEW DR AUBURN HILLS, MI 48236

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



DATE (MM/DD/YYYY) 8/19/2014

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.

	eu of such endorsement(s).	CHUICS	may require an endorsement.	A State HEIR OH	una cerunicale C	ioca noi comer rigina to tri	c certificate floider	
PROI	Pullen Insurance Se	ervice	es, Inc.	CONTACT NAME: Sports Division				
	2560 River Park Pl			PHONE: (8	PHONE: (817) 738-6100 FAX: (817) 738-2993			
	Fort Worth, TX 76			E-MAIL ADDRESS: contact@pullenins.com				
		-		PRODUCER CUSTOMER ID#: MI				
				INSURERS AF	FORDING COVE	ERAGE	NAIC #	
INSU	Michigan State Youth	Soco	cer Association	Insurer A: Na	tional Casualty	y Company	11991	
	9401 General Drive,					Fire Insurance Company	19445	
	Plymouth, MI 48170	Juite	120	Insurer C:		1 7		
	Try mouth, wir 10170			Insurer D:				
				Insurer E:				
				Insurer F:				
СО	VERAGES CE	RTIF	ICATE NUMBER: 140180	-	F	REVISION NUMBER:	0	
CER EXC	S IS TO CERTIFY THAT THE POLICI CATED. NOTWITHSTANDING ANY F TIFICATE MAY BE ISSUED OR MA LUSIONS AND CONDITIONS OF SUC	REQUIR Y PERT CH POL	REMENT, TERM OR CONDITION FAIN, THE INSURANCE AFFOR ICIES. LIMITS SHOWN MAY HAV	I OF ANY CONTR DED BY THE PO /E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	R DOCUMENT WITH RESPECT SED HEREIN IS SUBJECT TO	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADD'L S INSRD V	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X	KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO		KRO 4688700	9/1/2014	9/1/2015	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					(i ei accident)		
	NON-OWNED ACTOO							
A	UMBRELLA LIAB X OCCUR		XKO 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E. L. EACH ACCIDENT		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A				E. L. DISEASE - EA EMPLOYEE		
	If yes, describe under					E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL		SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
Thi	CRIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf or litional Insured as respects the o	f Mich	nigan State Youth Soccer As	ssociation & Mi	d-Michigan Yo		tificate Holder is	
CE	RTIFICATE HOLDER			CANCELLA	TION			
43	ıburn City Park 5 Auburn Rd. ıburn, MI 48506			THE EXPIRATION		DESCRIBED POLICIES BE CA IF, NOTICE WILL BE DELIVERE		
				AUTHORIZED REPRESENTATIVE				



DATE (MM/DD/YYYY) 8/19/2014

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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).

COVERA	AGES CERTIFICATE NUMBER: 1401813	REVISION NUMBER: ()				
		Insurer F:					
		Insurer E:					
		Insurer D:					
	Plymouth, MI 48170	Insurer C:					
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445				
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991				
		INSURERS AFFORDING COVERAGE	NAIC #				
	,	PRODUCER CUSTOMER ID#: MI					
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com					
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993					
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division					
	• • • • • • • • • • • • • • • • • • • •						

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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(i ei accident)	
	NON-OWNED AUTOS							
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
	DEDUCTIBLE	1						
	RETENTION \$							
	WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
CENTRAL MICHIGAN UNIVERSITY 201 INDOOR ATHLETIC COMPLEX MT. PLEASANT, MI 48859	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 Satisfull

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DATE (MM/DD/YYYY) 8/19/2014

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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

	conditions of the policy, certain peeu of such endorsement(s).	olicie	s ma	y require an endorsement.	Á statement on	this certificate o	loes not confer rights to the	e certificate holder	
PROI	Pullen Insurance Se	2rvi	200	Inc	CONTACT NAME: Sports Division				
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76	,	Sui	10 300	E-MAIL ADDRESS: contact@pullenins.com				
	Fort Worth, 1A 70	110			PRODUCER CUSTO				
						FORDING COVE	- PAGE	NAIC #	
INSU	IRED N.C. 1. Ct. 4 N.C. 41	-		A • • •					
IIVOU	Michigan State 1 out	1 50	ccer	Association		tional Casualty		11991	
	9401 General Drive, S	Suite	e 12	0		itional Union F	ire Insurance Company	19445	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	:RTI	FIC	ATE NUMBER: 140193	94	F	REVISION NUMBER:	0	
INDI CER EXC	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 CH PC	IREM RTAIN DLICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORE S. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
• •	X EXCESS LIAB CLAIMS-MADE			1110 1000000	7,1,201.	7,1,2015	AGGREGATE	\$5,000,000	
	DEDUCTIBLE	1					AGGREGATE	42,000,000	
	RETENTION \$								
							WC STATU- TORY LIMITS ER		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N								
	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		
D				CDC 0115225 A	0/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
DECC	COURTION OF OREDATIONS /LOCATIONS ///		C (A#a	ah ACODD 404 Additional Damarka C	Sahadula if mana angan	in an accion all			
	cription of operations / locations / ve s certificate is issued on behalf o						Socor Langua Cartificat	to Holdor is	
Ado	ditional Insured as respects the o	perat	ions	of the Named Insured for	sanctioned act	ivities of the st	ate association.	te Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
B <i>A</i> 13	AKER MIDDLE SCHOOL 59 TORPEY DRIVE ROY, MI 48083				SHOULD ANY THE EXPIRATION	OF THE ABOVE I ON DATE THEREO LICY PROVISIONS	DESCRIBED POLICIES BE CAI F, NOTICE WILL BE DELIVERED		
					AUTHORIZED REPRESENTATIVE Jatik Pull				

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DATE (MM/DD/YYYY) 8/19/2014

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in lieu of such endorsement(s).								
PRODUCER Pullen Insurance Se	ervi	ces.	Inc.	CONTACT NAME: Sports Division				
2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993				
Fort Worth, TX 76		2001		E-MAIL ADDRESS: contact@pullenins.com				
1 510 11 75	110			PRODUCER CUST	OMER ID#: MI			
				INSURERS AF	FORDING COVE	RAGE	NAIC #	
INSURED Michigan State Youth	So	ccer	Association	Insurer A: Na	ational Casualty	Company	11991	
9401 General Drive, S						ire Insurance Company	19445	
Plymouth, MI 48170	Juit	. 12	O	Insurer C:		1 1		
				Insurer D:				
				Insurer E:				
				Insurer F:				
COVERAGES CE	RTI	FIC/	ATE NUMBER: 140204:	56	F	REVISION NUMBER:	0	
THIS IS TO CERTIFY THAT THE POLICII INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREM RTAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE PO E BEEN REDUCI	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	DOCUMENT WITH RESPECT TO THE SECT TO	CT TO WHICH THIS	
INSR 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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(i di dooldeni)		
A NON-OWNED ACTOO								
A UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCUPRENCE	\$5,000,000	
X EXCESS LIAB CLAIMS-MADE			AKO 4000000	9/1/2014	9/1/2013	EACH OCCURRENCE AGGREGATE	\$5,000,000	
DEDUCTIBLE	1					AGGREGATE	Ψ2,000,000	
RETENTION \$								
WORKERS COMPENSATION						WC STATU-		
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		
B PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	L. L. DIOLAGE - I GLIGIT LIMIT	\$100,000	
Z TAKTEITAN ACCIDENT WILDICAL			51.0 711000011)/1/2017	7,1,2013		φ100,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VE This certificate is issued on behalf o Additional Insured as respects the o	an State Youth Soccer Ass	sociation & Mi sanctioned ac	id-Michigan Yo tivities of the st		ificate Holder is			
CERTIFICATE HOLDER				CANCELLA	TION			
Alma Strikers Field 600 E. Downie St.				SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CAI F, NOTICE WILL BE DELIVEREI	NCELLED BEFORE	

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Alma, MI 48801

WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 8/19/2014

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iii iieu oi s	such endorsement(s).						
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division PHONE: (817) 738-6100 FAX: (817) 738-2993					
	2560 River Park Plaza, Suite 300						
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com					
	,	PRODUCER CUSTOMER ID#: MI					
		INSURERS AFFORDING COVERAGE	NAIC #				
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991				
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445				
	Plymouth, MI 48170	Insurer C:					
		Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 1402055	REVISION NUMBER: ()				
	CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA						

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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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)	
	71						(Per accident)	
	X NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	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			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
BUDD PARK 19000 CLINTON RIVER ROAD CLINTON TWP., MI 48038	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 Satisfull-



DATE (MM/DD/YYYY) 8/19/2014

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and conditions of the policy, certain p in lieu of such endorsement(s).	olicie	s ma	ny require an endorsement.	A statement on	this certificate of	loes not confer rights to th	e certificate holder	
PRODUCER Pullen Insurance S	ervi	299	Inc	CONTACT NAME: Sports Division				
2560 River Park P				PHONE: (817) 738-6100 FAX: (817) 738-2993 E-MAIL ADDRESS: contact@pullenins.com				
Fort Worth, TX 76		Su.	iic 300					
Fort Worth, 1A 70	110			PRODUCER CUSTO				
				INSURERS AFFORDING COVERAGE NAIC #				
INSURED Michigan State Vout	- C -						11991	
Wilchigan State 1 Out					ntional Casualty			
9401 General Drive,	Suite	2 12	20		uionai Union F	Fire Insurance Company	19445	
Plymouth, MI 48170				Insurer C:				
				Insurer D:				
				Insurer E:				
			A	Insurer F:				
			ATE NUMBER: 140012			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICI INDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR MA EXCLUSIONS AND CONDITIONS OF SU	REQU Y PEI CH PC	IREM RTAII DLICII	MENT, TERM OR CONDITION N, THE INSURANCE AFFORI ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE PO E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	R DOCUMENT WITH RESPECT TO	CT TO WHICH THIS	
INSR LTR TYPE OF INSURANCE	ADD'L INSRD	SUBR	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
X HIRED AUTOS						(Per accident)		
X NON-OWNED AUTOS								
A UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
X EXCESS LIAB CLAIMS-MADE			11110 1000000), 1, 2 01 .	7,1,2010	AGGREGATE	\$5,000,000	
DEDUCTIBLE	1					NOONEONIE	++,,,,,,,,,,	
RETENTION \$								
WORKERS COMPENSATION						WC STATU- OTH-		
AND EMPLOYERS' LIABILITY Y/N						TORY LIMITS ER E. L. EACH ACCIDENT		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A							
(Mandatory in NH) If yes, describe under						E. L. DISEASE - EA EMPLOYEE		
			SRG 9115335A	9/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000	
B PARTICIPANT ACCIDENT MEDICAL			3KU 9113333A	9/1/2014	9/1/2013		\$100,000	
DESCRIPTION OF OPERATIONS // COATIONS //		0 (44)	A A A A A A A A A A A A A A A A A A A) - h - d - d - 26	: i1\			
DESCRIPTION OF OPERATIONS / LOCATIONS / VI				•		Sacram Lacous Contifica	to Holdonia	
This certificate is issued on behalf of Additional Insured as respects the of							te notder is	
raditional insured as respects the c	рста	10113	of the Named Insured for	sanctioned act	avides of the st	ate association.		
CERTIFICATE HOLDER				CANCELLA	TION			
Davis Middle School				SHOTH D VIIA	OF THE ABOVE I	DESCRIPED DOLLCIES DE CA	NCELLED DEEODE	
11311 Plumbrook Road				THE EXPIRATION	ON DATE THEREO	DESCRIBED POLICIES BE CA PF, NOTICE WILL BE DELIVERE	D IN ACCORDANCE	
STERLING HEIGHTS, MI 4	831	3		WITH THE POL	LICY PROVISIONS			
, in the second of the second				AUTHORIZED REPI	RESENTATIVE	<u> </u>		
						Jatik Rull		
						XJaw 1Chul	-	

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DATE (MM/DD/YYYY) 8/19/2014

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	I conditions of the policy, certain policy certain policy is such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate of	loes not confer rights to the	e certificate holder	
PRO	Pullen Insurance Se	ervio	ces.	Inc.	CONTACT NAME: Sports Division				
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76		Sui	10 500	E-MAIL ADDRESS: contact@pullenins.com				
	1 of t worth, 121 70	110			PRODUCER CUSTO				
					INSURERS AF	FORDING COVE	ERAGE	NAIC #	
INSU	Michigan State Youth	So	0001	Association		tional Casualty		11991	
	9401 General Drive, S						ire Insurance Company	19445	
		Suite	5 12	U	Insurer C:	monar Omon r	ire misurance Company	17443	
	Plymouth, MI 48170				Insurer D:				
								+	
					Insurer E:				
	OVERAGES CE	DTI	FIC	ATE NUMBER: 1400124	Insurer F:		REVISION NUMBER:	0	
THIS IND CEF EXC	S IS TO CERTIFY THAT THE POLICII ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MA' CLUSIONS AND CONDITIONS OF SUC	ES OF REQU Y PEF CH PC	F INS IREM RTAIN OLICIE	URANCE LISTED BELOW HA ENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAV	VE BEEN ISSUE OF ANY CONTR DED BY THE POI E BEEN REDUCE	D TO THE INSUI ACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	RED NAMED ABOVE FOR TE DOCUMENT WITH RESPEC ED HEREIN IS SUBJECT TO MS.	HE POLICY PERIOD CT TO WHICH THIS	
INSR LTR			SUBR WVD		POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	*******	
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	ALL OWNED AUTOS						BODILY INJURY (Per person)		
	\vdash						BODILY INJURY (Per accident)		
	SCHEDULED AUTOS						PROPERTY DAMAGE		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000	
	DEDUCTIBLE	1							
	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		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	L. L. DISEAGE - POLICI LIWIT	\$100,000	
DE:						<u> </u>			
	CRIPTION OF OPERATIONS / LOCATIONS / VE						C C C	. II.11	
Ado	is certificate is issued on behalf of ditional Insured as respects the of	perat	cions	of the Named Insured for	sanctioned act	ivities of the st	ate association.	te Holder is	
CF	RTIFICATE HOLDER				CANCELI A	TION			
Detroit Country Day School 22305 W. 13 Mile Rd. Beverly Hills, MI 48025					SHOULD ANY THE EXPIRATION	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 Satisfull				



DATE (MM/DD/YYYY) 8/19/2014

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PROE	UCER	Pull	on Incur	C .							
1	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300							CONTACT NAME: Sports Division			
						Sui	te 300	PHONE: (817) 738-6100 FAX: (817) 738-2993			
		Fort	Worth,	TX 76	116			E-MAIL ADDRESS: contact@pullenins.com			
								PRODUCER CUSTOMER ID#: MI			
								INSURERS AFFORDING COVERAGE NAIC #			NAIC #
INSUF	RED	Michig	gan State	e Youth	So	ccer	Association	Insurer A: N	National Casualty	/ Company	11991
		9401 Č	Seneral l	Drive, S	Suite	e 12	0	Insurer B: N	National Union F	ire Insurance Company	19445
	Plymouth, MI 48170							Insurer C:			
	•							Insurer D:			
								Insurer E:			
								Insurer F:			
CO	VER	AGES		CE	RTI	FIC/	ATE NUMBER: 1400110	01	F	REVISION NUMBER:	0
INDI CER EXC	CATE!	D. NOTWITATE MAY	THSTANDII BE ISSUEI	NG ANY R O OR MAN	REQU / PEF :H PC	IREM RTAIN LICIE	URANCE LISTED BELOW HA ENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAV	OF ANY CONT DED BY THE PO E BEEN REDUC	FRACT OR OTHER OLICIES DESCRIB CED BY PAID CLAII	DOCUMENT WITH RESPE ED HEREIN IS SUBJECT TO	CT TO WHICH THIS
INSR LTR		TYPE O	F INSURANCE		ADD'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENE	RAL LIABILIT	ſΥ		X		KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE	\$1,000,000
	X cc	OMMERCIAL	GENERAL LIA	BILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
		CLAIMS N	MADE X O	CCUR						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
	PC	OLICY	PROJECT	LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000
A	AUTOMOBILE LIABILITY ANY AUTO					KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
		LL OWNED AL	ITOS							BODILY INJURY (Per person)	
	\vdash	CHEDULED A								BODILY INJURY (Per accident)	
	\vdash	IRED AUTOS	.0103							PROPERTY DAMAGE (Per accident)	
		ON-OWNED A	UTOC							(Fer accident)	
	A	OIN-OWINED A	10103								
A	UN	MBRELLA LIA	AB X OCC	UR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000
Λ	\vdash	XCESS LIAB		MS-MADE			ARO 4000000	<i>)</i> /1/2014)/1/2013	AGGREGATE	\$5,000,000
		EDUCTIBLE								AGGREGATE	Ψ2,000,000
		ETENTION S									
			-							WC STATU- TORY LIMITS OTH- ER	
	AND E	KERS COMPE EMPLOYERS'	LIABILITY	Y/N						E. L. EACH ACCIDENT	
	OFFICE	ER/MEMBER EX	RTNER/EXECUT CLUDED?	IVE	N/A						
	,	tory in NH) lescribe under								E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
D	-		CCIDENT	MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000
В	PAKI	HCIPANT A	ACCIDENT I	VIEDICAL			5KU 7113333K	9/1/201 4	9/1/2013		Ψ100,000
This	certi	ificate is	issued on	behalf o	f Mi	chiga	ch ACORD 101, Additional Remarks S un State Youth Soccer Ass of the Named Insured for	sociation & N	lichigan Youth S		te Holder is

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

CERTIFICATE HOLDER

Clarkston Township

90 North Main Street Clarkston, MI 48347 **CANCELLATION**

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 8/19/2014

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	I conditions of the policy, certain policy is such endorsement(s).	olicie	s ma	y require an endorsement.	Á statement on	this certificate o	loes not confer rights to the	e certificate holder	
PRO	Pullen Insurance Se	rvio	200	Inc	CONTACT NAME: Sports Division				
	2560 River Park Pla				PHONE: (8)	17) 738-6100	FAX: (817) 738-29	993	
	Fort Worth, TX 76.	,	Sui	ic 500	E-MAIL ADDRESS:	contact@pu	· /		
	Fort Worth, 12 70	110			PRODUCER CUSTO				
					INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSL	Michigan State Youth	Sa	2001	Association		tional Casualty		11991	
	9401 General Drive, S	Snite	12	Association			Fire Insurance Company	19445	
	Plymouth, MI 48170	Juice	. 1 _	O	Insurer C:		1 7		
	Trymouth, wir 10170				Insurer D:				
					Insurer E:				
					Insurer F:				
CC	VERAGES CE	RTI	FIC	ATE NUMBER: 140011	02	F	REVISION NUMBER:	0	
IND CEF EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	REQUI PEF H PO	IREM RTAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORE S. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE PO E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPEC BED HEREIN IS SUBJECT TO MS.	CT TO WHICH THIS	
INSR LTR		ADD'L INSRD	WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	Ф1 000 000	
A	X COMMERCIAL GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	DAMAGE TO RENTED PREMISES (Ea occurance)	\$1,000,000 \$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 4688700	9/1/2014	9/1/2015	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		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
Λ	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015		\$5,000,000	
A	X EXCESS LIAB CLAIMS-MADE			AKU 40000UU	9/1/2014	9/1/2013	EACH OCCURRENCE	\$5,000,000	
	DEDUCTIBLE	-					AGGREGATE	\$3,000,000	
	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		
	If yes, describe under						E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
Thi	CRIPTION OF OPERATIONS / LOCATIONS / VE is certificate is issued on behalf or ditional Insured as respects the operations / Locations / VE	f Mi	chiga	an State Youth Soccer Ass	sociation & Mi	chigan Youth		te Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
	inton Township Parks & Re								
19	0000 Clinton River Road inton Township, MI 48038				THE EXPIRATION		DESCRIBED POLICIES BE CA OF, NOTICE WILL BE DELIVERE		
	1 /				AUTHORIZED REPRESENTATIVE 0				



DATE (MM/DD/YYYY) 8/19/2014

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and conditions of the policy, certain in lieu of such endorsement(s).	oolicie	s ma	y require an endorsement.	A statement on	this certificate of	loes not confer rights to th	e certificate holder	
` '	'orri	226	Ina	CONTACT NAME: Sports Division				
Pullen Insurance S 2560 River Park P				PHONE: (817) 738-6100 FAX: (817) 738-2993				
		Su	ne 300	E-MAIL ADDRESS: contact@pullenins.com				
Fort Worth, TX 76)110			PRODUCER CUSTOMER ID#: MI				
					FORDING COVE	EDAGE	NAIC #	
INSURED Michigan State Vout	1 0							
Michigan State 1 out					tional Casualty		11991	
9401 General Drive,		e 12	20		itional Union F	Fire Insurance Company	19445	
Plymouth, MI 48170)			Insurer C:				
				Insurer D:				
				Insurer E:				
				Insurer F:				
			ATE NUMBER: 140012			REVISION NUMBER:		
INDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR MATERIAL EXCLUSIONS AND CONDITIONS OF SU	REQU AY PEI ICH PO	IIREN RTAII DLICII	IENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV					
INSR LTR TYPE OF INSURANCE		SUBR WVD		POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
X HIRED AUTOS						(Per accident)		
X NON-OWNED AUTOS								
A UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
X EXCESS LIAB CLAIMS-MADE			1222 .00000), 1, 2 01 .	7,1,2010	AGGREGATE	\$5,000,000	
DEDUCTIBLE	_					NOONEONIE	+2,000,000	
RETENTION \$								
						WC STATU- OTH-		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						TORY LIMITS ER E. L. EACH ACCIDENT		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A							
(Mandatory in NH) If yes, describe under						E. L. DISEASE - EA EMPLOYEE		
-			SRG 9115335A	9/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000	
B PARTICIPANT ACCIDENT MEDICAL	-		3KU 9113333A	9/1/2014	9/1/2013		\$100,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / \	/EUICI E	C / A##	ash ACORD 101 Additional Remarks S	abodula if mara apaga	in required)			
This certificate is issued on behalf		,		•		Soccer League Certifica	te Holder is	
Additional Insured as respects the							te Holder is	
Traditional Insured as respects the	op or u.							
CERTIFICATE HOLDER				CANCELLA	TION			
Clinton Township Parks & F 40700 Romeo Plank Road Clinton Township, MI 48038		Civi	c Center Parks)	THE EXPIRATION	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 Satisfulli				

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DATE (MM/DD/YYYY) 8/19/2014

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).	may roquiro un ondorcomona	7. Glatomont on	ino con inicato c	iooo not oomor rigino to tiid					
PRODUCER Pullen Insurance Service	s. Inc.	CONTACT NAME:	Sports Divis	ion					
2560 River Park Plaza, S		PHONE: (817) 738-6100 FAX: (817) 738-2993							
Fort Worth, TX 76116		E-MAIL ADDRESS: contact@pullenins.com							
,		PRODUCER CUSTO	OMER ID#: MI						
		INSURERS AFFORDING COVERAGE NAIC #							
INSURED Michigan State Youth Soco	er Association	Insurer A: Na	tional Casualty	Company	11991				
9401 General Drive, Suite		Insurer B: Na	ational Union F	ire Insurance Company	19445				
Plymouth, MI 48170		Insurer C:							
,		Insurer D:							
		Insurer E:							
		Insurer F:							
	CATE NUMBER: 140012			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 ADD'L SUNSRD W		POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS					
A GENERAL LIABILITY X	KRO 4688700	9/1/2014	9/1/2015	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				
OFANI, ACCRECATE LIMIT APPLIES PED.				GENERAL AGGREGATE	UNLIMITED \$1,000,000				
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC				PRODUCTS - COMP/OP AGG	\$1,000,000				
	KRO 4688700	9/1/2014	9/1/2015	PARTICIPANT LEGAL LIABILITY COMBINED SINGLE LIMIT	\$1,000,000 \$1,000,000				
A AUTOMOBILE LIABILITY ANY AUTO	KRO 4088700	9/1/2014	9/1/2015	(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 4688800	9/1/2014	9/1/2015	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) If yes, describe under				E. L. DISEASE - EA EMPLOYEE					
	CDC 0115225 A	0/1/2014	0/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000				
B PARTICIPANT ACCIDENT MEDICAL	SRG 9115335A	9/1/2014	9/1/2015		\$100,000				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101 Additional Remarks S	Schedule if more space	is required)						
This certificate is issued on behalf of Mich				Soccer League. Certificat	e Holder is				
Additional Insured as respects the operatio					10100110				
CERTIFICATE HOLDER		CANCELLA	TION						

Charter Township of Springfield Attn: Sarah Banes 12000 Davisburg Rd Davisburg, MI 48350

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 Dulling



DATE (MM/DD/YYYY) 8/19/2014

\$5,000,000

\$5,000,000

\$100,000

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and c	RTANT: If the certificate holder is onditions of the policy, certain po of such endorsement(s).	an <i>A</i> olicie	ADDIT s ma	FIONAL INSURED, the policy require an endorsement.	cy(ies) must be A statement or	endorsed. If SUI this certificate o	BROGATION IS WAIVED, so loes not confer rights to the	ubject to the terms e certificate holder
PRODU	CER Pullen Insurance Se	ervi	ces.	Inc.	CONTACT NAME: Sports Division			
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993			
	Fort Worth, TX 76				E-MAIL ADDRESS	contact@pu	llenins.com	
	,				PRODUCER CUST	TOMER ID#: MI		
					INSURERS A	FFORDING COVI	ERAGE	NAIC #
INSURE	Michigan State Youth	So	ccer	Association	Insurer A: N	lational Casualty	/ Company	11991
	9401 Ğeneral Drive, S				Insurer B: N	ational Union F	ire Insurance Company	19445
	Plymouth, MI 48170				Insurer C:			
	•				Insurer D:			
					Insurer E:			
					Insurer F:			
COVERAGES CERTIFICATE NUMBER: 14001284 REVISION NUMBER: 0								0
INDIC. CERT EXCL	S TO CERTIFY THAT THE POLICII ATED. NOTWITHSTANDING ANY F IFICATE MAY BE ISSUED OR MA' JSIONS AND CONDITIONS OF SUC	REQU Y PEF CH PC	IREM RTAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAV	OF ANY CONT DED BY THE PO E BEEN REDUC	RACT OR OTHER DLICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	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	
A	ENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE	\$1,000,000
<u> </u>	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
G	EN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000
	POLICY PROJECT LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000
A	ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
-	ALL OWNED AUTOS						BODILY INJURY (Per person)	
-	SCHEDULED AUTOS						BODILY INJURY (Per accident)	
1 =	HIRED AUTOS						PROPERTY DAMAGE (Per accident)	
3	√ NON-OWNED AUTOS							

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

XKO 4688800

SRG 9115335A

This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

9/1/2014

9/1/2014

9/1/2015

9/1/2015

CERTIFICATE HOLDER	CANCELLATION
Chippewa Valley High School Attention: Gerry Haggerty 18300 19 Mile Road	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Clinton Township, MI 48038	AUTHORIZED REPRESENTATIVE Satisfull

EACH OCCURRENCE

WC STATU-TORY LIMITS

E. L. EACH ACCIDENT

E. L. DISEASE - EA EMPLOYEE

E. L. DISEASE - POLICY LIMIT

AGGREGATE

UMBRELLA LIAB X OCCUR

EXCESS LIAB

DEDUCTIBLE RETENTION \$

If yes, describe under

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

PARTICIPANT ACCIDENT MEDICAL

CLAIMS-MADE

Y/N

N/A



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain policy certain policy of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate o	loes not confer rights to the	e certificate holder		
PROI	Pullen Insurance Se	rvi	200	Inc	CONTACT NAME: Sports Division					
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993 E-MAIL ADDRESS: contact@pullenins.com					
	Fort Worth, TX 76		Sui	.ic 500						
	1 of worth, 12 x 70	110			PRODUCER CUSTOMER ID#: MI					
					INSURERS AF	FORDING COVE	ERAGE	NAIC #		
INSU	Michigan State Youth	50	0001	Association	+	tional Casualty		11991		
	9401 General Drive, S						ire Insurance Company	19445		
	Plymouth, MI 48170	ouru	5 1 2	U	Insurer C:	monar Cmon r	ne insurance company	17443		
	Flymoun, Mi 48170				Insurer D:					
					Insurer E:					
					Insurer F:					
\overline{C}	VERAGES CE	PTI	FIC	ATE NUMBER: 140020			REVISION NUMBER:	0		
THIS INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUC	ES OI REQU / PEI CH PC	F INS IREM RTAIN OLICIE	URANCE LISTED BELOW HA ENT, TERM OR CONDITION I, THE INSURANCE AFFORE ES. LIMITS SHOWN MAY HAV	VE BEEN ISSUE OF ANY CONTR DED BY THE POI E BEEN REDUCE	D TO THE INSUI RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	RED NAMED ABOVE FOR THE DOCUMENT WITH RESPECT TO MS.	HE POLICY PERIOD OT TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE		SUBR WVD		POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	********		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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	ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
ŀ	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 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000		
	DEDUCTIBLE	1								
	RETENTION \$									
	WORKERS COMPENSATION						WC STATU- TORY LIMITS ER			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	NI/A					E. L. EACH ACCIDENT			
	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			SRG 9115335A	9/1/2014	9/1/2015		\$100,000		
Thi	SCRIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf o ditional Insured as respects the op	f Mi	chiga	an State Youth Soccer As	sociation & Mi	d-Michigan Yo	outh Soccer League. Cert ate association.	ificate Holder is		
CE	RTIFICATE HOLDER				CANCELLA	TION				
Clare Brookwood Park 660 Ann Arbor Trail Clare, MI 48617					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 REPI	RESENTATIVE	Patik Pull	-		



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain pole of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate of	loes not confer rights to th	e certificate holder	
PRO	Pullen Insurance Se	rvi	res	Inc	CONTACT NAME: Sports Division				
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76		Dui	<i>w</i> 300	E-MAIL ADDRESS:	contact@pul	llenins.com		
	1 of t worth, 121 70	110			PRODUCER CUSTO	OMER ID#: MI			
					INSURERS AF	FORDING COVE	ERAGE	NAIC #	
INSU	Michigan State Youth	So	CCEI	· Association	Insurer A: Na	ntional Casualty	v Company	11991	
	9401 General Drive, S						Fire Insurance Company	19445	
	Plymouth, MI 48170	Juin	0 12	O	Insurer C:				
	Trymouth, wir 10170				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTI	FIC	ATE NUMBER: 1400238	85	F	REVISION NUMBER:	0	
IND CEF EXC	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 CH PC	IREM RTAIN DLICIE	IENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT TO MS.	CT TO WHICH THIS	
INSR LTR			SUBR WVD		POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	******	
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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	ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	14/7					E. L. DISEASE - EA EMPLOYEE		
	If yes, describe under						E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VE						4.0 7 ~	TT 11	
	s certificate is issued on behalf o ditional Insured as respects the o							inicate Holder is	
L									
CE	RTIFICATE HOLDER				CANCELLA	TION			
City of Lapeer Attn: Ray Turczyn 880 Saginaw Street					THE EXPIRATION		DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE		
La	peer, MI 48446				AUTHORIZED REPRESENTATIVE				



DATE (MM/DD/YYYY) 8/19/2014

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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.

and conditions of the policy, certain point lieu of such endorsement(s).	olicies	s may	require an endorsement.	A statement	on this certificate of	loes not confer rights to th	e certificate holder		
PRODUCER Pullen Insurance So	ervic	·ec 1	Inc	CONTACT NAME: Sports Division					
2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993					
Fort Worth, TX 76		Sun	.C 300	E-MAIL ADDRESS: contact@pullenins.com					
Tort worth, 121 70	110			PRODUCER CI					
				INSURERS	AFFORDING COVI	ERAGE	NAIC #		
INSURED Michigan State Youth	Soc	cer	Association	Insurer A:	National Casualt	y Company	11991		
9401 General Drive, S						Fire Insurance Company	19445		
Plymouth, MI 48170	34110	. 120	,	Insurer C:					
				Insurer D:					
				Insurer E:					
				Insurer F:					
COVERAGES CE	RTIF	FICA	TE NUMBER: 140034	56	F	REVISION NUMBER:	0		
THIS IS TO CERTIFY THAT THE POLICII INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MA' EXCLUSIONS AND CONDITIONS OF SUC	REQUIF Y PER CH POL	REME RTAIN LICIE	ENT, TERM OR CONDITION , THE INSURANCE AFFORE S. LIMITS SHOWN MAY HAV	OF ANY COI DED BY THE 'E BEEN REDI	NTRACT OR OTHEF POLICIES DESCRIE JCED BY PAID CLAI	R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT TO	CT TO WHICH THIS		
INSR LTR TYPE OF INSURANCE	ADD'L S	SUBR WVD	POLICY NUMBER	POLICY EFFECTI DATE (MM/DD/Y	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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	\sqcup					PARTICIPANT LEGAL LIABILITY	\$1,000,000		
A AUTOMOBILE LIABILITY ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000		
DEDUCTIBLE	1								
RETENTION \$									
WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER			
AND EMPLOYERS' LIABILITY Y/N	N1/A					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			SRG 9115335A	9/1/2014	9/1/2015		\$100,000		
This certificate is issued on behalf of Additional Insured as respects the o	of Mic	higa	n State Youth Soccer As	sociation &	Michigan Youth	Soccer League. Certifica ate association.	te Holder is		
CERTIFICATE LIQUES				CANCE	LATION				
CERTIFICATE HOLDER				CANCEL	LATION				
Crestview Park Attn: Yvonne Curtis Southfield Road				THE EXPIR	NY OF THE ABOVE I ATION DATE THEREC POLICY PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	INCELLED BEFORE ED IN ACCORDANCE		
Birmingham, MI 48009						AUTHORIZED REPRESENTATIVE 0			

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DATE (MM/DD/YYYY) 8/19/2014

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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 s	such endorsement(s).							
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division						
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-29	93					
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com						
		PRODUCER CUSTOMER ID#: MI						
		INSURERS AFFORDING COVERAGE	NAIC #					
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991					
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445					
	Plymouth, MI 48170	Insurer C:						
		Insurer D:						
		Insurer E:						
		Insurer F:						
COVER	AGES CERTIFICATE NUMBER: 1400346	REVISION NUMBER: ()					
INDICATED CERTIFICA	HIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD IDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS ERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, XCLUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUICED 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	
Α	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A					E. L. EACH ACCIDENT	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A	IN/A				E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
City of Shelby Attn: Yvonne Curtis 52700 Van Dyke	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Shelby, MI 48316	AUTHORIZED REPRESENTATIVE Satik Dull



DATE (MM/DD/YYYY) 8/19/2014

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

	conditions of the policy, certain pe eu of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate of	loes not confer rights to the	e certificate holder		
PROI	Pullen Insurance Se	rvi	es	Inc	CONTACT NAME: Sports Division					
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 76	,	Sui	110 300	E-MAIL ADDRESS: contact@pullenins.com					
	Toft Worth, 124 70	110			PRODUCER CUSTO					
					INSURERS AF	FORDING COVE	FRAGE	NAIC #		
INSU	RED Michigan State Vouth	· Co	2221	. Association	+	tional Casualty		11991		
	Whengan State 1 out	1 20	- 12	Association			Fire Insurance Company	19445		
	9401 General Drive, S	Suite	9 12	0		monai Omon r	The misurance Company	19443		
	Plymouth, MI 48170				Insurer C:					
					Insurer D:					
					Insurer E:					
	VED 4.050			ATE MUMBER 140025	Insurer F:		EVIOLONI NUMBER			
				ATE NUMBER: 140035			REVISION NUMBER:			
INDI CER EXC	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 CH PC	IREM RTAIN DLICIE	IENT, TERM OR CONDITION N, THE INSURANCE AFFORI ES. LIMITS SHOWN MAY HAV	I OF ANY CONTR DED BY THE PO 'E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	CT TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE	INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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			
	X HIRED AUTOS						(Per accident)			
	X NON-OWNED AUTOS									
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
	X EXCESS LIAB CLAIMS-MADE			71110 1000000	7/1/2011	7,1,2015	AGGREGATE	\$5,000,000		
	DEDUCTIBLE	1					AGGREGATE	ψ2,000,000		
	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 ves. describe under						E. L. DISEASE - EA EMPLOYEE			
D	,.,			CDC 0115225 A	0/1/2014	0/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000		
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	ch ACORD 101, Additional Remarks S	Schedule, if more space	e is required)	 			
Thi	s certificate is issued on behalf o	f Mi	chiga	an State Youth Soccer As	sociation & Mi	chigan Youth S	Soccer League. Certificat	te Holder is		
Ado	ditional Insured as respects the o	perat	ions	of the Named Insured for	r sanctioned act	ivities of the st	ate association.			
CF	RTIFICATE HOLDER				CANCELLA	TION				
	elia Park									
At	tn: Yvonne Curtis 99 Eighteen Mile Road				THE EXPIRATION		DESCRIBED POLICIES BE CAI F, NOTICE WILL BE DELIVERE			
	erling Heights, MI 48314				AUTHORIZED REPI	RESENTATIVE	0 0			
					AUTHORIZED REPRESENTATIVE Satisfulli					



DATE (MM/DD/YYYY) 8/19/2014

\$5,000,000

\$5,000,000

\$100,000

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 INSURED EDGES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

and co	RTANT: If the certificate holder anditions of the policy, certain of such endorsement(s).	is an <i>l</i> policie	ADDI s ma	FIONAL INSURED, the polic y require an endorsement.	cy(ies) must be A statement on	endorsed. If SUI this certificate o	BROGATION IS WAIVED, s loes not confer rights to th	ubject to the terms e certificate holder	
PRODUC	Pullen Insurance S	Servi	ces.	Inc.	CONTACT NAME:	Sports Divis	ion		
	2560 River Park P		,		PHONE: (8	317) 738-6100	FAX: (817) 738-29	993	
	Fort Worth, TX 76				E-MAIL ADDRESS	contact@pul	llenins.com		
	,				PRODUCER CUST	FOMER ID#: MI		_	
					INSURERS A	FFORDING COVE	ERAGE	NAIC #	
INSURE	Michigan State Yout	h So	ccer	Association	Insurer A: N	ational Casualty	Company	11991	
	9401 General Drive,				Insurer B: N	ational Union F	ire Insurance Company	19445	
	Plymouth, MI 48170				Insurer C:				
	,				Insurer D:				
					Insurer E:				
					Insurer F:				
COV	ERAGES C	<u>ERTI</u>	FIC/	ATE NUMBER: 140042	REVISION NUMBER: 0				
INDICA CERTI EXCLU	S TO CERTIFY THAT THE POLIC NTED. NOTWITHSTANDING ANY FICATE MAY BE ISSUED OR M USIONS AND CONDITIONS OF SU	REQU AY PE CH PC	IIREM RTAIN DLICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD SS. LIMITS SHOWN MAY HAV	OF ANY CONT DED BY THE PO E BEEN REDUC	RACT OR OTHER DLICIES DESCRIB ED BY PAID CLAII	DOCUMENT WITH RESPE ED HEREIN IS SUBJECT TO	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 4688700	9/1/2014	9/1/2015	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	EN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000	
	POLICY PROJECT LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000	
A	UTOMOBILE LIABILITY ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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								

DEDUCTIBLE RETENTION \$ WC STATU-TORY LIMITS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E. L. EACH ACCIDENT N/A

9/1/2014

9/1/2014

9/1/2015

9/1/2015

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

XKO 4688800

SRG 9115335A

This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION

CHINA TOWNSHIP PARK Attn: YVONNE CURTIS 5298 INDIAN TRAIL CHINA TOWNSHIP, MI 48054

UMBRELLA LIAB X OCCUR

PARTICIPANT ACCIDENT MEDICAL

EXCESS LIAB

If yes, describe under

CLAIMS-MADE

Α

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

EACH OCCURRENCE

E. L. DISEASE - EA EMPLOYEE

E. L. DISEASE - POLICY LIMIT

AGGREGATE



in lieu of such endorsement(s)

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/19/2014

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

	(0).						
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division					
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-299	93				
		E-MAIL ADDRESS: contact@pullenins.com					
		PRODUCER CUSTOMER ID#: MI					
		INSURERS AFFORDING COVERAGE	NAIC #				
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991				
		Insurer B: National Union Fire Insurance Company	19445				
	*	Insurer C:					
	•	Insurer D:					
		Insurer E:					
		Insurer F:					
COVERA	AGES CERTIFICATE NUMBER: 1400426	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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CENTILICATE HOLDEN	CANCELLATION
COOK ELEMENTARY Attn: YVONNE CURTIS 5500 PERRINE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
MIDLAND, MI 48640	AUTHORIZED REPRESENTATIVE Satisfull

CANCELL ATION

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CEDTIEICATE HOLDED



DATE (MM/DD/YYYY) 8/19/2014

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 nolicy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms

and	conditions of the policy, certain pole eu of such endorsement(s).	olicies	s may require an endorsement.	A statement on	this certificate of	loes not confer rights to the	e certificate holder		
PROI	Pullen Insurance Se	rvic	es. Inc.	CONTACT NAME: Sports Division PHONE: (817) 738-6100 FAX: (817) 738-2993					
	2560 River Park Pla								
	Fort Worth, TX 761	,		E-MAIL ADDRESS:	contact@pu	llenins.com			
	1 010 11 7 01			PRODUCER CUSTO	OMER ID#: MI				
				INSURERS AF	FORDING COVI	ERAGE	NAIC #		
INSU	RED Michigan State Youth	Soc	cer Association	Insurer A: Na	ational Casualty	Company	11991		
	9401 General Drive, S					ire Insurance Company	19445		
	Plymouth, MI 48170			Insurer C:		•			
	, ,			Insurer D:					
				Insurer E:					
				Insurer F:					
CO	VERAGES CE	RTIF	FICATE NUMBER: 140042	271	F	REVISION 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	EQUI PER H PO	REMENT, TERM OR CONDITION TAIN, THE INSURANCE AFFOR LICIES. LIMITS SHOWN MAY HAV	N OF ANY CONTE DED BY THE PO VE BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	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			
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY	X	KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance)	\$1,000,000 \$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 ANY AUTO		KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
	X EXCESS LIAB CLAIMS-MADE			7, 2, 2, 2		AGGREGATE	\$5,000,000		
	DEDUCTIBLE						. , ,		
	RETENTION \$ WORKERS COMPENSATION					WC STATU- TORY LIMITS ER			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	NI/A				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		SRG 9115335A	9/1/2014	9/1/2015		\$100,000		
DESC	I CRIPTION OF OPERATIONS / LOCATIONS / VEI	HICLES	(Attach ACORD 101, Additional Remarks	Schedule, if more space	e is required)	1			
Thi	s certificate is issued on behalf or litional Insured as respects the op	f Mic	higan State Youth Soccer As	ssociation & Mi	id-Michigan Yo		ificate Holder is		
CF	RTIFICATE HOLDER			CANCELLA	TION				
Cit At 12	ry of Lansing, Sycamore Pa tn: Carol Munroe 4 West Michigan Avenue	rk		SHOULD ANY THE EXPIRATI	OF THE ABOVE I	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE D IN ACCORDANCE		
La	nsing, MI 48933			AUTHORIZED REPRESENTATIVE					



DATE (MM/DD/YYYY) 8/19/2014

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 liquid and conditions of the policy, certain policies may require an endorsement.

	conditions of the policy, certain person of such endorsement(s).	OIICIE	s ma	y require an endorsement.	A Statement on	ınıs certificatê c	ioes not confer rights to th	e certificate noider		
PROD	Pullen Insurance So	ervi	ces	Inc.	CONTACT NAME: Sports Division					
	2560 River Park Pl				PHONE: (8	(017) 700 0100 (017) 700 2550				
	Fort Worth, TX 76	,	Sui	10 300	E-MAIL ADDRESS: contact@pullenins.com					
	1011 (101111, 171 70	110			PRODUCER CUSTO	OMER 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						ire Insurance Company	19445		
	Plymouth, MI 48170	Juit	. 12	O .	Insurer C:		1 7			
	11/11/04/11/10/17				Insurer D:					
					Insurer E:					
					Insurer F:					
CO	VERAGES CE	RTI	FICA	ATE NUMBER: 140043	14	F	REVISION NUMBER:	0		
INDI CER EXC	S IS TO CERTIFY THAT THE POLICI CATED. NOTWITHSTANDING ANY F TIFICATE MAY BE ISSUED OR MA' LUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREM RTAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAV	OF ANY CONTE DED BY THE PO E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	R DOCUMENT WITH RESPECT TO	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			
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000		
	DEDUCTIBLE									
	RETENTION \$						L WO STATU			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						WC STATU- TORY LIMITS OTH- 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			~~~~	0/1/2011	0/4/2042	E. L. DISEASE - POLICY LIMIT	Ф100 000		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000		
This	RIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf of litional Insured as respects the o	f Mi	chiga	an State Youth Soccer As	sociation & Mi	d-Michigan Yo		tificate Holder is		
CE	RTIFICATE HOLDER				CANCELLA	TION				
Co	ok Elementry School			<u> </u>						

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

© 1988-2009 ACORD CORPORATION. All rights reserved.

Attn: Tom Curatti 5500 Perrine Rd Midland, MI 48650



DATE (MM/DD/YYYY) 8/19/2014

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).

COVERA	AGES CERTIFICATE NUMBER: 1400443	REVISION NUMBER: ()				
		Insurer F:					
		Insurer E:					
		Insurer D:					
	Plymouth, MI 48170	Insurer C:					
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445				
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company 1199					
		INSURERS AFFORDING COVERAGE	NAIC #				
	,	PRODUCER CUSTOMER ID#: MI					
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com					
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993					
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division					
	• • • • • • • • • • • • • • • • • • • •						

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		
Α	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	111/7					E. L. DISEASE - EA EMPLOYEE		
	If yes, describe under						E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATIO
CERTIFICATE HULDER	CANCELLATIO

DRESDEN ELEMENTARY SCHOOL Attn: YVONNE CURTIS 11400 DELVIN DRIVE STERLING HEIGHTS, MI 48314

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



DATE (MM/DD/YYYY) 8/19/2014

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.	CONTACT NAME: Sports Division						
2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993						
Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com						
1 310 11 3111 7 3111	PRODUCER CUSTOMER ID#: MI						
	INSURERS AFFORDING COVERAGE NAIC #						
Michigan State Youth Soccer Association	Insurer A: National Casualty Company 11991						
9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company 19445						
Plymouth, MI 48170	Insurer C:						
•	Insurer D:						
	Insurer E:						
	Insurer F:						
OVERAGES CERTIFICATE NUMBER: 14004439 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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(i ei accident)		
	NON-OWNED AUTOS								
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000	
	DEDUCTIBLE	1							
	RETENTION \$								
	WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E. L. EACH ACCIDENT		
							E. L. DISEASE - EA EMPLOYEE		
	If yes, describe under						E. L. DISEASE - POLICY LIMIT		
В	B PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATIO
CENTIFICATE HULDEN	CANCELLATIO

CORNERSTONE BAPTIST CHURCH Attn: YVONNE CURTIS 17017 EAST TWELVE MILE RD ROSEVILLE, MI 48066

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



DATE (MM/DD/YYYY) 8/19/2014

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in lieu of such endorsement(s).	n statement on	i una ceruncale u	oes not comer rights to the	e certificate fiolitier	
PRODUCER Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division				
2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993				
Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com				
Tott Worth, 111 / 0110	PRODUCER CUST	FOMER ID#: MI			
	INSURERS A	FFORDING COVE	RAGE	NAIC #	
Michigan State Youth Soccer Association	Insurer A: N	ational Casualty	Company	11991	
9401 General Drive, Suite 120			ire Insurance Company	19445	
Plymouth, MI 48170	Insurer C:		1 ,		
	Insurer D:				
	Insurer E:				
	Insurer F:				
COVERAGES CERTIFICATE NUMBER: 1400509	98	R	EVISION NUMBER:	0	
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	OF ANY CONT DED BY THE PO E BEEN REDUC	RACT OR OTHER DLICIES DESCRIB ED BY PAID CLAIN	DOCUMENT WITH RESPECT ED HEREIN IS SUBJECT TO	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		
A GENERAL LIABILITY X KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
ANY AUTO			` '		
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 4688800	9/1/2014	9/1/2015	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 OFFICER/MEMBER EXCLUDED?			E. L. EACH ACCIDENT		
(Mandatory in NH)			E. L. DISEASE - EA EMPLOYEE		
If yes, describe under	0/4/0044	0/4/2047	E. L. DISEASE - POLICY LIMIT	¢100 000	
B PARTICIPANT ACCIDENT MEDICAL SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Sorthis certificate is issued on behalf of Michigan State Youth Soccer Ass Additional Insured as respects the operations of the Named Insured for	sociation & M	id-Michigan Yo	outh Soccer League. Certate association.	ificate Holder is	
CEPTIFICATE HOLDED	CANCELLA	ATION			
Certificate Holder Certif	CANCELL	ATION			
Central Middle School	SHOULD AN	OF THE ABOVE D	ESCRIBED POLICIES BE CAI	NCELLED BEFORE	
Attn: Tom Curatti	THE EXPIRAT	TION DATE THEREO	F, NOTICE WILL BE DELIVEREI	D IN ACCORDANCE	
395 E. Reardon					

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Midland, MI 48640



DATE (MM/DD/YYYY) 8/19/2014

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

iii iieu oi s	such endorsement(s).					
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division				
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-299	93			
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com				
	, ,	PRODUCER CUSTOMER ID#: MI				
		INSURERS AFFORDING COVERAGE	NAIC #			
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991			
		Insurer B: National Union Fire Insurance Company 19445				
	Plymouth, MI 48170	Insurer C:				
		Insurer D:				
		Insurer E:				
		Insurer F:				
COVER	AGES CERTIFICATE NUMBER: 1400509	9 REVISION NUMBER: 0				
THIS IS TO	CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR TH	E 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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	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			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Mid-Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
Dewitt Township Community Center Attn: Tom Curatti 16101 Brook Rd.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Lansing, MI 48906	AUTHORIZED REPRESENTATIVE Satisfull



DATE (MM/DD/YYYY) 8/19/2014

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		ons of the policy ch endorsemen		olicie	es ma	y require an endorsement.	A statement on	this certificate o	ioes not confer rights to tr	e certificate noider	
PRODUCER Pullen Insurance Services, Inc.						Inc	CONTACT NAME:	Sports Divis	sion		
2560 River Park Plaza, Suite 300							PHONE: (817) 738-6100 FAX: (817) 738-2993				
Fort Worth, TX 76116					ne 300	E-MAIL ADDRESS: contact@pullenins.com					
Tolt worth, 12 70110						PRODUCER CUSTOMER ID#: MI					
							FFORDING COVI	FRAGE	NAIC #		
INSU						. A a a a i a ti a u		ational Casualt		11991	
	1								Fire Insurance Company	19445	
		401 Genera		Sulu	e 12	0		ational Omon 1	The misurance Company	17443	
	r	Plymouth, M	11 481 / 0				Insurer C:			_	
							Insurer D:			_	
							Insurer E:			_	
	VERA	CEC	<u></u>	DTI	FIC	ATE NIIMDED: 140056	Insurer F:		DEVISION NUMBER.	0	
						ATE NUMBER: 140056			REVISION NUMBER:		
INDI CER EXC	CATED. RTIFICAT	NOTWITHSTANI E MAY BE ISSU	DING ANY I IED OR MA	REQU Y PEI CH PC	IIREN RTAIN DLICIE	URANCE LISTED BELOW HA IENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONT DED BY THE PO E BEEN REDUC	RACT OR OTHER DLICIES DESCRIE ED BY PAID CLAI	R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT T	CT TO WHICH THIS	
INSR LTR		TYPE OF INSURANCE	CE	ADD'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERA	L LIABILITY		X		KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE	\$1,000,000	
	Х сом	MERCIAL 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	
	<u> </u>								GENERAL AGGREGATE	UNLIMITED	
	GEN'L AG	GREGATE LIMIT APPL	IES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000	
	POLI	CY PROJECT	LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000	
A	$\overline{}$	BILE LIABILITY	•			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	\vdash	AUTO							BODILY INJURY (Per person)		
	\vdash	OWNED AUTOS							BODILY INJURY (Per accident)		
	\vdash	EDULED AUTOS							PROPERTY DAMAGE		
	<u> </u>	D AUTOS							(Per accident)		
	X NON-	OWNED AUTOS									
Α	имв	RELLA LIAB X 00	CCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
	X EXCE	SS LIAB CL	_AIMS-MADE						AGGREGATE	\$5,000,000	
	DEDU	JCTIBLE		1							
	RETE	NTION \$									
	WORKER	S COMPENSATION							WC STATU- TORY LIMITS OTH- ER		
	AND EMP	LOYERS' LIABILITY							E. L. EACH ACCIDENT		
	OFFICER/M (Mandatory	RIETOR/PARTNER/EXEC IEMBER EXCLUDED?	JULIVE	N/A					E. L. DISEASE - EA EMPLOYEE		
	If yes, descr								E. L. DISEASE - POLICY LIMIT		
В	PARTIC	IPANT ACCIDEN	T MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
DEGG	PRIDTION	DE ODEDATIONS / /	OCATIONS (1.5		C / A ··	oh ACORD 104 Additional Daniel 2	ohodulo if marini	no in require d			
						ch ACORD 101, Additional Remarks S an State Youth Soccer As			Sagar Laggua Cartifias	sta Haldaria	
Add	s ceruii litional	Late is issued (Insured as rest	nects the o	nerat	tions	of the Named Insured for	sociation & M	tivities of the st	tate association	ite Holdel 18	
1 Ide	artionar	msured as resp	peets the o	peru	10115	of the runned insured for	surretrorred de	divides of the st	ate association.		
L											
		ATE HOLDE					CANCELLA	ATION			
		ill High Sch	ool				SHOULD ANY	OF THE ABOVE	DESCRIBED POLICIES BE CA	NCELLED BEFORE	
		wburgh Rd					THE EXPIRAT	ION DATE THEREC)F, NOTICE WILL BE DELIVERE	DINACCORDANCE	
Liv	vonia,	MI 48150					VVIIII INE PO	LICI FROVISIONS	·•		
							AUTHORIZED REF	PRESENTATIVE	0 0		
									Vatil Ovel	_	
							Naw Cours				



DATE (MM/DD/YYYY) 8/19/2014

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in lieu of such endorsement(s).	DIICIE	S IIIa	y require an endorsement.	A Statement o	ii tiiis certiiicate u	loes not comer rights to th	e certificate floider	
PRODUCER Pullen Insurance Se	res	Inc	CONTACT NAME: Sports Division					
2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993				
Fort Worth, TX 76	,	Sui	200	E-MAIL ADDRESS: contact@pullenins.com				
					PRODUCER CUSTOMER ID#: MI			
					INSURERS AFFORDING COVERAGE NAIC #			
INSURED Michigan State Youth	So	CCET	· Association	Insurer A:	National Casualty	Company	11991	
9401 General Drive, S	Snite	12 c	1 1330C1at1011			ire Insurance Company	19445	
Plymouth, MI 48170	Juin	. 12	O	Insurer C:				
Trymouth, wir 10170				Insurer D:				
				Insurer E:				
				Insurer F:				
COVERAGES CE	RTI	FIC	ATE NUMBER: 1400578	83	F	REVISION NUMBER:	0	
THIS IS TO CERTIFY THAT THE POLICII INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MA' EXCLUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREM RTAIN LICIE	IENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONDED BY THE P E BEEN REDU	TRACT OR OTHER OLICIES DESCRIB CED BY PAID CLAII	DOCUMENT WITH RESPECT TO	CT TO WHICH THIS	
INSR LTR TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
X HIRED AUTOS						(Per accident)		
X NON-OWNED AUTOS								
A UMBRELLA LIAB X OCCUR			VI/O 4600000	0/1/2014	0/1/2015		\$5,000,000	
A UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000 \$5,000,000	
DEDUCTIBLE CEANING-WADE	1					AGGREGATE	\$5,000,000	
RETENTION \$								
						WC STATU- TORY LIMITS OTH- ER		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N								
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		
B PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000	
B PARTICIPANT ACCIDENT MEDICAL			3KU 9113333A	9/1/2014	9/1/2013		\$100,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	L S (Atta	L Ch ACORD 101, Additional Remarks So	chedule, if more so				
This certificate is issued on behalf o						outh Soccer League. Cert	tificate Holder is	
Additional Insured as respects the o								
CERTIFICATE HOLDER	CERTIFICATE HOLDER CANCELLATION							
Coutant Street Soccer Field								
1425 Coutant Street				SHOULD AN	Y OF THE ABOVE I	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE	
Flushing, MI 48433					OLICY PROVISIONS			
Trushing, wir horss								

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DATE (MM/DD/YYYY) 8/19/2014

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	eu of such endorsement(s).	licie	s ma	y require an endorsement.	A statement on	this certificate o	loes not confer rights to the	e certificate holder	
PRO	Pullen Insurance Se	rvio	266	Inc	CONTACT NAME: Sports Division				
	2560 River Park Pla				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 761		Sui	16 300	E-MAIL ADDRESS: contact@pullenins.com				
	Fort Worth, TA 701	110			PRODUCER CUSTO	PRODUCER CUSTOMER ID#: MI			
					INSURERS AFFORDING COVERAGE NAIC #				
INSU	RED Michigan State Voyeth	Co		Association		tional Casualty		11991	
	Michigan State 1 outil						Fire Insurance Company	19445	
	9401 General Drive, S	ulte	2 1 2	U		monai Omon i	The misurance Company	17443	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
	VERAGES CE	DTI	EIC /	ATE NUMBER: 1400704	Insurer F:		REVISION NUMBER:	0	
THIS IND CEF	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R TIFICATE MAY BE ISSUED OR MAY SLUSIONS AND CONDITIONS OF SUC	S OF EQU PEF	F INS IREM RTAIN	URANCE LISTED BELOW HA ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	VE BEEN ISSUE OF ANY CONTR DED BY THE POI	D TO THE INSUI RACT OR OTHER LICIES DESCRIB	RED NAMED ABOVE FOR THE DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	HE POLICY PERIOD CT TO WHICH THIS	
INSR LTR			SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X	WVD	KRO 4688700	9/1/2014	9/1/2015		\$1,000,000	
^	X COMMERCIAL GENERAL LIABILITY	Λ		KKO 4000/00	9/1/2014	9/1/2013	DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR							\$5,000	
	CLAINIS WADE A OCCUR						MED EXP (Any one person)	\$1,000,000	
							PERSONAL & ADV INJURY	UNLIMITED	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$1,000,000	
	POLICY PROJECT LOC						PRODUCTS - COMP/OP AGG	\$1,000,000	
A	AUTOMOBILE LIABILITY			KRO 4688700	9/1/2014	9/1/2015	PARTICIPANT LEGAL LIABILITY COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	ANY AUTO						,		
	ALL OWNED AUTOS						BODILY INJURY (Per person)		
	SCHEDULED AUTOS						PROPERTY DAMAGE		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	NI/A					E. L. EACH ACCIDENT		
	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			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEI	HICI F	S (Atta	ch ACORD 101, Additional Remarks S	chedule, if more space	is required)			
	s certificate is issued on behalf of						Soccer League. Certificat	te Holder is	
Ado	ditional Insured as respects the or	erat	ions	of the Named Insured for	sanctioned act	ivities of the st	ate association.		
CE	RTIFICATE HOLDER				CANCELLA	TION			
	ostello Elementary								
	tn: Yvonne Curtis				SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE	
ı	33 Hamman					ICY PROVISIONS		D IN ACCURDANCE	
	oy, MI 48085								
11	oy, wii 1 0005				AUTHORIZED REPR	RESENTATIVE	() $ a$ $)$ a		
					Vatik Meli-				



DATE (MM/DD/YYYY) 8/19/2014

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	eu of such endorsement(s).	UIIUIE	io IIId	y require an endorsement.	A Statement On	uns ceruncate o	ioes not comer rights to the	, certificate fiolitier	
PROI	Pullen Insurance So	ervi	ces	Inc	CONTACT NAME: Sports Division				
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76	,		10 500	E-MAIL ADDRESS: contact@pullenins.com				
Total (Form, 111 Form)					PRODUCER CUSTOMER ID#: MI				
					INSURERS AF	FORDING COVE	ERAGE	NAIC #	
INSU	Michigan State Youth	. So	ccer	Association	Insurer A: Na	ational Casualty	v Company	11991	
	9401 General Drive, S	Snit	e 12	0			ire Insurance Company	19445	
	Plymouth, MI 48170	Juit	C 12	O	Insurer C:				
	Trymouth, wir 10170				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTI	FIC	ATE NUMBER: 140072	70	F	REVISION NUMBER:	0	
CER EXC	S IS TO CERTIFY THAT THE POLICI CATED. NOTWITHSTANDING ANY F TIFICATE MAY BE ISSUED OR MA' LUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IIREM RTAIN DLICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAV	OF ANY CONTE DED BY THE PO E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	R DOCUMENT WITH RESPEC JED HEREIN IS SUBJECT TO	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		
A	X COMMERCIAL GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance)	\$1,000,000 \$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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
**	X EXCESS LIAB CLAIMS-MADE			1110 1000000	J/1/2011	7,1,2015	AGGREGATE	\$5,000,000	
	DEDUCTIBLE	1					NOONEONIE	+=,==,==	
	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		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2	\$100,000	
Thi Add	RIFICATE HOLDER RATIFICATE HOLDER RATIFICATE MIDDLE RATIFICATE HOLDER	of Mi	chiga	an State Youth Soccer Ass	sociation & Mi sanctioned act	ichigan Youth Stivities of the st	ate association.		
At	tn: Yvonne Curtis				THE EXPIRATI	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			

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Clawson, MI 48017

150 John M



DATE (MM/DD/YYYY) 8/19/2014

\$5,000,000

\$5,000,000

\$100,000

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	litions of the policy, certain po such endorsement(s).	olicie	s ma	y require an endorsement.	Á statement on	this certificate d	loes not confer rights to the	e certificate holder
PRODUCER	Pullen Insurance Se	ervio	ces.	Inc.	CONTACT NAME: Sports Division			
	2560 River Park Pl				PHONE: (8	17) 738-6100	FAX: (817) 738-2	993
	Fort Worth, TX 76		~ ~ ~		E-MAIL ADDRESS:	contact@pul	lenins.com	
					PRODUCER CUST	OMER ID#: MI		
					INSURERS AF	FORDING COVE	RAGE	NAIC #
INSURED	Michigan State Youth	So	ccer	Association	Insurer A: Na	ational Casualty	Company	11991
	9401 General Drive, S				Insurer B: Na	ational Union F	ire Insurance Company	19445
	Plymouth, MI 48170				Insurer C:			
	,				Insurer D:			
					Insurer E:			
					Insurer F:			
COVER	AGES CE	RTI	FIC/	ATE NUMBER: 140072	71	F	REVISION NUMBER:	0
INDICATE CERTIFIC EXCLUSION	O CERTIFY THAT THE POLICIED. NOTWITHSTANDING ANY RATE MAY BE ISSUED OR MAYONS AND CONDITIONS OF SUC	REQU Y PEF CH PC	IREM RTAIN LICIE	ENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE PO E BEEN REDUCI	RACT OR OTHER PLICIES DESCRIB ED BY PAID CLAII	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			
A GENE	RAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE	\$1,000,000
X	OMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
<u> </u>	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
<u> </u> -							PERSONAL & ADV INJURY	\$1,000,000
<u> </u>							GENERAL AGGREGATE	UNLIMITED
GEN'L	AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000
P	OLICY PROJECT LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000
I ^^ ├──	MOBILE LIABILITY NY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
l 	LL OWNED AUTOS						BODILY INJURY (Per person)	
I —	CHEDULED AUTOS						BODILY INJURY (Per accident)	
I — I	IRED AUTOS						PROPERTY DAMAGE (Per accident)	
 	ON-OWNED AUTOS						(. 2. 2.230011)	

9/1/2014

9/1/2014

9/1/2015

9/1/2015

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

XKO 4688800

SRG 9115335A

This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
Clawson High School Attn: Yvonne Curtis 101 John M	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Clawson, MI 48017	AUTHORIZED REPRESENTATIVE Satisfull

EACH OCCURRENCE

WC STATU-TORY LIMITS

E. L. EACH ACCIDENT

E. L. DISEASE - EA EMPLOYEE

E. L. DISEASE - POLICY LIMIT

AGGREGATE

UMBRELLA LIAB X OCCUR

CLAIMS-MADE

Y/N

N/A

EXCESS LIAB

DEDUCTIBLE RETENTION \$

If yes, describe under

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

PARTICIPANT ACCIDENT MEDICAL



DATE (MM/DD/YYYY) 8/19/2014

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iii iicu oi s	such endorsement(s).						
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division					
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-29	93				
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com					
	1 010 11 01011, 111 7 0110	PRODUCER CUSTOMER ID#: MI					
		INSURERS AFFORDING COVERAGE	NAIC #				
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991				
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company 19445					
	Plymouth, MI 48170	Insurer C:					
	•	Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 1400757	79 REVISION NUMBER: ()				
THIS IS TO	CERTIEN THAT THE BOLICIES OF INSTIBANCE LISTED BELOW HA	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR TH	E POLICY PERIOD				

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 INSURED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, THAT IS SHOWN MAY HAVE BEEN REPURED BY THE POLICIES DESCRIBED.

_	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				
Α	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(i ei accident)				
	A NON-OWNED ACTOS										
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE				
	If yes, describe under						E. L. DISEASE - POLICY LIMIT				
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Mid-Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
Davison High School Attn: Tom Curatti 1250 N. Oak Rd.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Davison, MI 48423	AUTHORIZED REPRESENTATIVE Satik Pull



DATE (MM/DD/YYYY) 8/19/2014

\$5,000,000

\$5,000,000

\$100,000

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.

and	ORTANT: If the certificate holder is conditions of the policy, certain p u of such endorsement(s).	s an A olicie	ADDI [*] es ma	FIONAL INSURED, the polic y require an endorsement.	cy(ies) must be of A statement on	endorsed. If SUI this certificate o	BROGATION IS WAIVED, s loes not confer rights to th	ubject to the terms e certificate holder
PROD	Pullen Insurance S	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	116			E-MAIL ADDRESS:	contact@pu	llenins.com	
	,				PRODUCER CUSTO	OMER ID#: MI		
					INSURERS AF	FORDING COVI	ERAGE	NAIC #
INSUF	ED Michigan State Youth	ı So	ccer	Association	Insurer A: Na	ational Casualty	/ Company	11991
	9401 General Drive,	Suite	e 12	0	Insurer B: Na	ational Union F	ire Insurance Company	19445
	Plymouth, MI 48170				Insurer C:			
	•				Insurer D:			
					Insurer E:			
					Insurer F:			
CO	VERAGES CE	ERTI	FIC/	ATE NUMBER: 140091	21	F	REVISION NUMBER:	0
INDIC CER EXC	CATED. NOTWITHSTANDING ANY I FIFICATE MAY BE ISSUED OR MA	REQU Y PEI CH PC	IIREM RTAIN OLICIE	ENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS DED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, I'E BEEN REDUCED BY PAID CLAIMS.			
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(. 2. 2.5,00.11)	
	TA INSTITUTE AND TO SEE							

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

XKO 4688800

SRG 9115335A

This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

9/1/2014

9/1/2014

9/1/2015

9/1/2015

CERTIFICATE HOLDER	CANCELLATION
CENTRAL MIDDLE SCHOOL 200 32ND ST PORT HURON , MI 48060	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 Satisfull-

EACH OCCURRENCE

WC STATU-TORY LIMITS

E. L. EACH ACCIDENT

E. L. DISEASE - EA EMPLOYEE

E. L. DISEASE - POLICY LIMIT

AGGREGATE

UMBRELLA LIAB X OCCUR

X EXCESS LIAB

If yes, describe under

DEDUCTIBLE RETENTION \$

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

PARTICIPANT ACCIDENT MEDICAL

CLAIMS-MADE

Y/N

N/A



DATE (MM/DD/YYYY) 8/19/2014

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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 poly eu of such endorsement(s).	olicies	s may	require an endorsement.	A statement on t	this certificate of	loes not confer rights to the	e certificate holder	
PROI	Pullen Insurance Se	rvic	es l	Inc	CONTACT NAME: Sports Division				
	2560 River Park Pla				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76.		Dur	.0 300	E-MAIL ADDRESS:	contact@pu			
	101t Worth, 12t 70.	110			PRODUCER CUSTOMER ID#: MI				
					INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSU	Michigan State Youth	Soc	cer	Association		tional Casualty		11991	
	9401 General Drive, S	Suite	120)			Fire Insurance Company	19445	
	Plymouth, MI 48170				Insurer C:				
	3				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTII	FICA	TE NUMBER: 1401138	86	F	REVISION NUMBER:	0	
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY R ITIFICATE MAY BE ISSUED OR MAY SUSIONS AND CONDITIONS OF SUC	EQUI PER H PO	REME RTAIN LICIE	ENT, TERM OR CONDITION . THE INSURANCE AFFORD	OF ANY CONTR DED BY THE POL E BEEN REDUCE	ACT OR OTHER LICIES DESCRIB D BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	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		
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance)	\$1,000,000 \$300,000	
	CLAIMS MADE X OCCUR							\$5,000	
	CEAINIO MIADE A GOCON						MED EXP (Any one person)	\$1,000,000	
							PERSONAL & ADV INJURY	UNLIMITED	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$1,000,000	
	POLICY PROJECT LOC						PRODUCTS - COMP/OP AGG	\$1,000,000	
A	AUTOMOBILE LIABILITY			KRO 4688700	9/1/2014	9/1/2015	PARTICIPANT LEGAL LIABILITY COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	ANY AUTO						,		
	ALL OWNED AUTOS						BODILY INJURY (Per person)		
	SCHEDULED AUTOS						PROPERTY DAMAGE		
	X HIRED AUTOS						(Per accident)		
	NON-OWNED AUTOS								
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE			11120 1000000	37172011	<i>y,</i> 1, 2 010	AGGREGATE	\$5,000,000	
	DEDUCTIBLE						//contoni	, - ,	
	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)						E. L. DISEASE - EA EMPLOYEE		
	If yes, describe under			CDC 0115225 A	0/1/2014	0/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLES	S (Attac	h ACORD 101, Additional Remarks S	chedule, if more space	is required)	•		
	s certificate is issued on behalf or ditional Insured as respects the op-							te Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
CITY OF WAYNE PARKS AND REC DEPARTMENT 4635 HOWE RD. Wayne, MI 48184					THE EXPIRATION	OF THE ABOVE I ON DATE THEREO ICY PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVEREI	NCELLED BEFORE D IN ACCORDANCE	
					AUTHORIZED REPP	RESENTATIVE	Out & Puel	_	



DATE (MM/DD/YYYY) 8/19/2014

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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)

PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division					
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-29	93				
		E-MAIL ADDRESS: contact@pullenins.com					
		PRODUCER CUSTOMER ID#: MI					
		INSURERS AFFORDING COVERAGE	NAIC #				
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991				
		Insurer B: National Union Fire Insurance Company	19445				
	· · · · · · · · · · · · · · · · · · ·	Insurer C:					
		Insurer D:					
		Insurer E:					
		Insurer F:					
COVERAGES CERTIFICATE NUMBER: 14011983 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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
DAKOTA HIGH SCHOOL 21051 TWENTY ONE MILE ROAD MACOMB TOWNSHIP , MI 48044	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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DATE (MM/DD/YYYY) 8/19/2014

\$5,000,000

\$5,000,000

\$100,000

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and o	conditions of the policy, certain purely of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate of	loes not confer rights to th	e certificate holder	
PRODU	Pullen Insurance S	ervi	ces.	Inc	CONTACT NAME:	Sports Divis	ion		
	2560 River Park Pl		,		PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76	,		300	E-MAIL ADDRESS:	contact@pu	llenins.com		
	1 010 11 01011, 111 70	110			PRODUCER CUST	OMER ID#: MI			
					INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSUR	Michigan State Youth	ı So	ccei	· Association	Insurer A: Na	ational Casualty	Company	11991	
	9401 General Drive,				Insurer B: Na	ational Union F	ire Insurance Company	19445	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:				
COV	'ERAGES CE	ERTI	FIC	ATE NUMBER: 140119	87	F	REVISION NUMBER:	0	
INDIC CERT EXCL	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAINDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORI EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAV					RACT OR OTHER PLICIES DESCRIB ED BY PAID CLAI	DOCUMENT WITH RESPECT TO	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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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)		

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

XKO 4688800

SRG 9115335A

This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

9/1/2014

9/1/2014

9/1/2015

9/1/2015

CERTIFICATE HOLDER	CANCELLATION
CROSSWELL ELEMENTARY 175 CROSSWELL ST. ROMEO , MI 48065	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 Satik Pull

EACH OCCURRENCE

WC STATU-TORY LIMITS

E. L. EACH ACCIDENT

E. L. DISEASE - EA EMPLOYEE

E. L. DISEASE - POLICY LIMIT

AGGREGATE

NON-OWNED AUTOS

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

PARTICIPANT ACCIDENT MEDICAL

EXCESS LIAB

DEDUCTIBLE RETENTION \$

If yes, describe under

Α

UMBRELLA LIAB X OCCUR

CLAIMS-MADE

Y/N

N/A



DATE (MM/DD/YYYY) 8/19/2014

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	I conditions of the policy, certain policy certain policy is such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate of	loes not confer rights to the	e certificate holder	
PRO	Pullen Insurance Se	ervi	ces.	Inc.	CONTACT NAME: Sports Division				
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76		Sui	10 500	E-MAIL ADDRESS: contact@pullenins.com				
	Tort Wortin, 121 70	110			PRODUCER CUSTO				
					INSURERS AF	FORDING COVE	ERAGE	NAIC #	
INSU	Michigan State Youth	So	0001	Acconintion		tional Casualty		11991	
	9401 General Drive, S						ire Insurance Company	19445	
		Suiu	5 12	U	Insurer C:	monar Omon r	ire insurance company	17443	
	Plymouth, MI 48170				Insurer D:				
					Insurer E:				
	OVERAGES CE	рті	FIC	ATE NUMBER: 1401199	Insurer F:		REVISION NUMBER:	0	
THIS IND CEF EXC	S IS TO CERTIFY THAT THE POLICII ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MA' CLUSIONS AND CONDITIONS OF SUC	ES OI REQU Y PEI CH PC	F INS IREM RTAIN OLICIE	URANCE LISTED BELOW HA ENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAV	VE BEEN ISSUE OF ANY CONTR DED BY THE POI E BEEN REDUCE	D TO THE INSUI ACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	RED NAMED ABOVE FOR THE DOCUMENT WITH RESPECT TO HEREIN IS SUBJECT TO MS.	HE POLICY PERIOD OT TO WHICH THIS	
INSR LTR			SUBR WVD		POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	**********	
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
l	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	\vdash						BODILY INJURY (Per person)		
	ALL OWNED AUTOS						BODILY INJURY (Per accident)		
	SCHEDULED AUTOS						PROPERTY DAMAGE		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000	
	DEDUCTIBLE	1						. , ,	
	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?	N/A					E. L. DISEASE - EA EMPLOYEE		
	(Mandatory in NH) If yes, describe under						E. L. DISEASE - POLICY LIMIT		
В	DARTICIDANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000	
Ъ	PARTICIPANT ACCIDENT MEDICAL			3KG 9113333A	9/1/2014	9/1/2013		\$100,000	
Thi	CRIPTION OF OPERATIONS/LOCATIONS/VE is certificate is issued on behalf o ditional Insured as respects the o	f Mi	chiga	an State Youth Soccer Ass	sociation & Mi	chigan Youth S		te Holder is	
CF	RTIFICATE HOLDER				CANCELLA	TION			
DI 13	ERBY MIDDLE SCHOOL 000 DERBY RD RMINGHAM , MI 48009				SHOULD ANY THE EXPIRATION	OF THE ABOVE I	DESCRIBED POLICIES BE CAI F, NOTICE WILL BE DELIVEREI	NCELLED BEFORE D IN ACCORDANCE	
					AUTHORIZED REPI	RESENTATIVE	Patik Dueli	-	



DATE (MM/DD/YYYY) 8/19/2014

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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 s	such endorsement(s).							
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division						
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993						
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com	contact@pullenins.com					
		PRODUCER CUSTOMER ID#: MI						
		INSURERS AFFORDING COVERAGE	NAIC #					
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991					
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445					
	Plymouth, MI 48170	Insurer C:						
		Insurer D:						
		Insurer E:						
		Insurer F:						
COVER	AGES CERTIFICATE NUMBER: 1401267	72 REVISION NUMBER: ()					
INDICATE! CERTIFICA	D CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAD. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION AND BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD AND AND CONDITIONS OF SIJOH POLICIES LIMITS SHOWN MAY HAVE	OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPEC ED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO	T 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	
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(i ei accident)	
	NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
	DEDUCTIBLE	1						
	RETENTION \$							
	WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
CERC Building 455 E Scripps Rd. Lake Orion, MI 48360	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 Satik Pull



DATE (MM/DD/YYYY) 8/19/2014

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.

	conditions of the policy, certain policy, certain pole eu of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate o	loes not confer rights to th	e certificate holder	
PROI	Pullen Insurance Se	rvi	ces	Inc	CONTACT NAME: Sports Division				
	2560 River Park Pla				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76.		Sui	16 300	E-MAIL ADDRESS: contact@pullenins.com				
	Toft Worth, 12 70.	110			PRODUCER CUSTOMER ID#: MI				
					INSURERS AF	FORDING COVI	FRAGE	NAIC #	
INSU	RED Michigan State Vouth	C ₀	0001	Association		tional Casualty		11991	
	Michigan State 1 Outil						Fire Insurance Company	19445	
	9401 General Drive, S	Sulte	e 12	U		monai Omon i	The misurance Company	13443	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
				Insurer E:					
\Box	VERAGES CE	EIC.	ATE NUMBER: 1401304	Insurer F:		REVISION NUMBER:	0		
THIS INDI CER	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R ITIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	S OI EQU PEI	F INS IREM RTAIN	URANCE LISTED BELOW HA ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	VE BEEN ISSUE OF ANY CONTR DED BY THE POI	D TO THE INSUI RACT OR OTHER LICIES DESCRIB	RED NAMED ABOVE FOR THE DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	HE POLICY PERIOD 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		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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	N1/A					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			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (^#c	ch ACORD 101 Additional Remarks C	chedule if more specia	is required)			
Thi	s certificate is issued on behalf o	f Mi	chig	an State Youth Soccer Ass	sociation & Mi	chigan Youth S	Soccer League. Certifica	te Holder is	
Add	ditional Insured as respects the op-	perat	ions	of the Named Insured for	sanctioned act	ivities of the st	ate association.		
CE	RTIFICATE HOLDER				CANCELLA	TION			
	nerokee Elementary								
42	900 Rivergate Drive				THE EXPIRATION	OF THE ABOVE I ON DATE THEREO LICY PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE DINACCORDANCE	
Cl	inton Twp, MI 48038				WITH THE FOL		•		
					AUTHORIZED REPR	RESENTATIVE	Patik Pull		
						Nabel Ville			



DATE (MM/DD/YYYY) 8/19/2014

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and	ORTANT: If the certificate holder is conditions of the policy, certain policy eu of such endorsement(s).								
PRO	Pullen Insurance Se	rvi	ces	Inc	CONTACT NAME: Sports Division				
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76		Du	ite 500	E-MAIL ADDRESS:	contact@pul	llenins.com		
	1 of worth, 124 70	110			PRODUCER CUST				
					INSURERS AF	FORDING COVE	ERAGE	NAIC #	
INSU	JRED Michigan State Vouth	· Co	0001	· Association		ational Casualty		11991	
	Michigan State Youth 9401 General Drive, S						ire Insurance Company	19445	
	Plymouth, MI 48170				Insurer C:				
	,				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTI	FIC	ATE NUMBER: 1401313	32	F	REVISION NUMBER:	0	
IND CEF EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUC	REQU / PEI :H PC	IREN RTAIN DLICIE	IENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE PO E BEEN REDUCI	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	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		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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	ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	ALL OWNED AUTOS						BODILY INJURY (Per person)		
	SCHEDULED AUTOS					BODIL	BODILY INJURY (Per accident)		
							PROPERTY DAMAGE		
							(Per accident)		
	X NON-OWNED AUTOS								
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000	
	DEDUCTIBLE	1							
	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?	N/A					E. L. DISEASE - EA EMPLOYEE		
	(Mandatory in NH) If yes, describe under						E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000	
Ь	PARTICIPANT ACCIDENT MEDICAL			3KU 9113333A	9/1/2014	9/1/2013		\$100,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf o		•				UTH SOCCER LEAGUE	. Certificate	
	lder is Additional Insured as resp								
CE	RTIFICATE HOLDER				CANCELLA	TION			
	ELTA COLLEGE								
19	61 DELTA RD IDLAND, MI 48710				THE EXPIRATI		DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVEREI		
					AUTHORIZED REPRESENTATIVE Satik Pulli				



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain p eu of such endorsement(s).	olicie	s ma	y require an endorsement.	Á statement on t	this certificate o	loes not confer rights to the	e certificate holder	
PROI	Pullen Insurance Se	ervi	ces	Inc	CONTACT NAME: Sports Division PHONE: (817) 738-6100				
	2560 River Park Pl								
	Fort Worth, TX 76	,	Sui	500	E-MAIL ADDRESS: contact@pullenins.com				
	1 of t worth, 121 70	110			PRODUCER CUSTOMER ID#: MI				
					INSURERS AFFORDING COVERAGE NAIC #				
INSU	Michigan State Youth	. 50	CCOI	Association	+	tional Casualty		11991	
	9401 General Drive,	200	12	ASSOCIATION			Fire Insurance Company	19445	
	Plymouth, MI 48170	Sulu	C 12	U	Insurer C:	ttionar Omon I	ne insurance company	17443	
	Flyilloutii, Mii 48170				Insurer D:				
					Insurer E:				
					Insurer F:				
	VERAGES CE	DTI	FIC	ATE NUMBER: 1401313			REVISION NUMBER:	0	
THIS INDI CER EXC	S IS TO CERTIFY THAT THE POLICI ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MA CLUSIONS AND CONDITIONS OF SUC	ES O REQU Y PEI CH PC	F INS IREM RTAIN OLICIE	URANCE LISTED BELOW HA ENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAV	VE BEEN ISSUE OF ANY CONTR DED BY THE POI E BEEN REDUCE	D TO THE INSUI RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	RED NAMED ABOVE FOR TH R DOCUMENT WITH RESPEC ED HEREIN IS SUBJECT TO MS.	HE POLICY PERIOD CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	#1.000.000	
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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	ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 non smiles no rec								
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
Л	X EXCESS LIAB CLAIMS-MADE			AKO 4000000	9/1/2014	9/1/2013	AGGREGATE	\$5,000,000	
	DEDUCTIBLE	+					AGGREGATE	Ψ5,000,000	
	RETENTION \$								
	<u> </u>						WC STATU- OTH-		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						TORY LIMITS ER 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								
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000	
ъ	PARTICIPANT ACCIDENT MEDICAL			3KG 7113333K	9/1/2014	9/1/2013		Ψ100,000	
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	ch ACORD 101 Additional Remarks S	chedule if more space	is required)			
Thi	s certificate is issued on behalf older is Additional Insured as resp	f Mi	chig	an State Youth Soccer Ass	sociation & MI	CHIGAN YO			
<u></u>	DTIEICATE UOI DED				CANCELLA	TION			
CE 30	RTIFICATE HOLDER ENTRAL MIDDLE SCHO 5 REARDON STREET IDLAND, MI 48442	OL			THE EXPIRATION	OF THE ABOVE I	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVEREI	NCELLED BEFORE D IN ACCORDANCE	
					AUTHORIZED REP	RESENTATIVE	\bigcap		
							Vatik Vieli-	-	



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain p eu of such endorsement(s).	olicie	s ma	y require an endorsement.	Á statement on	this certificate o	loes not confer rights to the	e certificate holder	
PROI	Pullen Insurance Se	ervi	ces	Inc	CONTACT NAME: Sports Division PHONE: (817) 738-6100				
	2560 River Park Pl								
	Fort Worth, TX 76	,	Dui	300	E-MAIL ADDRESS: contact@pullenins.com				
	1 of t worth, 121 70	110			PRODUCER CUSTOMER ID#: MI				
					INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSU	Michigan State Youth	. 50	0001	Association	1	tional Casualty		11991	
	9401 General Drive,	200	12	ASSOCIATION		-	Fire Insurance Company	19445	
		Sur	2 12	U	Insurer C:	ttionar Omon I	ne mourance company	17443	
	Plymouth, MI 48170				Insurer D:				
					Insurer E:				
~~	VEDACES CE	DTI		ATE NUMBER: 140126	Insurer F:		DEVICION NUMBER.		
				ATE NUMBER: 140136			REVISION NUMBER:		
INDI CER EXC	S IS TO CERTIFY THAT THE POLICI ICATED. NOTWITHSTANDING ANY P RTIFICATE MAY BE ISSUED OR MA CLUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREM RTAIN DLICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORE ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
							BODILY INJURY (Per person)		
	ALL OWNED AUTOS						BODILY INJURY (Per accident)		
	SCHEDULED AUTOS						PROPERTY DAMAGE		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE						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?	N/A					E. L. DISEASE - EA EMPLOYEE		
	(Mandatory in NH) If yes, describe under						E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000	
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	ch ACORD 101, Additional Remarks S	chedule, if more space	e is required)	-		
	s certificate is issued on behalf of ditional Insured as respects the o							tificate Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
Cr 31	amer Junior High School 3 Pine St. sexville, MI 48732				SHOULD ANY THE EXPIRATION	OF THE ABOVE I	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE		
					AUTHORIZED REPI	RESENTATIVE	0 - 10		
							Vatik Gull	-	



DATE (MM/DD/YYYY) 8/19/2014

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in li	eu of such endorsement(s).								
PROD	Pullen Insurance So	ervi	ces.	Inc.	CONTACT NAME: Sports Division				
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76		~ ~		E-MAIL ADDRESS: contact@pullenins.com				
	1 010 11 01011, 111 7 0				PRODUCER CUST	PRODUCER CUSTOMER ID#: MI			
					INSURERS A	INSURERS AFFORDING COVERAGE NAIC #			
INSU	Michigan State Youth	So	ccer	Association	Insurer A: N	ational Casualty	Company	11991	
	9401 General Drive, S						ire Insurance Company	19445	
	Plymouth, MI 48170	<i>-</i>			Insurer C:		1		
	11/11/04/11, 1/11 1/01/10				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTI	FIC	ATE NUMBER: 140138	16	R	REVISION NUMBER:	0	
INDI CER EXC	S IS TO CERTIFY THAT THE POLICI CATED. NOTWITHSTANDING ANY F TIFICATE MAY BE ISSUED OR MA' LUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREM RTAIN OLICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	OF ANY CONT DED BY THE PO E BEEN REDUC	RACT OR OTHER DLICIES DESCRIB ED BY PAID CLAII	DOCUMENT WITH RESPECT TO	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		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A					E. L. EACH ACCIDENT		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE		
	If yes, describe under						E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
					L	1			
This	RIPTION OF OPERATIONS/LOCATIONS/VE s certificate is issued on behalf of litional Insured as respects the o	f Mi	chiga	an State Youth Soccer Ass	sociation & M	lid-Michigan Yo		tificate Holder is	
CF	RTIFICATE HOLDER				CANCELLA	ATION			
					JANGLEL	-11014			
	runna High School 7 E King St.						DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE		

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Corunna, MI 48817

WITH THE POLICY PROVISIONS.



DATE (MM/DD/YYYY) 8/19/2014

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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

iii iica oi s	aon endorsement(s).		
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division	
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-29	93
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com	
	1 310 11 31011, 111 7 3110	PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445
	*	Insurer C:	
	· · · · · · · · · · · · · · · · · · ·	Insurer D:	
		Insurer E:	
		Insurer F:	
COVERA	AGES CERTIFICATE NUMBER: 1401381	8 REVISION NUMBER: 0)
THIS IS TO	A CEDTIEV THAT THE DOLLCIES OF INSTIDANCE LISTED BELOW HA	WE DEEN ISSUED TO THE INSUDED NAMED ADOVE EOD TH	E DOLICY DEDIOD

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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ALL OWNED AUTOS						BODILY INJURY (Per person)	
	SCHEDULED AUTOS X HIRED AUTOS						BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
	X NON-OWNED AUTOS						(i ei accident)	
	NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
	DEDUCTIBLE	1						
	RETENTION \$							
	WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
	-

CROSS OF GLORY LUTHERAN CHURCH 61095 CAMPGROUND ROAD WASHINGTON, MI 48094

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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DATE (MM/DD/YYYY) 8/19/2014

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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

	conditions of the policy, certain policy conditions of the policy.	olicie	s ma	y require an endorsement.	A statement on	this certificate of	loes not confer rights to the	e certificate holder	
PRO	Pullen Insurance Se	ervio	ces.	Inc.	CONTACT NAME:	Sports Divis	ion		
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76		Dui	500	E-MAIL ADDRESS: contact@pullenins.com				
	Tort Wortin, 121 70	110			PRODUCER CUSTO				
					INSURERS AF	FORDING COVE	ERAGE	NAIC #	
INSU	Michigan State Youth	So	ocor	Association		tional Casualty		11991	
	9401 General Drive, S						ire Insurance Company	19445	
		Suite	: 12	U	Insurer C:	ttionar Omon I	ire insurance company	17443	
	Plymouth, MI 48170								
					Insurer D:				
					Insurer E:				
	VED 4 0 5 0			TE MUMBER 4 404.00	Insurer F:		EVIOLONI NUMBER		
				ATE NUMBER: 1401399			REVISION NUMBER:		
IND CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	REQU Y PEF CH PC	IREM RTAIN LICIE	ENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO MS.	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR WVD		POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	\vdash						BODILY INJURY (Per person)		
	ALL OWNED AUTOS						BODILY INJURY (Per accident)		
	SCHEDULED AUTOS						PROPERTY DAMAGE		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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?	N/A					E. L. DISEASE - EA EMPLOYEE		
	(Mandatory in NH) If yes, describe under								
В	DA DEIGIDA NEL A COIDENE A MEDICA I			SRG 9115335A	9/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000	
Ь	PARTICIPANT ACCIDENT MEDICAL			3KU 9113333A	9/1/2014	9/1/2013		\$100,000	
Thi	CRIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf o lder is Additional Insured as resp	f Mi	chiga	an State Youth Soccer Ass	sociation & MI	CHIGAN YOU			
<u> </u>	DTIEICATE UOI DED				CANCELLA	TION			
	RTIFICATE HOLDER	3 7.0	OI I	001	CANCELLA	IION			
23	HATFIELD ELEMENTAR 1 LAKE DRIVE APEER, MI 48446	Y S	СН	OOL	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 REPR	RESENTATIVE	Patik Dull	-	



DATE (MM/DD/YYYY) 8/19/2014

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		ons of the policy ich endorsemen		DIICIE	s ma	y require an endorsement.	A statement on	this certificate of	does not confer rights to th	e certificate noider	
PRO	DUCER	Pullen Insu	irance So	ervi	es	Inc	CONTACT NAME:	CONTACT NAME: Sports Division			
		2560 River					PHONE: (817) 738-6100 FAX: (817) 738-2993				
		Fort Worth		,	Sui	16 300	E-MAIL ADDRESS: contact@pullenins.com				
		Tort worth	i, 1A /0	110			PRODUCER CUSTOMER ID#: MI				
							INSURERS A	NAIC #			
INSU	IRFD 1	Michigan Cta	40 V 01141	- C-		A a a a a i a ti a a		ational Casualty		11991	
"100	1	Michigan Sta							Fire Insurance Company	19445	
		9401 General		Suite	e 12	0		ational Union F	rire msurance Company	19443	
		Plymouth, M	1 481/0				Insurer C:			_	
							Insurer D:				
							Insurer E:				
	\/ED A	050	0.5	-57		ATE NUMBER 140141	Insurer F:		SEVIOLON NUMBER		
	VERA					ATE NUMBER: 140141			REVISION NUMBER:		
IND CEF EXC	ICATED. RTIFICAT	NOTWITHSTAND E MAY BE ISSUI	DING ANY F ED OR MA'	REQU Y PEI CH PC	IREM RTAIN DLICIE	URANCE LISTED BELOW HA ENT, TERM OR CONDITION I, THE INSURANCE AFFORE S. LIMITS SHOWN MAY HAV	OF ANY CONT DED BY THE PO E BEEN REDUC	RACT OR OTHEF DLICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT T	CT TO WHICH THIS	
INSR LTR		TYPE OF INSURANC	E	ADD'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
Α	GENERA	L LIABILITY		X		KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE	\$1,000,000	
	X COM	MERCIAL GENERAL L	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 AG	GREGATE LIMIT APPLII	ES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000	
	POL	CY PROJECT	LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000	
A	$\overline{}$	BILE LIABILITY				KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	$\overline{}$	AUTO							BODILY INJURY (Per person)		
	ALL	OWNED AUTOS							BODILY INJURY (Per accident)		
	SCH	EDULED AUTOS							PROPERTY DAMAGE		
	11	D AUTOS							(Per accident)		
	X NON	-OWNED AUTOS									
A	UME	RELLA LIAB X OC	CUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
	XEXC	ESS LIAB CL.	AIMS-MADE						AGGREGATE	\$5,000,000	
	DED	UCTIBLE									
	RET	ENTION \$									
		RS COMPENSATION							WC STATU- TORY LIMITS ER		
	1	PLOYERS' LIABILITY PRIETOR/PARTNER/EXECU	Y/N	NI/A					E. L. EACH ACCIDENT		
	OFFICER/I	MEMBER EXCLUDED?	U.11VL	N/A					E. L. DISEASE - EA EMPLOYEE		
	If yes, desc								E. L. DISEASE - POLICY LIMIT		
В	PARTIC	CIPANT ACCIDENT	Γ MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
DES	CRIPTION	OF OPERATIONS / LO	CATIONS / VE	HICLE	S (Atta	ch ACORD 101, Additional Remarks S	chedule, if more space	ce is required)			
						an State Youth Soccer As			Soccer League. Certifica	ite Holder is	
Ado	ditional	Insured as resp	ects the o	perat	ions	of the Named Insured for	sanctioned ac	tivities of the st	tate association.		
CF	RTIFIC	CATE HOLDE	R				CANCELLA	ATION			
					100	CER FIELDS	JANGLELA	11011			
		F LAPEER (GINAW ST.	JP I IIVII.	31 S		CER FIELDS	THE EXPIRAT	ION DATE THEREC	DESCRIBED POLICIES BE CA PF, NOTICE WILL BE DELIVERE	NCELLED BEFORE DINACCORDANCE	
LA	APEEI	R, MI 48446					WITH THE PO	LICY PROVISIONS	i.		
							AUTHORIZED REF	PRESENTATIVE	0		
								,	Vatik Dulle	-	



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain p eu of such endorsement(s).	olicie	s ma	y require an endorsement.	Á statement on t	this certificate o	loes not confer rights to the	e certificate holder	
PROI	Pullen Insurance Se	ervi	ces	Inc	CONTACT NAME: Sports Division PHONE: (817) 738-6100				
	2560 River Park Pl								
	Fort Worth, TX 76	,	Sui	.tc 300	E-MAIL ADDRESS: contact@pullenins.com				
	Fort Worth, 124 70	110			PRODUCER CUSTO				
							FRAGE	NAIC #	
INSU	RED Michigan State Voyal		0001	Association					
	Michigan State 1 out	1 20	. 12	Association			Fire Insurance Company	19445	
	9401 General Drive,	Sulu	e 12	U		monar Omon r	The Histitatice Company	17443	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
~~	VEDACES CE	DTI		ATE NUMBER: 1401414	Insurer F:		CVICION NUMBER.		
				ATE NUMBER: 1401419			REVISION NUMBER:		
INDI CER EXC	S IS TO CERTIFY THAT THE POLICI ICATED. NOTWITHSTANDING ANY P RTIFICATE MAY BE ISSUED OR MA CLUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREM RTAIN DLICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORE ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	*	
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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	ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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)		
							(Fer accident)		
	NON-OWNED AUTOS								
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
А	X EXCESS LIAB CLAIMS-MADE			AKO 4000000)/1/201 4	7/1/2013	AGGREGATE	\$5,000,000	
	DEDUCTIBLE	1					AGGREGATE	ψ5,000,000	
	RETENTION \$								
	<u> </u>						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 ves. describe under						E. L. DISEASE - EA EMPLOYEE		
В	DADTICIDANT A CCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000	
Ь	PARTICIPANT ACCIDENT MEDICAL			3KU 9113333A	9/1/2014	9/1/2013		φ100,000	
DESC		HICLE	S (Atta	ch ACORD 101 Additional Remarks S	chedule if more space	is required)			
Thi	s certificate is issued on behalf of ditional Insured as respects the o	f Mi	chiga	an State Youth Soccer Ass	sociation & Mi	chigan Youth S	Soccer League. Certificate association.	te Holder is	
CE	DTIEICATE HOI DED				CANCELLA	TION			
CERTIFICATE HOLDER CITY OF LAPEER AUDUBON PARK 325 PARKWAY ST. LAPEER, MI 48446					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 REP	RESENTATIVE	0 0		
						_	Vatik Vieli-	-	



DATE (MM/DD/YYYY) 8/19/2014

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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

	I conditions of the policy, certain po ieu of such endorsement(s).	olicie	s ma	y require an endorsement.	Á statement on	this certificate o	does not confer rights to the	e certificate holder	
	Pullen Insurance Se	rvio	200	Inc	CONTACT NAME: Sports Division				
	2560 River Park Pla				PHONE: (8	17) 738-6100	FAX: (817) 738-29	993	
	Fort Worth, TX 761	,	Dui	ic 500	E-MAIL ADDRESS: contact@pullenins.com				
	1 of t worth, 12t 70	110			PRODUCER CUSTOMER ID#: MI				
					INSURERS AF	FORDING COVE	ERAGE	NAIC #	
INSL	Michigan State Youth	Soc	COL	Association	Insurer A: Na	tional Casualty	v Company	11991	
	9401 General Drive, S	Snite	12	0			Fire Insurance Company	19445	
	Plymouth, MI 48170	, 6111			Insurer C:		1		
	11/11104011, 1/11 101/0				Insurer D:				
					Insurer E:				
					Insurer F:				
CC	VERAGES CE	RTI	FIC	ATE NUMBER: 140150	85	F	REVISION NUMBER:	0	
IND CEF EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	EQUI PEF H PO	IREM RTAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORE S. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE PO E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO MS.	CT TO WHICH THIS	
INSR LTR		ADD'L INSRD	WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	#1.000.000	
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	DAMAGE TO RENTED	\$1,000,000	
	CLAIMS MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000 \$5,000	
	CEANING WADE X OCCOR						MED EXP (Any one person) 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	
Α	AUTOMOBILE LIABILITY			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT	\$1,000,000	
	ANY AUTO			1000700	7,1,2011	7/1/2015	(Ea accident)	+ -,	
	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 4688800	9/1/2014	9/1/2015	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 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						E. L. DISEASE - POLICY LIMIT	#100.000	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VE	HICL E	S (Atta	ch ACORD 101 Additional Remarks S	chedule if more space	is required)			
Thi	is certificate is issued on behalf or ditional Insured as respects the op	f Mi	chiga	an State Youth Soccer Ass	sociation & Mi	chigan Youth		te Holder is	
CF	RTIFICATE HOLDER				CANCELLA	TION			
	intonwood Park- Independe	nce	To	wnshin Parks and	J JEEE/				
Re	ecreation OO Clarkston Rd	1100	10	wnship i arks and	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Cl	arkston, MI 48348				AUTHORIZED REPRESENTATIVE 0				

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DATE (MM/DD/YYYY) 8/19/2014

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.

	conditions of the policy, certain p eu of such endorsement(s).	olicie	s ma	y require an endorsement.	Á statement on t	this certificate o	loes not confer rights to the	e certificate holder		
PROI	Pullen Insurance Se	ervi	ces	Inc	CONTACT NAME: Sports Division					
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 76	,	Sui	500	E-MAIL ADDRESS: contact@pullenins.com					
	1010 ((01011, 111 / 0	110			PRODUCER CUSTO	OMER ID#: MI				
					INSURERS AFFORDING COVERAGE NAIC #					
INSU	Michigan State Youth	<u> </u>	CCEI	· Association	Insurer A: Na	tional Casualty	v Company	11991		
	9401 General Drive,	Snit	2 12	1 1330C1at1011			Fire Insurance Company	19445		
	Plymouth, MI 48170	Juit	U 12	U	Insurer C:		no mountaine company	17.10		
	1 1ymouth, 1411 401 70				Insurer D:					
					Insurer E:					
					Insurer F:					
CO	VERAGES CE	RTI	FIC	ATE NUMBER: 140150	-	F	REVISION NUMBER:	0		
INDI CER EXC	S IS TO CERTIFY THAT THE POLICI ICATED. NOTWITHSTANDING ANY PARTIFICATE MAY BE ISSUED OR MAC CLUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREM RTAIN DLICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	OF ANY CONTR DED BY THE POI	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	R DOCUMENT WITH RESPEC SED HEREIN IS SUBJECT TO MS.	CT TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE		SUBR WVD			POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	¢1,000,000		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	DAMAGE TO RENTED	\$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 UNLIMITED		
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$1,000,000		
	POLICY PROJECT LOC						PRODUCTS - COMP/OP AGG	\$1,000,000		
Α	AUTOMOBILE LIABILITY			KRO 4688700	9/1/2014	9/1/2015	PARTICIPANT LEGAL LIABILITY COMBINED SINGLE LIMIT	\$1,000,000		
A	ANY AUTO			KKO 4000/00	9/1/2014	9/1/2013	(Ea accident)	Ψ1,000,000		
	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 4688800	9/1/2014	9/1/2015	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 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						E. L. DISEASE - POLICY LIMIT			
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000		
Thi: Add	CRIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf of ditional Insured as respects the o	f Mi	chig	an State Youth Soccer Ass	sociation & Mi	chigan Youth Sivities of the st	Soccer League. Certificate association.	te Holder is		
		la C	'nni-	afield Dleine	JANGELLA	11014				
Ele 86	arkston Community Schoo ementary 50 Holcomb Rd arkston, MI 48348	IS -S	prii	igneid Plains	THE EXPIRATION WITH THE POL	ON DATE THEREO LICY PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERED			
CI	arkston, wii +0.540				AUTHORIZED REPR	RESENTATIVE	() $, a$ $, a$			
						_	Vatik Vieli-	-		



DATE (MM/DD/YYYY) 8/19/2014

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 s	such endorsement(s).						
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division PHONE: (817) 738-6100 FAX: (817) 738-2993 E-MAIL ADDRESS: contact@pullenins.com					
	2560 River Park Plaza, Suite 300						
	Fort Worth, TX 76116						
		PRODUCER CUSTOMER ID#: MI					
		INSURERS AFFORDING COVERAGE	NAIC #				
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991				
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445				
	Plymouth, MI 48170	Insurer C:					
	•	Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 1401623	REVISION NUMBER: 0)				
INDICATE	CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAD NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION	OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPEC	T TO WHICH THIS				

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	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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	111/7					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
CRYSTAL DIAMONDS 14713 33 MILE RD ROMEO, MI 48065	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 Satik Pull



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain per eu of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate o	loes not confer rights to th	e certificate holder	
PROI	Pullen Insurance So	-rvi	200	Inc	CONTACT NAME: Sports Division				
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76		Su	110 300	E-MAIL ADDRESS: contact@pullenins.com				
	Toft Worth, 124 70	110			PRODUCER CUSTO				
					INSURERS AF	NAIC #			
INSU	RED Mishimor Ctata Vand			. A association	1	tional Casualty		11991	
"100	Michigan State 1 out						ire Insurance Company	19445	
	9401 General Drive, S	Suite	e 12	20		monai Umon F	ire insurance Company	19443	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:			_	
				ATE NUMBER: 140167			REVISION NUMBER:		
INDI CER EXC	S IS TO CERTIFY THAT THE POLICI ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MA' CLUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREN RTAIN DLICIE	IENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	R DOCUMENT WITH RESPECT TO	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR WVD		POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
							BODILY INJURY (Per person)		
	ALL OWNED AUTOS						BODILY INJURY (Per accident)		
	SCHEDULED AUTOS						PROPERTY DAMAGE		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
		-						** 000 000	
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE	1					AGGREGATE	\$5,000,000	
	DEDUCTIBLE								
	RETENTION \$								
	WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	14/74					E. L. DISEASE - EA EMPLOYEE		
	If yes, describe under						E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VE		C / ^#-	och ACORD 101 Additional Barracia C	chadula if mars assess	is required)			
1	s certificate is issued on behalf of						Socor Loogue Cartifica	to Holdonia	
	ditional Insured as respects the o							te floidel is	
7 100	artional insured as respects the o	рста	10113	of the (valued insured for	sanctioned act	ivities of the st	ate association.		
	RTIFICATE HOLDER				CANCELLA	TION			
Co	ovinton Middle School				SUGUI D ANY	OF THE ABOVE I	SECONDED DOLLOIS DE CA	NOTILED DEFORE	
1	tn: Birmingham Public Sch	ool	S		THE EXPIRATION	ON DATE THEREO	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	D IN ACCORDANCE	
	0 W. Merril					ICY PROVISIONS			
1	rmingham, MI 48009				ALITHODIZED DEDI	DECENTATIVE	^ -		
					AUTHORIZED REPI	RESENTATIVE	VIII Pull		
					Via Turk / hulli-				



DATE (MM/DD/YYYY) 8/19/2014

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in lieu of s	such endorsement(s).						
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division					
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-29	93				
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com					
		PRODUCER CUSTOMER ID#: MI					
		INSURERS AFFORDING COVERAGE	NAIC #				
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991				
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445				
	Plymouth, MI 48170	Insurer C:					
	•	Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 140169	60 REVISION NUMBER: ()				
INDICATED CERTIFICA	D CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAD. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION ATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORMS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAV	OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPEC DED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO	T 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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
CREASEY BICENTENNIAL PARK 1505 E. GRAND BLANC RD GRAND BLANC, MI 48439	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 Satisfull-



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain p eu of such endorsement(s).	olicie	s ma	y require an endorsement.	Á statement on	this certificate o	loes not confer rights to the	e certificate holder	
PROI	Pullen Insurance Se	ervi	ces	Inc	CONTACT NAME: Sports Division PHONE: (817) 738-6100 FAX: (817) 738-2993				
	2560 River Park Pl								
	Fort Worth, TX 76	,	Sui	500	E-MAIL ADDRESS: contact@pullenins.com				
	1 of t worth, 121 70	110			PRODUCER CUSTO				
					INSURERS AFFORDING COVERAGE NAIC #				
INSU	Michigan State Youth	. 50	CCOT	Association	+	tional Casualty		11991	
	9401 General Drive,	200	12	ASSOCIATION			Fire Insurance Company	19445	
	Plymouth, MI 48170	Sulu	C 12	U	Insurer C:	ttionar Omon I	ne insurance company	17443	
	Flymoum, WH 48170				Insurer D:				
					Insurer E:				
					Insurer F:				
	VERAGES CE	DTI	FIC	ATE NUMBER: 141166			REVISION NUMBER:	0	
THIS INDI CER EXC	S IS TO CERTIFY THAT THE POLICI ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MA LUSIONS AND CONDITIONS OF SUC	ES O REQU Y PEI CH PC	F INS IREM RTAIN OLICIE	URANCE LISTED BELOW HA ENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAV	VE BEEN ISSUE OF ANY CONTR DED BY THE POI E BEEN REDUCE	D TO THE INSUI RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	RED NAMED ABOVE FOR TH R DOCUMENT WITH RESPEC ED HEREIN IS SUBJECT TO MS.	HE POLICY PERIOD CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	*******	
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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	ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(i ei accident)		
	A NON-OWNED ACTOS								
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE			1110 1000000	<i>y</i> , 1, 2011	7,1,2015	AGGREGATE	\$5,000,000	
	DEDUCTIBLE	†					AGGREGATE	φε,σσσ,σσσ	
	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			SRG 9115335A	9/1/2014	9/1/2015	E. E. BIOLAGE T GEIGT ENWIT	\$100,000	
DESC		HICLE	S (Atta	L	chedule, if more space	i is required)	1		
Thi	s certificate is issued on behalf of ditional Insured as respects the o	f Mi	chiga	an State Youth Soccer Ass	sociation & Mi	chigan Youth	Soccer League. Certificate association.	te Holder is	
CF	RTIFICATE HOLDER				CANCELLA	TION			
Ch 90	narter Township of Indepen North Main Street arkston, MI 48347	den	ce		SHOULD ANY THE EXPIRATION	OF THE ABOVE I	DESCRIBED POLICIES BE CAI IF, NOTICE WILL BE DELIVERE		
					AUTHORIZED REPI	RESENTATIVE	\cap		
							Vatik Vieli-	-	



DATE (MM/DD/YYYY) 8/19/2014

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.

in li	eu of such endorsement(s).	,,,,,,,	Ja,	, roquiro un ondorcomona	, , o.u o	ino continuato a	ioco not comor rigino to til	o con unicato mondo.	
PRO	Pullen Insurance Se	ervic	es.	Inc.	CONTACT NAME: Sports Division				
	2560 River Park Pla				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 761		201		E-MAIL ADDRESS: contact@pullenins.com				
	Total World, III vo.				PRODUCER CUSTOMER ID#: MI				
					INSURERS AFFORDING COVERAGE NAIC #				
INSU	Michigan State Youth	Soc	cer	Association	Insurer A: N	ational Casualty	Company	11991	
	9401 General Drive, S	Suite	120)			ire Insurance Company	19445	
	Plymouth, MI 48170	Juice	120	,	Insurer C:				
	1 lymoddi, wii 40170				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTII	FICA	TE NUMBER: 141166	-	F	REVISION NUMBER:)	
CEF EXC	S IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY R ITIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUC	EQUI PER H PO	REME TAIN LICIE	ENT, TERM OR CONDITION , THE INSURANCE AFFORE S. LIMITS SHOWN MAY HAV	OF ANY CONT DED BY THE PO E BEEN REDUC	RACT OR OTHER DLICIES DESCRIB ED BY PAID CLAII	DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	T 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		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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	ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						,		
	<u>A</u>								
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE			71110 1000000	7,1,201.	3,1,2013	AGGREGATE	\$5,000,000	
	DEDUCTIBLE						NOONEONIE	++,,,,,,,,,,,	
	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			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
~								, , , , , , , ,	
DES	L CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLES	S (Attac	h ACORD 101, Additional Remarks S	chedule, if more spac	ce is required)	l		
	s certificate is issued on behalf o ditional Insured as respects the op							e Holder is	
	RTIFICATE HOLDER				CANCELLA	ATION			
Fr	arter Township of Orion lendship Park 25 Joslyn Road				THE EXPIRAT	OF THE ABOVE I ION DATE THEREO LICY PROVISIONS	DESCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVERED	NCELLED BEFORE DINACCORDANCE	
	ion, MĬ 48359				AUTHORIZED REPRESENTATIVE 0				



DATE (MM/DD/YYYY) 8/19/2014

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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

in lieu of such endorsement(s).	DIICIES	s may require an endorsement.	A statement on	this certificate o	ioes not conter rights to th	e certificate noider	
PRODUCER Pullen Insurance Se	ervic	es Inc.	CONTACT NAME: Sports Division				
2560 River Park Pl			PHONE: (817) 738-6100 FAX: (817) 738-2993				
Fort Worth, TX 76	,	Buile 300	E-MAIL ADDRESS: contact@pullenins.com				
Toft Wortin, 174 70	110		PRODUCER CUSTOMER ID#: MI				
			INSURERS AF	INSURERS AFFORDING COVERAGE NAIC #			
INSURED Michigan State Youth	Soc	ecar Association	_	ational Casualty		11991	
9401 General Drive, S					ire Insurance Company	19445	
Plymouth, MI 48170	Juite	120	Insurer C:				
1 1911104411, 1911 401 70			Insurer D:				
			Insurer E:				
			Insurer F:				
COVERAGES CE	RTIF	FICATE NUMBER: 141166		F	REVISION NUMBER:	0	
THIS IS TO CERTIFY THAT THE POLICII INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MA'EXCLUSIONS AND CONDITIONS OF SUC	REQUIF Y PER CH POL	REMENT, TERM OR CONDITION TAIN, THE INSURANCE AFFORI LICIES. LIMITS SHOWN MAY HAV	I OF ANY CONTI DED BY THE PC /E BEEN REDUC	RACT OR OTHER DLICIES DESCRIB ED BY PAID CLAII	DOCUMENT WITH RESPECT TO	CT TO WHICH THIS	
INSR LTR TYPE OF INSURANCE	ADD'L S	SUBR WVD POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY	X	KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance)	\$1,000,000 \$300,000	
CLAIMS MADE X OCCUR						\$5,000	
CLAIMS MADE X OCCOR					MED EXP (Any one person)	\$1,000,000	
					PERSONAL & ADV INJURY	UNLIMITED	
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$1,000,000	
POLICY PROJECT LOC					PRODUCTS - COMP/OP AGG	\$1,000,000	
A AUTOMOBILE LIABILITY		KRO 4688700	9/1/2014	9/1/2015	PARTICIPANT LEGAL LIABILITY COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
ANY AUTO					BODILY INJURY (Per person)		
ALL OWNED AUTOS					` ` ` `		
SCHEDULED AUTOS					PROPERTY DAMAGE		
X HIRED AUTOS					(Per accident)		
X NON-OWNED AUTOS							
	\sqcup						
A UMBRELLA LIAB X OCCUR		XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
X EXCESS LIAB CLAIMS-MADE	1				AGGREGATE	\$5,000,000	
DEDUCTIBLE							
RETENTION \$	\vdash				WC STATU- OTH-		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					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	\sqcup				E. L. DISEASE - POLICY LIMIT	*	
B PARTICIPANT ACCIDENT MEDICAL		SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
				1			
This certificate is issued on behalf of Additional Insured as respects the o	of Mic	higan State Youth Soccer As	ssociation & M	ichigan Youth S	Soccer League. Certifica ate association.	te Holder is	
CERTIFICATE HOLDER			CANCELLA	ATION			
	٦D.		CANCELLA	ALION			
Chesterfield Township/Pollar Attn: Recreation Department- 47275 Sugarbush			THE EXPIRAT	OF THE ABOVE I ON DATE THEREO LICY PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE DINACCORDANCE	
Chesterfield, MI 48051			ALITHOPIZED DES	ALITHORIZED REPRESENTATIVE			

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AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain policy, certain policy, certain policy.	olicie	s ma	y require an endorsement.	A statement on	this certificate o	loes not confer rights to the	e certificate holder	
PROI	Pullen Insurance Se	rvi	ces	Inc	CONTACT NAME:	Sports Divis	ion		
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76	,	Sui	16 300	E-MAIL ADDRESS: contact@pullenins.com				
	Toft Worth, 1A 70	110			PRODUCER CUSTO				
					INSURERS AFFORDING COVERAGE NAIC #				
INSU	RED 3.4: 1: Ct / 37 /1	-		A : .:	1			-	
IIVOU	Whengan State 1 out					tional Casualty		11991	
	9401 General Drive, S	Suit	e 12	0		itional Union F	Fire Insurance Company	19445	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:				
<u>co</u>	VERAGES CE	RTI	FIC/	ATE NUMBER: 141166	58	F	REVISION NUMBER:	0	
INDI CER EXC	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 CH PC	IREM RTAIN OLICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORE ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000	
	DEDUCTIBLE	1					7.00.120.112	, - , ,	
	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?	N/A							
	(Mandatory in NH) If ves. describe under						E. L. DISEASE - EA EMPLOYEE		
D	DA DETICIPANTE A CONDENTE A CENTRAL			SRG 9115335A	9/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000	
В	PARTICIPANT ACCIDENT MEDICAL			3KU 9113333A	9/1/2014	9/1/2013		\$100,000	
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VE		S (Atto	ch ACOPD 101 Additional Pamarks S	chadula if mara space	is required)			
	s certificate is issued on behalf o						Soccar Laggue Cartificat	te Holder is	
Ado	ditional Insured as respects the o	perat	ions	of the Named Insured for	sanctioned act	ivities of the st	ate association.	te Holder is	
CF	RTIFICATE HOLDER				CANCELLA	TION			
Ci 23	ty of Birmingham-Poppleto 00 East Lincoln rmingham, MI 48009	on P	ark		SHOULD ANY THE EXPIRATION	OF THE ABOVE I	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE		
					ALITHODIZES SEE	DECENTATIVE	^		
					AUTHORIZED REPI	KESENTATIVE	Datik Oulling	-	



DATE (MM/DD/YYYY) 8/19/2014

\$5,000,000

\$5,000,000

\$100,000

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and co	nditions of the policy, certain p of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement of	on this certificate d	loes not confer rights to th	ne certificate holder		
PRODUC	Pullen Insurance S	ervi	ces.	Inc	CONTACT NAME: Sports Division					
	2560 River Park Pl				PHONE:	(817) 738-6100	FAX: (817) 738-2	993		
	Fort Worth, TX 76				E-MAIL ADDRES	ss: contact@pul	lenins.com			
					PRODUCER CU	STOMER ID#: MI				
					INSURERS	AFFORDING COVE	RAGE	NAIC #		
INSURED	Michigan State Youth	ı So	ccei	Association	Insurer A:	National Casualty	Company	11991		
	9401 General Drive,				Insurer B: National Union Fire Insurance Company 19445					
	Plymouth, MI 48170				Insurer C:					
	J				Insurer D:					
					Insurer E:					
					Insurer F:					
COVE	RAGES CE	RTI	FIC/	ATE NUMBER: 141166:	59	R	REVISION NUMBER:	0		
INDICA CERTIF	TO CERTIFY THAT THE POLICI FED. NOTWITHSTANDING ANY F ICATE MAY BE ISSUED OR MA SIONS AND CONDITIONS OF SUC	REQU Y PEI	IREM RTAIN	IENT, TERM OR CONDITION N, THE INSURANCE AFFORD	OF ANY CON DED BY THE I	ITRACT OR OTHER POLICIES DESCRIB	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	/E POLICY EXPIRATION ') DATE (MM/DD/YY)	LIMITS			
A GE	NERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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		
GE	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000		
	POLICY PROJECT LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000		
A AU	TOMOBILE LIABILITY ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
 	ALL OWNED AUTOS						BODILY INJURY (Per person)			
 	SCHEDULED AUTOS						BODILY INJURY (Per accident)			
	SCHEDOLED AUTOS						PROPERTY DAMAGE			

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

XKO 4688800

SRG 9115335A

This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

9/1/2014

9/1/2014

9/1/2015

9/1/2015

CERTIFICATE HOLDER	CANCELLATION
City of Grosse Pointe Farms 90 Kerby Road Grosse Pointe Farms, MI 48236	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 Pull

(Per accident)

AGGREGATE

EACH OCCURRENCE

WC STATU-TORY LIMITS

E. L. EACH ACCIDENT

E. L. DISEASE - EA EMPLOYEE

E. L. DISEASE - POLICY LIMIT

HIRED AUTOS

EXCESS LIAB

DEDUCTIBLE RETENTION \$

If yes, describe under

Α

NON-OWNED AUTOS

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

PARTICIPANT ACCIDENT MEDICAL

UMBRELLA LIAB X OCCUR

CLAIMS-MADE

Y/N

N/A



DATE (MM/DD/YYYY) 8/19/2014

\$5,000,000

\$5,000,000

\$100,000

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		the policy, dorsement(olicie	s ma	y require an endorsement.	A statement on	this certificate of	loes not confer rights to th	e certificate holder	
PRODUCER	Pu	llen Insu	rance Se	ervi	ces	Inc	CONTACT NAME: Sports Division				
		60 River					PHONE: (8	317) 738-6100	FAX: (817) 738-2	993	
	Fort Worth, TX 76116							contact@pu	llenins.com		
	10	it wortin,	, 111 / 0	110			PRODUCER CUST	OMER ID#: MI			
							INSURERS A	FFORDING COVE	ERAGE	NAIC #	
INSURED	Michigan State Youth Soccer Association							ational Casualty	Company	11991	
		General					Insurer B: N	ational Union F	ire Insurance Company	19445	
		outh, MI					Insurer C:		•		
		J 67611, 1111	.0170				Insurer D:				
							Insurer E:				
							Insurer F:				
COVERAGES CERTIFICATE NUMBER: 141166						ATE NUMBER: 141166	60	F	REVISION NUMBER:	0	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAINDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAV				OF ANY CONT	RACT OR OTHER DLICIES DESCRIB	R DOCUMENT WITH RESPE LED HEREIN IS SUBJECT TO	CT TO WHICH THIS				
INSR LTR	TYPI	E OF INSURANCE		ADD'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A GENE	ERAL LIABI	LITY		X		KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE	\$1,000,000	
X	OMMERCIA	AL GENERAL LI	ABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIM	S MADE X	OCCUR						MED EXP (Any one person)	\$5,000	
									PERSONAL & ADV INJURY	\$1,000,000	
l 🔲-									GENERAL AGGREGATE	UNLIMITED	
GEN'I	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$1,000,000		
P	OLICY	PROJECT	LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000	
I ' ¹	OMOBILE LI	ABILITY				KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
l H	LL OWNED	ALITOS							BODILY INJURY (Per person)		
I 	CHEDULED								BODILY INJURY (Per accident)		

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

XKO 4688800

SRG 9115335A

This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

9/1/2014

9/1/2014

9/1/2015

9/1/2015

CERTIFICATE HOLDER	CANCELLATION
City of Rochester Hills 1000 Rochester Hills Drive Rochester Hills, MI 48309	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 Pull

PROPERTY DAMAGE

EACH OCCURRENCE

WC STATU-TORY LIMITS

E. L. EACH ACCIDENT

E. L. DISEASE - EA EMPLOYEE

E. L. DISEASE - POLICY LIMIT

(Per accident)

AGGREGATE

HIRED AUTOS

EXCESS LIAB

DEDUCTIBLE RETENTION \$

If yes, describe under

NON-OWNED AUTOS

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

PARTICIPANT ACCIDENT MEDICAL

UMBRELLA LIAB X OCCUR

CLAIMS-MADE

Y/N

N/A



DATE (MM/DD/YYYY) 8/19/2014

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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 liqu of such endorsement(s)

	eu of such endorsement(s).	Olicies Ille	iy require an endorsement.	A Statement on	illis certificate d	des not comer rights to t	ne certificate floider	
PROD	Pullen Insurance S	ervices.	Inc.	CONTACT NAME: Sports Division				
	2560 River Park Pl	,		PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76	,		E-MAIL ADDRESS:	contact@pul	lenins.com		
	, , , , , , , , , , , , , , , , , , , ,			PRODUCER CUSTO	OMER ID#: MI			
				INSURERS AF	FORDING COVE	RAGE	NAIC #	
INSUR	RED Michigan State Youtl	n Socce	r Association	Insurer A: Na	tional Casualty	Company	11991	
	9401 General Drive,			Insurer B: Na	19445			
	Plymouth, MI 48170			Insurer C:				
	•			Insurer D:				
				Insurer E:				
				Insurer F:				
CO	VERAGES CI	ERTIFIC	ATE NUMBER: 141166	61	R	EVISION NUMBER:	0	
INDIC CER	IS TO CERTIFY THAT THE POLICI CATED. NOTWITHSTANDING ANY TIFICATE MAY BE ISSUED OR MA LUSIONS AND CONDITIONS OF SUG	REQUIREN Y PERTAII	MENT, TERM OR CONDITION N, THE INSURANCE AFFORD	OF ANY CONTR DED BY THE PO	RACT OR OTHER LICIES DESCRIB	DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	ECT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADD'L SUBR INSRD WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
Α	GENERAL LIABILITY	X	KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE	\$1,000,000	

INSR LTR	TYPE OF INSURANCE	ADD'L INSRD	SUBR	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	X	****	KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E. L. EACH ACCIDENT	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	. •,, \					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CENTIFICATE HOLDEN	CANCELLATION
City of Rochester Hills Borden Park Attention: Bert Hallewas 1400 E. Hamlin Road	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Rochester Hills, MI 48309	AUTHORIZED REPRESENTATIVE Satisfull

CANCELLATION

CERTIFICATE HOLDER



DATE (MM/DD/YYYY) 8/19/2014

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.

	eu of such endorsement(s).	olicies m	ay require an endorsement.	A statement on	tnis certificate (ioes not conter rights to th	e certificate noider	
PROI	Pullen Insurance Se	ervices	Inc	CONTACT NAME: Sports Division				
	2560 River Park Pl			PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76	,	ine 300	E-MAIL ADDRESS:	contact@pu	llenins.com		
	Port Worth, 1A 70	110		PRODUCER CUSTO				
				INSURERS AFFORDING COVERAGE NAIC #				
INSU	IDED 34.1. C 37 .1		A					
IIVOU	Michigan State Touth			Insurer A: National Casualty Company 11991				
	9401 General Drive, S	Suite I	20		itional Union F	Fire Insurance Company	19445	
	Plymouth, MI 48170			Insurer C:				
				Insurer D:				
				Insurer E:				
				Insurer F:				
CO	VERAGES CE	RTIFIC	CATE NUMBER: 141166	562	F	REVISION NUMBER:	0	
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUC	REQUIRE Y PERTA CH POLIC	MENT, TERM OR CONDITION IN, THE INSURANCE AFFOR IES. LIMITS SHOWN MAY HAV	I OF ANY CONTF DED BY THE PO /E BEEN REDUCE	RACT OR OTHEF LICIES DESCRIE ED BY PAID CLAI	R DOCUMENT WITH RESPECT TO	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADD'L SUB INSRD WV	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X	KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
	X HIRED AUTOS					(Per accident)		
	X NON-OWNED AUTOS							
	UMBRELLA LIAB X OCCUR		VVO 4600000	0/1/2014	0/1/2015		\$5,000,000	
A			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
	71	1 1				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		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E. L. DISEASE - EA EMPLOYEE		
	If yes, describe under					E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL		SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VE					Concer Langua Contifica	ta Haldar is	
Ado	s certificate is issued on behalf o ditional Insured as respects the o	f Michig peration	gan State Youth Soccer As s of the Named Insured for	r sanction & Mi	chigan Youth sivities of the si	Soccer League. Certifica tate association.	te Holder 1s	
CE	RTIFICATE HOLDER			CANCELLA	TION			
Ci 38	ty of Sterling Heights 901 Dodge Park Road erling Heights, MI 48312			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 REP	RESENTATIVE	Patik Pull	-	



DATE (MM/DD/YYYY) 8/19/2014

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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 poly eu of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate of	loes not confer rights to the	e certificate holder		
PRO	Pullen Insurance Se	273/1/	200	Inc	CONTACT NAME:	Sports Divis	ion			
	2560 River Park Pl					17) 738-6100	FAX: (817) 738-29	993		
	Fort Worth, TX 76		Sui	ite 300	E-MAIL ADDRESS:	contact@pul	• • • • • • • • • • • • • • • • • • • •			
	Toft Worth, 124 70	110			PRODUCER CUSTO					
					INSURERS AF	FORDING COVE	ERAGE	NAIC #		
INSU	Michigan State Youth	So	CCET	· Association	1	tional Casualty		11991		
	9401 General Drive, S						Fire Insurance Company	19445		
	Plymouth, MI 48170				Insurer C:					
	•				Insurer D:					
					Insurer E:					
					Insurer F:					
CO	VERAGES CE	RTI	FIC/	ATE NUMBER: 141166	63	F	REVISION NUMBER:	0		
IND CEF EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	REQU / PEI :H PC	IREM RTAIN DLICIE	IENT, TERM OR CONDITION N, THE INSURANCE AFFORE ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	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			
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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	ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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									
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
	X EXCESS LIAB CLAIMS-MADE			11120 1000000	<i>y</i> , 1, 2 01 .), 1, 2 010	AGGREGATE	\$5,000,000		
	DEDUCTIBLE							. , ,		
	RETENTION \$									
	WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER			
	AND EMPLOYERS' LIABILITY Y/N	N 1 / A					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			SRG 9115335A	9/1/2014	9/1/2015		\$100,000		
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VE	LLL HICLE	S (Atta	L ch ACORD 101, Additional Remarks S	chedule, if more space	L s is required)	<u> </u>			
Thi	s certificate is issued on behalf o	f Mi	chiga	an State Youth Soccer Ass	sociation & Mi	chigan Youth S		te Holder is		
Au	ditional Insured as respects the o	perai	ions	of the Named Insured for	sanctioned act	ivities of the st	ate association.			
CE	RTIFICATE HOLDER				CANCELLA	TION				
At 50	ty of Troy (Raintree Park) tention: Parks & Rec 0 West Big Beaver Road				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
ır	oy, MI 48084				AUTHORIZED REPI	RESENTATIVE	Jatik Dull-	-		



DATE (MM/DD/YYYY) 8/19/2014

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in lieu of such endorsement(s).				_				
PRODUCER Pullen Insurance S	ervic	es.	Inc.	CONTACT NAME: Sports Division				
2560 River Park P				PHONE: (8	17) 738-6100	FAX: (817) 738-29	993	
Fort Worth, TX 76	,			E-MAIL ADDRESS:	contact@pul	llenins.com		
				PRODUCER CUST	OMER ID#: MI			
				INSURERS AFFORDING COVERAGE NAIC #				
INSURED Michigan State Yout	h Soc	cer	Association	Insurer A: National Casualty Company 11991			11991	
9401 General Drive,	Suite	12	0	J 1 3			19445	
Plymouth, MI 48170	Duric	12	O	Insurer C:				
Trymouth, wir 10170				Insurer D:				
				Insurer E:				
				Insurer F:				
COVERAGES CI	ERTIF	FIC/	ATE NUMBER: 141166		F	REVISION NUMBER:	0	
THIS IS TO CERTIFY THAT THE POLICI INDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR MA EXCLUSIONS AND CONDITIONS OF SU	IES OF REQUII Y PER CH POI	INSI REM TAIN LICIE	URANCE LISTED BELOW HA ENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAV	VE BEEN ISSUE OF ANY CONTR DED BY THE PO E BEEN REDUCE	ED TO THE INSUITED TO THE RACT OR OTHER OLICIES DESCRIBED BY PAID CLAIR	RED NAMED ABOVE FOR THE DOCUMENT WITH RESPECT TO	HE POLICY PERIOD	
INSR 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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 remains								
A UMBRELLA LIAB X OCCUR	+ +		XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
X EXCESS LIAB CLAIMS-MADE			711C 4000000	7/1/2014	<i>3/1/2013</i>	AGGREGATE	\$5,000,000	
DEDUCTIBLE	1					AGGREGATE	φε,σσσ,σσσ	
RETENTION \$								
WORKERS COMPENSATION	+ +					WC STATU- OTH-		
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		
B PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	E. E. BIOLAGE T GLIGT LIMIT	\$100,000	
2 Traction rate recipilate in the state of t			5110 711003011), 1, 201 ·	J/ 1/ 2015		+,	
DESCRIPTION OF OPERATIONS / LOCATIONS / VI This certificate is issued on behalf of Additional Insured as respects the of	of Mic	higa	an State Youth Soccer Ass	sociation & Mi	ichigan Youth S		te Holder is	
CERTIFICATE HOLDER				CANCELLA	TION			
CERTIFICATE HOLDER				CANCELLA	ALION			

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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Clarkston Community Schools

6093 Flemings Lake Road Clarkston, MI 48346



DATE (MM/DD/YYYY) 8/19/2014

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	ditions of the policy, certain po f such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate d	loes not confer rights to th	e certificate holder		
PRODUCE	Pullen Insurance Se	ervi	ces.	Inc.	CONTACT NAME: Sports Division					
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 76	,			E-MAIL ADDRESS:	contact@pul	lenins.com			
	Total Worth, III 70	110			PRODUCER CUSTO	OMER ID#: MI				
					INSURERS AF	FORDING COVE	RAGE	NAIC #		
INSURED	Michigan State Youth	So	ccer	Association	Insurer A: Na	ational Casualty	Company	11991		
	9401 General Drive, S						ire Insurance Company	19445		
	Plymouth, MI 48170	,			Insurer C:					
	11/11/04/11, 1/11 1/01/0				Insurer D:					
					Insurer E:	Insurer E:				
					Insurer F:					
COVE	RAGES CE	RTI	FICA	ATE NUMBER: 141166	65	R	REVISION NUMBER:	0		
INDICAT	TO CERTIFY THAT THE POLICIE ED. NOTWITHSTANDING ANY F CATE MAY BE ISSUED OR MAY IONS AND CONDITIONS OF SUC	REQU Y PEI	IREM RTAIN	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	OF ANY CONTR DED BY THE PO	RACT OR OTHER LICIES DESCRIB	DOCUMENT WITH RESPECT TO	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			
A GEN	ERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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		
		1	1					¢1,000,000		

	DEDUCT RETENTI								WC STATU- OTH-	
	DEDUCT	BLE								
	X EXCESS	LIAB	CLA	AIMS-MADE					AGGREGATE	\$5,000,000
A	UMBREL	LA LIAB	COC	CUR		XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000
	X NON-OW	NED AUTO	5							
	X HIRED AI		_						(Per accident)	
	—	LED AUTO	3						BODILY INJURY (Per accident) PROPERTY DAMAGE	
	ALL OWN	IED AUTOS							BODILY INJURY (Per person)	
	ANY AUT	0							(Ea accident)	
A	AUTOMOBIL	LIABILIT	,			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT	\$1,000,000
	POLICY	PRO.	ECT	LOC					PARTICIPANT LEGAL LIABILITY	\$1,000,000
	GEN'L AGGRE	GATE LIMIT	APPLIE	S PER:					PRODUCTS - COMP/OP AGG	\$1,000,000
									GENERAL AGGREGATE	UNLIMITED
	\Box		لتت	OOOOK					PERSONAL & ADV INJURY	\$1,000,000

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 & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
Clarkston Middle School 6595 Middle Lake Road Clarkston, MI 48346	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 Satikbull



DATE (MM/DD/YYYY) 8/19/2014

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	d conditions of the policy, certain policy ieu of such endorsement(s).	olicie	s ma	y require an endorsement.	À statement on	this certificate o	loes not confer rights to the	e certificate holder	
PRO	Pullen Insurance Se	rvio	es	Inc	CONTACT NAME: Sports Division				
	2560 River Park Plant				PHONE: (8)	17) 738-6100	FAX: (817) 738-29	93	
	Fort Worth, TX 76.	,	Sui	.tc 300	E-MAIL ADDRESS:	contact@pu	llenins.com		
	Tort Worth, 124 70	110			PRODUCER CUSTOMER ID#: MI				
					INSURERS AFFORDING COVERAGE NAIC #				
INSU	JRED Michigan State Vouth	So	222	Association	Insurer A: National Casualty Company 11991				
	Michigan State Youth 9401 General Drive, S						Fire Insurance Company	19445	
		Suite	: 12	U	Insurer C:	uionai Omon i	The misurance Company	19443	
	Plymouth, MI 48170				Insurer D:				
					Insurer E:				
	OVERAGES CE	DTI		ATE NUMBER: 141168	Insurer F:		REVISION NUMBER:	<u> </u>	
THIS IND CEF EXC	S IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	ES OF REQU / PEF CH PO	F INS IREM RTAIN OLICIE	URANCE LISTED BELOW HA ENT, TERM OR CONDITION I, THE INSURANCE AFFORI ES. LIMITS SHOWN MAY HAV	AVE BEEN ISSUE OF ANY CONTR DED BY THE POI E BEEN REDUCE	D TO THE INSUI RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	RED NAMED ABOVE FOR THE R DOCUMENT WITH RESPECT BED HEREIN IS SUBJECT TO	HE POLICY PERIOD OT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	<u> </u>	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(i ei accident)		
	A NON-OWNED ACTOS								
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
11	X EXCESS LIAB CLAIMS-MADE			7110 4000000	7/1/2014	7/1/2013	AGGREGATE	\$5,000,000	
	DEDUCTIBLE	1					AGGREGATE	Ψ5,000,000	
	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								
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000	
ט	PARTICIPANT ACCIDENT MEDICAL			5KG 7113333A	7/1/2014	7/1/2013		Ψ100,000	
DES		HICLE:	L S (Atta	lch ACORD 101. Additional Remarks S	L Schedule, if more space	le is required)			
	is certificate is issued on behalf o						outh Soccer League. Cert	ificate Holder is	
	ditional Insured as respects the op-								
CE	ERTIFICATE HOLDER				CANCELLA	TION			
14	lio Youth Sports Complex 145 W Hurd Rd lio, MI 48420				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 Satisfull				



DATE (MM/DD/YYYY) 8/19/2014

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.

and	DRIANT: If the certificate holder is conditions of the policy, certain per of such endorsement(s).								
PROD	· · · · · · · · · · · · · · · · · · ·	ervi	CAS	Inc	CONTACT NAME:	Sports Divis	ion		
	2560 River Park Pl		,		PHONE: (8	17) 738-6100	FAX: (817) 738-29	993	
	Fort Worth, TX 76			16 300	E-MAIL ADDRESS:	contact@pu		, -	
	Fort Worth, 1A 70	110			PRODUCER CUSTOMER ID#: MI				
					INSURERS AFFORDING COVERAGE NAIC #				
INSUF	ED M. 1. C 37 .1	-		A : .:					
114001	Michigan State Touti				Insurer A: National Casualty Company Insurer B: National Union Fire Insurance Company				
	9401 General Drive, S	Suit	e 12	U		ational Union F	ire insurance Company	19445	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:				
				ATE NUMBER: 141168			REVISION NUMBER:		
INDI(IS TO CERTIFY THAT THE POLICII CATED. NOTWITHSTANDING ANY F FIFICATE MAY BE ISSUED OR MA' LUSIONS AND CONDITIONS OF SUC	REQU Y PEI	IIREM RTAIN	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	OF ANY CONTF DED BY THE PO	RACT OR OTHER LICIES DESCRIB	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADD'L	SUBR	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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:							\$1,000,000	
l 1	POLICY PROJECT LOC						PRODUCTS - COMP/OP AGG	\$1,000,000	
A	AUTOMOBILE LIABILITY			KRO 4688700	9/1/2014	9/1/2015	PARTICIPANT LEGAL LIABILITY COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	ANY AUTO						BODILY INJURY (Per person)		
	ALL OWNED AUTOS						` ' '		
	SCHEDULED AUTOS						PROPERTY DAMAGE		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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?	N/A					E. L. DISEASE - EA EMPLOYEE		
	(Mandatory in NH) If yes, describe under								
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000	
10	PARTICIPANT ACCIDENT MEDICAL			3KG 9113333A	9/1/2014	9/1/2013		Ψ100,000	
DECO	RIPTION OF OPERATIONS / LOCATIONS / VE		0 (04)	ah AOODD 101 Additional Demonto	ah adala Wasana asa	- i i1\			
This	certificate is issued on behalf of itional Insured as respects the o	of Mi	chiga	an State Youth Soccer Ass	sociation & Mi	d-Michigan Yo	outh Soccer League. Cert ate association.	ificate Holder is	
	TIELOATE LICE DED				OANGE!!	TION			
	RTIFICATE HOLDER				CANCELLA	IION			
	vison Gates Elementry 59 Irish Rd. Davison						DESCRIBED POLICIES BE CAI F, NOTICE WILL BE DELIVEREI		
	vison, MI 48423					LICY PROVISIONS			

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AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 8/19/2014

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	eu of such endorsement(s).	DIICIES	ma	y require an endorsement.	A statement on	tnis certificate d	ioes not confer rights to the	e certificate noider			
PROI	Pullen Insurance Se	ervic	es	Inc	CONTACT NAME: Sports Division						
	2560 River Park Pla				PHONE: (817) 738-6100 FAX: (817) 738-2993						
	Fort Worth, TX 76	,	Jui	16 300	E-MAIL ADDRESS: contact@pullenins.com						
	Toft Worth, 12 70	110			PRODUCER CUSTO						
					INSURERS AFFORDING COVERAGE NAIC #						
INSU	JRED Michigan State Voyeth	Coo		Association		11991					
	Michigan State 1 Outil				Insurer A: National Casualty Company Insurer B: National Union Fire Insurance Company			19445			
	9401 General Drive, S	sune	12	U		17443					
	Plymouth, MI 48170				Insurer C:						
					Insurer D:						
					Insurer E:						
~~	VEDACES OF	DTIE	10/	ATE MUMDED. 141160	Insurer F:		DEVICION NUMBER.	0			
				ATE NUMBER: 1411684			REVISION NUMBER:				
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	REQUII 7 PER 3H POL	REM TAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	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				
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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				
	X HIRED AUTOS						(Per accident)				
	X NON-OWNED AUTOS										
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000			
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000			
	DEDUCTIBLE	1									
	RETENTION \$										
	WORKERS COMPENSATION						WC STATU- TORY LIMITS ER				
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N						E. L. EACH ACCIDENT				
	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			SRG 9115335A	9/1/2014	9/1/2015		\$100,000			
Thi	CRIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf or ditional Insured as respects the op	f Mic	higa	nn State Youth Soccer Ass	sociation & Mi	d-Michigan Yo		rificate Holder is			
CE	RTIFICATE HOLDER				CANCELLA	TION					
De 15	eer Run Soccer Complex 349 S Linden Rd nden, MI 48451				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 REPI	RESENTATIVE	AUTHORIZED REPRESENTATIVE				



DATE (MM/DD/YYYY) 8/19/2014

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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

and conditions of the policy, certain in lieu of such endorsement(s).	oolicie	s ma	y require an endorsement.	A statement on	this certificate of	loes not confer rights to th	e certificate holder	
PRODUCER Pullen Insurance S	ervi	ces	Inc	CONTACT NAME: Sports Division				
2560 River Park P				PHONE: (817) 738-6100 FAX: (817) 738-2993				
Fort Worth, TX 70			iic 300	E-MAIL ADDRESS: contact@pullenins.com				
Tolt Worth, IX /)110			PRODUCER CUSTOMER ID#: MI				
					NAIC #			
INSURED Michigan State Vout	1- C -		A					
Michigan State 1 Out							11991	
9401 General Drive,		e 12	20		ational Union F	Fire Insurance Company	19445	
Plymouth, MI 48170				Insurer C:				
				Insurer D:				
				Insurer E:				
			A	Insurer F:				
			ATE NUMBER: 140171			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICINDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR M. EXCLUSIONS AND CONDITIONS OF SU	REQU AY PE CH PO	IIREM RTAII DLICII	MENT, TERM OR CONDITION N, THE INSURANCE AFFORI ES. LIMITS SHOWN MAY HAV	I OF ANY CONTF DED BY THE PO /E BEEN REDUCE	RACT OR OTHER LICIES DESCRIE ED BY PAID CLAI	R DOCUMENT WITH RESPECT TO	CT TO WHICH THIS	
INSR LTR TYPE OF INSURANCE	ADD'L INSRE	SUBR	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
X HIRED AUTOS						(Per accident)		
NON-OWNED AUTOS								
A UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
X EXCESS LIAB CLAIMS-MADE			7110 1000000	7/1/2011	7/1/2013	AGGREGATE	\$5,000,000	
DEDUCTIBLE	+					AGGREGATE	ψ2,000,000	
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		
	_		CDC 0115225 A	0/1/2014	0/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000	
B PARTICIPANT ACCIDENT MEDICA	-		SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
				1	<u> </u>			
DESCRIPTION OF OPERATIONS / LOCATIONS / \		•				Caran Tarre of Control	4. II.1.1	
This certificate is issued on behalf Additional Insured as respects the							te Holder is	
CERTIFICATE HOLDER				CANCELLA	TION			
CREASEY BICENTENNIA 1505 E GRAND BLANC RO GRAND BLANC, MI 48439		Ž	THE EXPIRATION	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 REP	AUTHORIZED REPRESENTATIVE			

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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 liquid to the c

and conditions of the policy, certain policy in lieu of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate o	loes not confer rights to th	e certificate holder
PRODUCER Pullen Insurance So	ervi	es	Inc	CONTACT NAME: Sports Division			
2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993			
Fort Worth, TX 76		Su	110 300	E-MAIL ADDRESS: contact@pullenins.com			
Toft Wortin, 174 70	110			PRODUCER CUSTOMER ID#: MI			
				INSURERS AF	FORDING COVI	ERAGE	NAIC #
INSURED Michigan State Youth	So	0001	Association	Insurer A: National Casualty Company 11991			
Michigan State Tout						Fire Insurance Company	19445
9401 General Drive, S	Suite	3 1 2	.0	Insurer C:	ttional Omon I	ine misurance Company	19443
Plymouth, MI 48170							
				Insurer D:			
				Insurer E:			
COVERACES	DTI		ATE NUMBER: 140101	Insurer F:		DEVICION NUMBER.	0
			ATE NUMBER: 140181			REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICII INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MA' EXCLUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREM RTAII ILICII	IENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT TO	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	
A GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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	
HIRED AUTOS						(Per accident)	
X NON-OWNED AUTOS							
A UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000
X EXCESS LIAB CLAIMS-MADE				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AGGREGATE	\$5,000,000
DEDUCTIBLE	1					7.CONLONIE	1-77
RETENTION \$							
WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER	
AND EMPLOYERS' LIABILITY Y/N						TORY LIMITS ER 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							
			SRG 9115335A	9/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000
B PARTICIPANT ACCIDENT MEDICAL			3KU 9113333A	9/1/2014	9/1/2013		\$100,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VE	LUCIE	C (A#c	ash ACORD 101 Additional Remarks S	chadula if mara angos	in required)		
This certificate is issued on behalf of		,				Soccer League Certifica	te Holder is
Additional Insured as respects the o							ac Holder is
	Porus	10110	01 410 1 (411100 11100100 101				
OFFICIOATE LIGHTS				CANOCILLA	TION		
CERTIFICATE HOLDER				CANCELLA	IION		
Crissman Elementary				SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA	NCELLED BEFORE
53550 Wolf Drive				THE EXPIRATION	ON DATE THEREO	F, NOTICE WILL BE DELIVERE	
Shelby Township, MI 48316				WITH THE POL	LICY PROVISIONS	•	
				AUTHORIZED REPI	RESENTATIVE	0 0	
						Jatik Gull	
						yawiyu w	-

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DATE (MM/DD/YYYY) 8/19/2014

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in lieu of s	such endorsement(s).	• • • • • • • • • • • • • • • • • • •					
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division					
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-299	93				
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com					
		PRODUCER CUSTOMER ID#: MI					
		INSURERS AFFORDING COVERAGE	NAIC #				
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991				
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company 19445					
	Plymouth, MI 48170	Insurer C:					
	,	Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 1402055	REVISION NUMBER: 0					
INDICATED CERTIFICA	D CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAD. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION ATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDINS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE	OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECTED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO	T 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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(Fer accident)	
	NON-OWNED AUTOS							
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

OLK III IOAT E HOLDEK	OANOLLLANON
DELTA COLLEGE 1961 DELTA RD 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 Satikbull

CANCELL ATION

CERTIFICATE HOLDER



DATE (MM/DD/YYYY) 8/19/2014

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.

and conditions of the policy, certain p in lieu of such endorsement(s).		J maj	y require an endorsement.	- A statement on				
PRODUCER Pullen Insurance Se	ervi	ces,	Inc.	CONTACT NAME: Sports Division PHONE: (817) 738-6100				
2560 River Park Pl	aza,	Sui	te 300					
Fort Worth, TX 76	116			E-MAIL ADDRESS:	contact@pul	llenins.com		
,				PRODUCER CUSTO	OMER ID#: MI			
				INSURERS AF	FORDING COVE	ERAGE	NAIC #	
INSURED Michigan State Youth	ı So	ccer	Association	Insurer A: Na	tional Casualty	y Company	11991	
9401 Ğeneral Drive,						Fire Insurance Company	19445	
Plymouth, MI 48170				Insurer C:				
				Insurer D:				
				Insurer E:				
				Insurer F:				
COVERAGES CE	RTI	FICA	ATE NUMBER: 140205	552	F	REVISION NUMBER:	0	
THIS IS TO CERTIFY THAT THE POLICI INDICATED. NOTWITHSTANDING ANY ICERTIFICATE MAY BE ISSUED OR MA EXCLUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREMI RTAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFOR S. LIMITS SHOWN MAY HAV	N OF ANY CONTR DED BY THE PO VE BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	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		
A GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
X HIRED AUTOS						(Per accident)		
X NON-OWNED AUTOS								
A UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EAGU GOOLDDENGE	\$5,000,000	
X EXCESS LIAB CLAIMS-MADE			AKO 4000000	9/1/2014	9/1/2013	EACH OCCURRENCE	\$5,000,000	
DEDUCTIBLE CERTIFICATION OF THE PROPERTY OF TH	+					AGGREGATE	\$3,000,000	
RETENTION \$								
						WC STATU- TORY LIMITS OTH- ER		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N								
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		
	-		CDC 0115225 A	0/1/2014	0/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000	
B PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
			1 400DD 401 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
DESCRIPTION OF OPERATIONS / LOCATIONS / VE This certificate is issued on behalf of Additional Insured as respects the o	f Mi	chiga	n State Youth Soccer As	ssociation & Mi	chigan Youth S		te Holder is	
CERTIFICATE HOLDER				CANCELLA	TION			
CIVIC CENTER PARK (CL. 40700 ROMEO PLANK CLINTON TWP, MI 48038	ON '	TWP)	WITH THE POI	OF THE ABOVE I ON DATE THEREO LICY PROVISIONS	0 0			
			AUTHORIZED REPRESENTATIVE Satikbull					

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DATE (MM/DD/YYYY) 8/19/2014

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.

	conditions of the policy, certain policy of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate of	loes not confer rights to the	e certificate holder	
PRO	Pullen Insurance Se	-rvi	ces	Inc	CONTACT NAME: Sports Division				
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76		Sui	ie 300	E-MAIL ADDRESS: contact@pullenins.com				
	Fort Worth, 1A 70	110			PRODUCER CUSTOMER ID#: MI				
					INSURERS AF	NAIC #			
INSU	DED 34.1. C. 57 1			.				11991	
IIVOU	Michigan State 1 out					tional Casualty			
	9401 General Drive, S	Suit	e 12	0		itional Union F	Fire Insurance Company	19445	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTI	FIC	ATE NUMBER: 140011	03	F	REVISION NUMBER:	0	
IND CEF EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY ICLUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IIREM RTAIN OLICIE	ENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000	
	DEDUCTIBLE	1						. , ,	
	RETENTION \$								
	WORKERS COMPENSATION						WC STATU- OTH-		
	AND EMPLOYERS' LIABILITY Y/N						MGGREGATE \$5,000,000 WC STATU- TORY LIMITS OTH- ER E. L. EACH ACCIDENT		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A							
	(Mandatory in NH) If yes, describe under						E. L. DISEASE - EA EMPLOYEE		
				CDC 0115225 A	0/1/2014	0/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
DES	L CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	L	L chedule, if more space	is required)	1		
Thi	s certificate is issued on behalf o ditional Insured as respects the o	f Mi	chig	an State Youth Soccer Ass	sociation & Mi	chigan Youth	Soccer League. Certificate association.	te Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
First Baptist Church of Mt. Clemens 44000 North Avenue Clinton Township, MI 48036					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 Pull				



DATE (MM/DD/YYYY) 8/19/2014

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

	such endorsement(s).								
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division							
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993							
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com							
		PRODUCER CUSTOMER ID#: MI							
		INSURERS AFFORDING COVERAGE	NAIC #						
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991						
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company 19445							
	Plymouth, MI 48170	Insurer C:							
	,	Insurer D:							
		Insurer E:							
		Insurer F:							
COVER	AGES CERTIFICATE NUMBER: 1400110	O4 REVISION NUMBER: 0)						
INDICATED CERTIFICA	HIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD DICATED. NOTWITHSTANDING ANY REQUIREMENT, TEM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS ERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, KCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								

INSR LTR ADD'L SUBR INSRD WVD POLICY EFFECTIVE DATE (MM/DD/YY) POLICY EXPIRATION DATE (MM/DD/YY) TYPE OF INSURANCE POLICY NUMBER LIMITS GENERAL LIABILITY X \$1,000,000 KRO 4688700 9/1/2014 9/1/2015 A EACH OCCURRENCE \$300,000 X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR \$5,000 MED EXP (Any one person) \$1,000,000 PERSONAL & ADV INJURY **UNLIMITED** GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: \$1,000,000 PRODUCTS - COMP/OP AGG POLICY PROJECT \$1,000,000 PARTICIPANT LEGAL LIABILITY \$1,000,000 **AUTOMOBILE LIABILITY** KRO 4688700 9/1/2014 9/1/2015 COMBINED SINGLE LIMIT (Ea accident) ANY AUTO BODILY INJURY (Per person) ALL OWNED AUTOS **BODILY INJURY (Per accident)** SCHEDULED AUTOS PROPERTY DAMAGE HIRED AUTOS (Per accident) NON-OWNED AUTOS \$5,000,000 UMBRELLA LIAB X OCCUR XKO 4688800 9/1/2014 9/1/2015 EACH OCCURRENCE CLAIMS-MADE \$5,000,000 X EXCESS LIAB AGGREGATE DEDUCTIBLE RETENTION \$ WC STATU-TORY LIMITS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E. L. EACH ACCIDENT N/A E. L. DISEASE - EA EMPLOYEE If ves. describe under E. L. DISEASE - POLICY LIMIT SRG 9115335A 9/1/2014 9/1/2015 \$100,000 PARTICIPANT ACCIDENT MEDICAL

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 & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

OFFICIOATE HOLDER	CANCELLATION
CERTIFICATE HOLDER	CANCELLATION
Flickenger Elementary 4540 Vanker Sterling Heights, MI 48310	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 Satisfull—



DATE (MM/DD/YYYY) 8/19/2014

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	eu of such endorsement(s).	JIICIES	may	y require an endorsement. <i>i</i>	A Statement on	ınıs certificatê c	ioes not confer rights to the	e certificate noider	
PROI	Pullen Insurance Se	ervice	es.	Inc	CONTACT NAME: Sports Division				
	2560 River Park Pla				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76	,	Jui	<i>ie</i> 300	E-MAIL ADDRESS: contact@pullenins.com				
	Toft Worth, 12 70	110			PRODUCER CUSTOMER ID#: MI				
					INSURERS AF	FORDING COVI	FRAGE	NAIC #	
INSU	JRED Michigan State Voyeth	Coo	224	Association		tional Casualty		11991	
	Michigan State 1 Outil					•	Fire Insurance Company	19445	
	9401 General Drive, S					monai Omon i	The Histitatice Company	17443	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
~~	VED 4 OF C	DTIE	104	TE NUMBER - 1400114	Insurer F:				
				TE NUMBER: 1400110			REVISION NUMBER:		
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	EQUIF PERT H POL	REMI TAIN .ICIE	ENT, TERM OR CONDITION , THE INSURANCE AFFORD	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADD'L S	WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	NI/A					E. L. EACH ACCIDENT		
	OFFICER/MEMBER EXCLUDED?	N/A					E. L. DISEASE - EA EMPLOYEE		
	If yes, describe under						E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	-	\$100,000	
Thi	CRIPTION OF OPERATIONS/LOCATIONS/VE s certificate is issued on behalf or ditional Insured as respects the op	f Micl	higa	n State Youth Soccer Ass	sociation & Mi	chigan Youth	Soccer League. Certificate association.	te Holder is	
	-								
CE	RTIFICATE HOLDER				CANCELLA	TION			
	aser Public Schools								
33	466 Garfield aser, MI 48026				THE EXPIRATION	OF THE ABOVE I ON DATE THEREO LICY PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE DINACCORDANCE	
					AUTHORIZED REPRESENTATIVE Statis Dull				



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain pe eu of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate of	loes not confer rights to the	e certificate holder	
PRO	Pullen Insurance Se	ervi	ces.	Inc	CONTACT NAME: Sports Division				
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76		Sui	ic 500	E-MAIL ADDRESS: contact@pullenins.com				
	Toft Worth, 124 70	110			PRODUCER CUSTOMER ID#: MI				
					INSURERS AF	FORDING COVE	FRAGE	NAIC #	
INSU	IRED Michigan State Vouth	· Co		Association		tional Casualty		11991	
	Michigan State 1 out						ire Insurance Company	19445	
	9401 General Drive, S	Sult	2 1 2	U		monai Omon i	ne msurance Company	17443	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:				
				ATE NUMBER: 1400110			REVISION NUMBER:		
IND CEF EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MA' CLUSIONS AND CONDITIONS OF SUC T	REQU Y PEI CH PC	IREM RTAIN DLICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO MS.	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR WVD		POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	********	
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	-						BODILY INJURY (Per person)		
	ALL OWNED AUTOS						BODILY INJURY (Per accident)		
	SCHEDULED AUTOS						PROPERTY DAMAGE		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000	
	DEDUCTIBLE	1						. , ,	
	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?	N/A							
	(Mandatory in NH) If yes, describe under						E. L. DISEASE - EA EMPLOYEE		
В	DA DEIGIDA NEL ACCIDENTE MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000	
D	PARTICIPANT ACCIDENT MEDICAL			3KU 9113333A	9/1/2014	9/1/2013		\$100,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf o						Sagar Langua Cartifaat	to Holder is	
Ado	ditional Insured as respects the o	perat	ions	of the Named Insured for	sanctioned act	ivities of the st	ate association.	te noider is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
30	ator Star Park (Volpe-Vito, 00 Auburn Road ica, MI 48317	Inc.)		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 Dulli				



DATE (MM/DD/YYYY) 8/19/2014

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 liquid of such and crompat(s).

in I	ieu of such endorsement(s).								
PRO	Pullen Insurance Se	ervi	ces.	Inc.	CONTACT NAME: Sports Division				
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76	,			E-MAIL ADDRESS: contact@pullenins.com				
	, , , , , , , , , , , , , , , , , , , ,				PRODUCER CUSTOMER ID#: MI				
					INSURERS AI	FFORDING COVI	ERAGE	NAIC #	
INSU	Michigan State Youth	So	ccer	Association	Insurer A: N	ational Casualty	y Company	11991	
	9401 General Drive, S	Suite	e 12	0	Insurer B: N	ational Union F	Fire Insurance Company	19445	
	Plymouth, MI 48170				Insurer C:				
	J				Insurer D:				
					Insurer E:				
					Insurer F:				
CC	OVERAGES CE	RTI	FIC/	ATE NUMBER: 140011	07	F	REVISION NUMBER:	0	
IND CEF EXC	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 CH PC	IREM RTAIN OLICIE	ENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONT DED BY THE PO E BEEN REDUC	RACT OR OTHER DLICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT TO	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		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000	
	DEDUCTIBLE	1							
	RETENTION \$								
	WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	NI/A					E. L. EACH ACCIDENT		
	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			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
Thi	CRIPTION OF OPERATIONS/LOCATIONS/VE is certificate is issued on behalf o ditional Insured as respects the o	f Mi	chiga	an State Youth Soccer As	sociation & M	ichigan Youth		te Holder is	

CERTIFICATE HOLDER

CANCELLATION

Grissom Middle School 35701 Ryan Road Sterling Heights, MI 48310

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

Satik Ovel



in lieu of such endorsement(s).

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/19/2014

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

PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division			
2560 River l	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-29	93		
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com			
	1 010 11 01110	PRODUCER CUSTOMER ID#: MI			
		INSURERS AFFORDING COVERAGE	NAIC #		
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991		
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445		
	Plymouth, MI 48170	Insurer C:			
	•	Insurer D:			
		Insurer E:			
		Insurer F:			
COVER	AGES CERTIFICATE NUMBER: 1400110	08 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	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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(i ei accident)	
	NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
	DEDUCTIBLE	1						
	RETENTION \$							
	WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
Groves High School 20500 West 13 Mile Road Beverly Hills, MI 48025	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 Satik Pull



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain policy certain pole of such endorsement(s).	olicies n	nay require an endorsement.	A statement on	this certificate of	does not confer rights to the	e certificate holder	
PROI	Pullen Insurance Se	rvices	. Inc	CONTACT NAME: Sports Division				
	2560 River Park Pl			PHONE: (817) 738-6100 FAX: (817) 738-2993 E-MAIL ADDRESS: contact@pullenins.com				
	Fort Worth, TX 76	,	ance 300					
	Toft Worth, 124 70	110		PRODUCER CUSTO				
				INSURERS AF	FORDING COV	FRAGE	NAIC #	
INSU	RED Mishigan Chaha Mayath	Casa	A		ational Casualt		11991	
	Michigan State Touth						19445	
	9401 General Drive, S	suite i	20		ational Union r	Fire Insurance Company	19443	
	Plymouth, MI 48170			Insurer C:				
				Insurer D:				
				Insurer E:				
	VED 4 0 5 0	DTIEL	DATE NUMBER 140010	Insurer F:				
			CATE NUMBER: 140012			REVISION NUMBER:		
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	REQUIRE / PERTA :H POLIC	EMENT, TERM OR CONDITION AIN, THE INSURANCE AFFORE CIES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE PO E BEEN REDUCE	RACT OR OTHEF LICIES DESCRIE ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADD'L SUI	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X	KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
	X HIRED AUTOS					(Per accident)		
	X NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR		XKO 4688800	9/1/2014	9/1/2015	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					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		SRG 9115335A	9/1/2014	9/1/2015	2. 2. 3.02.102 1 02.01 2	\$100,000	
_			5110 71100011), 1, 2 01 .), 1, 2 010		,,	
Thi	s certificate is issued on behalf o ditional Insured as respects the o	f Michi	gan State Youth Soccer Ass	sociation & Mi	ichigan Youth		te Holder is	
CF	RTIFICATE HOLDER			CANCELLA	TION			
	gle Creek			J JEEE				
37	gie Cleek 39 Kern akland Township, MI 48363	3		THE EXPIRATI	OF THE ABOVE ON DATE THEREC LICY PROVISIONS	DESCRIBED POLICIES BE CA DF, NOTICE WILL BE DELIVERE 3.	NCELLED BEFORE DINACCORDANCE	
				AUTHORIZED REP	RESENTATIVE	Patik Duell	-	



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain policy, certain policy.	olicie	s ma	y require an endorsement.	A statement on	this certificate of	does not confer rights to the	e certificate holder	
PROI	Pullen Insurance Se	rvi	es	Inc	CONTACT NAME: Sports Division				
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993 E-MAIL ADDRESS: contact@pullenins.com				
	Fort Worth, TX 76	,	Sui	10 300					
	Toft Worth, 1A 70	110			PRODUCER CUSTO				
						FORDING COVI	FRAGE	NAIC #	
INSU	RED N.C. 1. C. 4 N.Z. 41	-		A : .:					
11430	Michigan State 1 out					tional Casualty		11991	
	9401 General Drive, S	Suite	e 12	O		itional Union F	Fire Insurance Company	19445	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:				
<u>co</u>	VERAGES CE	RTI	FIC/	ATE NUMBER: 140014	41	F	REVISION NUMBER:	0	
INDI CER EXC	S IS TO CERTIFY THAT THE POLICII CATED. NOTWITHSTANDING ANY F TIFICATE MAY BE ISSUED OR MA' ELUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREM RTAIN DLICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORE S. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIE ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000	
	DEDUCTIBLE	1					7.CONLEGATE	, - , ,	
	RETENTION \$								
							WC STATU- TORY LIMITS OTH- ER		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N								
	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		
D				CDC 0115225 A	0/1/2014	0/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	L ACORD 101 Additional Remarks S	L schedule if more space	l is required)	1		
	s certificate is issued on behalf o						Soccer League Certificat	te Holder is	
Ado	ditional Insured as respects the o	perat	ions	of the Named Insured for	sanctioned act	civities of the st	tate association.	ie Holder 15	
CE	RTIFICATE HOLDER				CANCELLA	TION			
	st China Stadium								
15	85 Meisner Rd st China, MI 48054				THE EXPIRATION		DESCRIBED POLICIES BE CA PF, NOTICE WILL BE DELIVERE		
					AUTHORIZED REPI	RESENTATIVE	\cap		
						_	Intik Pulling	-	



DATE (MM/DD/YYYY) 8/19/2014

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	itions of the policy, certain po such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on t	this certificate o	loes not confer rights to th	e certificate holder		
PRODUCER	Pullen Insurance Se	rvi	es	Inc	CONTACT NAME: Sports Division					
	2560 River Park Pla				PHONE: (817) 738-6100 FAX: (817) 738-2993					
					E-MAIL ADDRESS: contact@pullenins.com					
	1 of worth, 121 70	110			PRODUCER CUSTO	PRODUCER CUSTOMER ID#: MI				
					INSURERS AF	FORDING COVE	ERAGE	NAIC #		
INSURED	Michigan State Youth	50	0001	· Association	1	tional Casualty		11991		
	9401 General Drive, S						Fire Insurance Company	19445		
		ouru	: 12	.0	Insurer C:	monar Omon r	ne mourance company	1743		
	Plymouth, MI 48170									
					Insurer D:					
					Insurer E:					
COVER	ACES CE	рті	FIC	ATE NUMBED: 140025	Insurer F:		DEVICION NUMBER.	0		
COVER				ATE NUMBER: 140035			REVISION NUMBER:			
INDICATED CERTIFICA EXCLUSIO	O CERTIFY THAT THE POLICIED. NOTWITHSTANDING ANY RATE MAY BE ISSUED OR MAYONS AND CONDITIONS OF SUC	REQU PEI H PC	IREN RTAIN LICIE	IENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT TO	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			
A GENER	RAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE	\$1,000,000		
X cc	DMMERCIAL 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 A	AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000		
PC	DLICY PROJECT LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000		
I **	MOBILE LIABILITY			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
l 	NY AUTO						BODILY INJURY (Per person)			
l 	L OWNED AUTOS						BODILY INJURY (Per accident)			
l –	CHEDULED AUTOS						PROPERTY DAMAGE			
1 111	RED AUTOS						(Per accident)			
X	ON-OWNED AUTOS									
A UN	MBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
_	CLAIMS-MADE			71110 1000000	<i>y</i> , 1, 2011	7,1,2015	AGGREGATE	\$5,000,000		
	EDUCTIBLE	1					AGGREGATE	42,000,000		
l 	ETENTION \$									
							WC STATU- TORY LIMITS OTH- ER			
AND E	ERS COMPENSATION EMPLOYERS' LIABILITY Y/N						TORY LIMITS ER E. L. EACH ACCIDENT			
OFFICE	OPRIETOR/PARTNER/EXECUTIVE R/MEMBER EXCLUDED?	N/A								
1 12	tory in NH) escribe under						E. L. DISEASE - EA EMPLOYEE			
				SDC 0115225 A	9/1/2014	0/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000		
B PART	TICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000		
DESCRIPTIO	ON OF OPERATIONS / LOCATIONS / VE		C (A#c	ob ACORD 101 Additional Remarks S	shadula if mara angas	io required)				
	ificate is issued on behalf or						Soccar Laggue Cartifica	te Holder is		
	al Insured as respects the op-							ac Holder is		
ladition	ar insured as respects the op	Joru	1011	of the Fundamental Tol	surretroned act	ivides of the st	ate association.			
	ICATE HOLDER				CANCELLA	IION				
Fuhrma					SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA	NCELLED REFORE		
	vonne Curtis				THE EXPIRATION	ON DATE THEREO	F, NOTICE WILL BE DELIVERE	DINACCORDANCE		
5155 F	ourteen Mile Road				WITH THE POL	ICY PROVISIONS	•			
Sterling	g Heights, MI 48312				AUTHORIZED REPR	RESENTATIVE	\cap			
	-						Jatik Gull			
					Naw Clube					

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DATE (MM/DD/YYYY) 8/19/2014

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COVER	AGES CERTIFICATE NUMBER: 1400416	Insurer F: 64 REVISION NUMBER: 0					
		Insurer E:					
		Insurer D:					
	Plymouth, MI 48170	Insurer C:					
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445				
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991				
		INSURERS AFFORDING COVERAGE					
	,	PRODUCER CUSTOMER ID#: MI					
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com					
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993					
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division					

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	
Α	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	111/7					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION

FRIENDSHIP PARK Attn: YVONNE CURTIS 3380 W. CLARKSTON RD LAKE ORION, MI 48362

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



DATE (MM/DD/YYYY) 8/19/2014

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	ditions of the policy, certail f such endorsement(s).	n policies may	require an endorsement.	A Statement o	on this certificate d	loes not confer rights to	o the certificate holder
PRODUCE	R Pullen Insurance	Services, 1	Inc.	CONTACT NAM	: Sports Divisi	ion	
	2560 River Park	,		PHONE:	(817) 738-6100	FAX: (817) 738	3-2993
	Fort Worth, TX	,		E-MAIL ADDRES	s: contact@pul	llenins.com	
	1 010 11 01011, 111	, 0110		PRODUCER CU	STOMER ID#: MI		
				INSURERS	AFFORDING COVE	ERAGE	NAIC #
INSURED	Michigan State You	uth Soccer	Association	Insurer A:	National Casualty	Company	11991
	9401 General Drive, Suite 120			Insurer B:	National Union F	ire Insurance Compar	ny 19445
	Plymouth, MI 4817	,		Insurer C:			
	,			Insurer D:			
				Insurer E:			
				Insurer F:			
COVE	RAGES	CERTIFICA	TE NUMBER: 1400424	17	R	REVISION NUMBER	R: 0
INDICATI CERTIFIO	TO CERTIFY THAT THE POL ED. NOTWITHSTANDING AN CATE MAY BE ISSUED OR I IONS AND CONDITIONS OF S	Y REQUIREME MAY PERTAIN	ENT, TERM OR CONDITION , THE INSURANCE AFFORD	OF ANY CON ED BY THE I	TRACT OR OTHER POLICIES DESCRIB	DOCUMENT WITH RESELD HEREIN IS SUBJECT	SPECT TO WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADD'L SUBR INSRD WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY		LIM	ITS

INSR LTR	TYPE OF INSURANCE	ADD'L INSRD	SUBR	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	X	****	KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E. L. EACH ACCIDENT	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	. •,, \					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CENTIFICATE HOLDEN	CANCELLATION
EAST CHINA PARK Attn: YVONNE CURTIS 701 RECORNA AND 10054	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
EAST CHINA, MI 48054	AUTHORIZED REPRESENTATIVE Satik Pull

CANCELLATION

CEDTIFICATE HOLDED



DATE (MM/DD/YYYY) 8/19/2014

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· /					
Producer Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division				
2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993				
Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com				
,,	PRODUCER CUSTOMER ID#: MI				
	INSURERS AFFORDING COVERAGE NAIC #				
Michigan State Youth Soccer Association	Insurer A: National Casualty Company 11991				
9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company 19445				
Plymouth, MI 48170	Insurer C:				
•	Insurer D:				
	Insurer E:				
	Insurer F:				
COVERAGES CERTIFICATE NUMBER: 1400424	49 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,

EXC	LUSIONS AND CONDITIONS OF SUC	H PC	LICIE	S. LIMITS SHOWN MAY HA	AVE BEEN REDUCE	ED BY PAID CLAII	MS.	,
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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A					E. L. EACH ACCIDENT	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	14/7					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000

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

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CERTIFICATE HOLDER	

HAMILTON PARSONS ELEMENTARY - SOCCER FIELDS 69875 DEQUINDRE ROAD LEONARD, MI 48367

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

CANCELLATION

Satik Dieli___

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DATE (MM/DD/YYYY) 8/19/2014

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PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division					
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-29	93				
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com					
	1 010 11 01110	PRODUCER CUSTOMER ID#: MI					
		INSURERS AFFORDING COVERAGE	NAIC #				
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991				
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445				
	Plymouth, MI 48170	Insurer C:					
	y y	Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 14004	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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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)	
	71						(Per accident)	
	X NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATIO

EAST HILLS MIDDLE SCHOOL Attn: YVONNE CURTIS 2800 KENSINGTON RD BLOOMFIELD HILLS, MI 48301

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



DATE (MM/DD/YYYY) 8/19/2014

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	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300					CONTACT NAME: Sports Division				
			Sui	te 300	PHONE: (817) 738-6100 FAX: (817) 738-2993 E-MAIL ADDRESS: contact@pullenins.com					
	Fort Worth, TX 76	116			E-MAIL ADDRESS:		llenins.com			
					PRODUCER CUSTO		-0.405	NAIG #		
						FORDING COVE		NAIC #		
INSURED	Michigan State Youth					tional Casualty		11991		
	9401 General Drive, S	Suite	12	0		itional Union F	ire Insurance Company	19445		
	Plymouth, MI 48170				Insurer C:					
					Insurer D:					
					Insurer E:					
001/50	1050			TE NUMBER 140044	Insurer F:		EVIOLONI NUMBER			
COVERA				ATE NUMBER: 140044			REVISION NUMBER:			
INDICATED CERTIFICA EXCLUSIO	D CERTIFY THAT THE POLICIED. NOTWITHSTANDING ANY F ATE MAY BE ISSUED OR MAINS AND CONDITIONS OF SUC	REQUI Y PER CH PO	REM RTAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORI	OF ANY CONTR DED BY THE POI 'E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	DOCUMENT WITH RESPECT TO THE SECT TO	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			
A GENER	RAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE	\$1,000,000		
X co	DMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
L_L	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
Ш–							GENERAL AGGREGATE	UNLIMITEI		
GEN'L A	AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000		
PO	DLICY PROJECT LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000		
· · ·	MOBILE LIABILITY IY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
AL	L OWNED AUTOS						BODILY INJURY (Per person)			
sc	HEDULED AUTOS						BODILY INJURY (Per accident)			
X HIF	RED AUTOS						PROPERTY DAMAGE (Per accident)			
X NO	ON-OWNED AUTOS									
A UM	IBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
XEX	CESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000		
DE	DUCTIBLE									
RE	TENTION \$									
	ERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER			
	MPLOYERS' LIABILITY Y/N OPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT			
OFFICER	R/MEMBER EXCLUDED?	IN/A					E. L. DISEASE - EA EMPLOYEE			
I	escribe under						E. L. DISEASE - POLICY LIMIT			
B PART	ICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000		
	N OF OPERATIONS / LOCATIONS / VE							. 11.11		
	ficate is issued on behalf of al Insured as respects the of							te Holder is		
Auuruolla	ar moureu as respects the 0	perati	10118	or the ivallied Historica 101	sanctioned act	ivines of the st	are association.			

FAITH LUTHERAN CHURCH Attn: YVONNE CURTIS 37635 DEQUINDRE RD TROY, MI 48083

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



DATE (MM/DD/YYYY) 8/19/2014

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PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division				
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com				
	,	PRODUCER CUSTOMER ID#: MI				
		INSURERS AFFORDING COVERAGE	NAIC #			
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company 1199				
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445			
	Plymouth, MI 48170	Insurer C:				
	•	Insurer D:				
		Insurer E:				
		Insurer F:				
COVERA	AGES CERTIFICATE NUMBER: 1400473	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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	X	****	KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL		Ī	SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATIO
CENTIFICATE HULDEN	CANCELLATIO

FRASER HIGH SCHOOL (TURF FIELD)

Attn: Yvonne Curtis

34270 GARFIELD ROAD

Fraser, MI 48026

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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DATE (MM/DD/YYYY) 8/19/2014

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and	ORTANT: If the certificate holder is conditions of the policy, certain policy certain policy is eu of such endorsement(s).									
PRO	Pullen Insurance So	ervi	ces.	Inc	CONTACT NAME: Sports Division PHONE: (817) 738-6100					
	2560 River Park Pl									
	Fort Worth, TX 76				E-MAIL ADDRESS:	contact@pu	llenins.com			
	1011 (10111, 171 70	110			PRODUCER CUSTO	OMER ID#: MI				
					INSURERS AF	FORDING COVE	ERAGE	NAIC #		
INSU	Michigan State Youth	So	CCEI	· Association	Insurer A: Na	tional Casualty	v Company	11991		
	9401 General Drive, S				Insurer B: Na		Fire Insurance Company	19445		
	Plymouth, MI 48170				Insurer C:					
	•				Insurer D:					
					Insurer E:					
					Insurer F:					
CO	VERAGES CE	RTI	FIC/	ATE NUMBER: 140049	34	F	REVISION NUMBER:	0		
IND CEF EXC	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 CH PC	IIREM RTAIN DLICIE	IENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	R DOCUMENT WITH RESPECT TO	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			
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance)	\$1,000,000 \$300,000		
	CLAIMS MADE X OCCUR							\$5,000		
	CLAIIVIS IVIADE X OCCOR						MED EXP (Any one person)	\$1,000,000		
							PERSONAL & ADV INJURY	UNLIMITED		
	OFAIL ACCORDATE LIMIT APPLIES DED.						GENERAL AGGREGATE			
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC						PRODUCTS - COMP/OP AGG	\$1,000,000		
_				VDO 4600700	0/1/2014	0/1/2015	PARTICIPANT LEGAL LIABILITY	\$1,000,000		
A	ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
11	X EXCESS LIAB CLAIMS-MADE			711C 4000000	7/1/2014	7/1/2013	AGGREGATE	\$5,000,000		
	DEDUCTIBLE	1					AGGREGATE	ψ3,000,000		
	RETENTION \$									
	WORKERS COMPENSATION						WC STATU- OTH-			
	AND EMPLOYERS' LIABILITY Y/N						TORY LIMITS ER 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									
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000		
Ь	PARTICIPANT ACCIDENT MEDICAL			3KU 9113333A	9/1/2014	9/1/2013		\$100,000		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (A#0	ich ACORD 101 Additional Pamarka S	Chedule if more space	is required)				
Thi	s certificate is issued on behalf oditional Insured as respects the o	f Mi	chiga	an State Youth Soccer Ass	sociation & Mi	d-Michigan Yo		tificate Holder is		
	DTICIOATE HOLDED				CANCELLA	TION				
	RTIFICATE HOLDER	n			CANCELLA	IION				
Frankenmuth Varsity Soccer Field Attn: Terry Horstman 941 E. Genessee					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Fr	ankenmuth , MI 48734				AUTHORIZED REPRESENTATIVE Jatik Pull					

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DATE (MM/DD/YYYY) 8/19/2014

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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 s	such endorsement(s).							
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division						
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-29	93					
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com						
	1 310 (1 3111) 111 / 3110	PRODUCER CUSTOMER ID#: MI						
		INSURERS AFFORDING COVERAGE	NAIC #					
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991					
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445					
	Plymouth, MI 48170	Insurer C:						
	•	Insurer D:						
		Insurer E:						
		Insurer F:						
COVER	AGES CERTIFICATE NUMBER: 140050	79 REVISION NUMBER : ()					
INDICATED	O CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAD. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION	OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPEC	T TO WHICH THIS					

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	
Α	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(Fer accident)	
	NON-OWNED AUTOS							
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Mid-Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

Eaton Rapids Public Schools, Eaton Rapids High School Attn: Dan Raben 800 State St	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Eaton Rapids, MI 48826	AUTHORIZED REPRESENTATIVE Satisful

CANCELLATION

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CERTIFICATE HOLDER



DATE (MM/DD/YYYY) 8/19/2014

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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

		itions of the such endors			olicie	s ma	y require an endorsement.	Á statement on	this certificate d	loes not confer rights to t	he certificate holder		
PROI	UCER	Pullen	Insi	urance Se	ervi	ces.	Inc.	CONTACT NAME: Sports Division					
				r Park Pla				PHONE: (817) 738-6100 FAX: (817) 738-2993					
				n, TX 76	,			E-MAIL ADDRESS:	contact@pul	llenins.com			
				-, , -				PRODUCER CUSTO	OMER ID#: MI				
								INSURERS AF	FORDING COVE	ERAGE	NAIC #		
INSU	RED	Michigan	n Sta	ite Youth	So	ccer	Association	Insurer A: Na	ntional Casualty	y Company	11991		
		9401 Ge						Insurer B: Na	tional Union F	ire Insurance Company	19445		
		Plymouth						Insurer C:					
		,						Insurer D:					
								Insurer E:					
								Insurer F:					
CO	VER.	AGES		CE	RTI	FIC/	ATE NUMBER: 140050	81	F	REVISION NUMBER:	0		
INDI CER EXC	CATE! TIFIC	D. NOTWITHS ATE MAY BE ONS AND CON	STANI ISSU NDITIO	DING ANY R IED OR MAY DNS OF SUC	REQU Y PEF CH PC	IREM RTAIN LICIE	URANCE LISTED BELOW HA ENT, TERM OR CONDITION I, THE INSURANCE AFFORE S. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE PO E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	DOCUMENT WITH RESPI ED HEREIN IS SUBJECT MS.	ECT TO WHICH THIS TO ALL THE TERMS,		
INSR LTR		TYPE OF IN	SURANG	E		SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A		RAL LIABILITY			X		KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE	\$1,000,000		
	X	OMMERCIAL GEI		7						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	L	CLAIMS MAD	DE X	OCCUR						MED EXP (Any one person)	\$5,000		
										PERSONAL & ADV INJURY	\$1,000,000		
	Ш–									GENERAL AGGREGATE	UNLIMITED		
		AGGREGATE LIMI								PRODUCTS - COMP/OP AGG	\$1,000,000		
			DJECT	LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000		
A	$\overline{}$	MOBILE LIABILI NY AUTO	TY				KRO 4688700	9/1/2014	9/1/2015	(Ea accident)	\$1,000,000		
		L OWNED AUTO)S							BODILY INJURY (Per person)			
	-	CHEDULED AUTO								BODILY INJURY (Per accident)			
	-	RED AUTOS								PROPERTY DAMAGE (Per accident)			
		ON-OWNED AUT	os							(i oi doudoni)			
	A	on owner nor	00										
A		MBRELLA LIAB		CCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
	21	(CESS LIAB	Cl	_AIMS-MADE						AGGREGATE	\$5,000,000		
		DUCTIBLE											
	RE	TENTION \$								WC STATU- OTH-			
		ERS COMPENS		Y/N						TORY LIMITS ER			
		OPRIETOR/PARTNI R/MEMBER EXCLU			N/A					E. L. EACH ACCIDENT			
	(Mandat	tory in NH) escribe under								E. L. DISEASE - EA EMPLOYEE			
_	-						CD C 0115225 A	0/1/2014	0/1/2015	E. L. DISEASE - POLICY LIMIT	¢100,000		
В	PART	TICIPANT ACC	CIDEN	T MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000		
DESC	RIPTIO	N OF OPERATIO	ONS / I (OCATIONS / VF	HIC! F	L S (Atta	ch ACORD 101, Additional Remarks S	chedule, if more space	L e is required)				
Thi	certi	ificate is iss	ued o	on behalf o	f Mi	chiga	an State Youth Soccer Assort the Named Insured for	sociation & Mi	d-Michigan Yo		rtificate Holder is		
CF	RTIF	ICATE HO	I DE	R				CANCELLA	TION				

East Lansing Public Schools, Donley Elementary School Attn: Dan Raben

2961 E Lake Lansing Rd East Lansing, MI 48823

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



DATE (MM/DD/YYYY) 8/19/2014

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in lieu of s	such endorsement(s).							
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division						
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993						
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com						
	,	PRODUCER CUSTOMER ID#: MI						
		INSURERS AFFORDING COVERAGE	NAIC #					
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991					
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445					
	Plymouth, MI 48170	Insurer C:						
		Insurer D:						
		Insurer E:						
		Insurer F:						
COVER	AGES CERTIFICATE NUMBER: 1400508	REVISION NUMBER: ()					
THIS IS TO	D CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAD. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THOSE ANY CONTRACT OR OTHER DOCUMENT WITH RESPEC	IE POLICY PERIOD T TO WHICH THIS					

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

EXC	XCLUSIONS 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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A					E. L. EACH ACCIDENT			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	13/7					E. L. DISEASE - EA EMPLOYEE			
	If yes, describe under						E. L. DISEASE - POLICY LIMIT			
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000		
\vdash			L	l		1	1			

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 & Mid-Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
East Lansing Public Schools, White Hills Elementary Attn: Dan Raben 621 Pebblebrook Lane	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
East Lansing, MI 48823	AUTHORIZED REPRESENTATIVE Satikbull



DATE (MM/DD/YYYY) 8/19/2014

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		a . D' ' '					
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division					
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993					
		E-MAIL ADDRESS: contact@pullenins.com					
		PRODUCER CUSTOMER ID#: MI					
		INSURERS AFFORDING COVERAGE	NAIC #				
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991				
		Insurer B: National Union Fire Insurance Company	19445				
	Plymouth, MI 48170	Insurer C:					
	•	Insurer D:					
		Insurer E:					
		Insurer F:					
	AGES CEDTIFICATE NUMBED: 1400529	DEVISION NUMBED: (١				

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 SLICH POLICIES ALIMITS SHOWN MAY HAVE BEEN REDUICED 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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E. L. EACH ACCIDENT	
	(Mandatory in NH)	3//3					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION

FARMSTEAD PARK Attn: YVONNE CURTIS 12112 CLINTON RIVER RD Sterling Heights, MI 48312

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



DATE (MM/DD/YYYY) 8/19/2014

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 liquid and conditions of the policy, certain policies may require an endorsement.

	itions of the policy, certain passuch endorsement(s).	olicies	s ma	y require an endorsement.	A statement on	this certificate d	loes not confer rights to th	ne certificate holder	
PRODUCER	Pullen Insurance So	ervic	es.	Inc.	CONTACT NAME: Sports Division				
	2560 River Park Pl		,		PHONE: (8	17) 738-6100	FAX: (817) 738-2	993	
	Fort Worth, TX 76		~ ~ ~		E-MAIL ADDRESS:	contact@pul	llenins.com		
	1 010 11 01011, 111 7 0				PRODUCER CUSTO	OMER ID#: MI			
					INSURERS AF	FORDING COVE	ERAGE	NAIC #	
INSURED	Michigan State Youth	Soc	ccer	Association	Insurer A: Na	ational Casualty	Company	11991	
	9401 General Drive, S				Insurer B: Na	ational Union F	ire Insurance Company	19445	
	Plymouth, MI 48170			-	Insurer C:		-		
	J,				Insurer D:				
					Insurer E:				
					Insurer F:				
COVER	AGES CE	RTI	FICA	ATE NUMBER: 140056	27	F	REVISION NUMBER:	0	
INDICATE!	D CERTIFY THAT THE POLICI D. NOTWITHSTANDING ANY F ATE MAY BE ISSUED OR MA' INS AND CONDITIONS OF SUC	REQUI Y PER CH PO	REM TAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	OF ANY CONTR DED BY THE PO	RACT OR OTHER LICIES DESCRIB	R DOCUMENT WITH RESPE JED 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		
A GENE	RAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE	\$1,000,000	
X co	DMMERCIAL 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'I	AGGREGATE I IMIT APPI IES PER:						PROPUSTO COMPIOS AGO	\$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 ANY AUTO		KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000
	X EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$5,000,000
	DEDUCTIBLE						
	RETENTION \$						
	WORKERS COMPENSATION					WC STATU- OTH- TORY LIMITS ER	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E. L. EACH ACCIDENT	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	14//				E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under					E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL		SRG 9115335A	9/1/2014	9/1/2015		\$100,000
-	1						

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 & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
DRYDEN HIGH SCHOOL Attn: Loren Dockens AD 3866 ROCHESTER ROAD	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Dryden, MI 48428	AUTHORIZED REPRESENTATIVE Satisfull-



DATE (MM/DD/YYYY) 8/19/2014

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.

	conditions of the policy, certain policy certain policy of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on t	this certificate o	loes not confer rights to th	e certificate holder		
PRO	Pullen Insurance Se	rvio	es	Inc	CONTACT NAME:	Sports Divis	ion			
	2560 River Park Pla				PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 76	,	Dui	10 300	E-MAIL ADDRESS:	contact@pul	llenins.com			
	1 of worth, 121 70	110			PRODUCER CUSTO					
					INSURERS AF	FORDING COVE	ERAGE	NAIC #		
INSU	RED Michigan State Vouth	Co		Association		tional Casualty		11991		
	Michigan State 1 Outil						ire Insurance Company	19445		
	9401 General Drive, S	Suite	2 12	U		ulollai Ullioli F	ne msurance Company	19443		
	Plymouth, MI 48170				Insurer C:					
					Insurer D:					
					Insurer E:					
~~	VEDAGES OF	DTI		ATE MUMBER - 140057	Insurer F:		EVICIONI NUMBER	0		
	VERAGES CE S IS TO CERTIFY THAT THE POLICIE			ATE NUMBER: 140057'			REVISION NUMBER: RED NAMED ABOVE FOR TH			
IND CEF	CATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	REQU Y PEF CH PC	IREM RTAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	OF ANY CONTR DED BY THE POL E BEEN REDUCE	ACT OR OTHER LICIES DESCRIB D BY PAID CLAII	R DOCUMENT WITH RESPECT TO	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 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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			
	X HIRED AUTOS						(Per accident)			
	X NON-OWNED AUTOS									
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
	X EXCESS LIAB CLAIMS-MADE			11110 1000000	37172011), 1, 2 010	AGGREGATE	\$5,000,000		
	DEDUCTIBLE	1					NOONEONIE	++,,,,,,,,,		
	RETENTION \$									
	WORKERS COMPENSATION						WC STATU- OTH-			
	AND EMPLOYERS' LIABILITY Y/N						TORY LIMITS ER 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									
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	ch ACORD 101, Additional Remarks S	chedule, if more space	is required)	•			
	s certificate is issued on behalf o							tificate Holder is		
Ado	ditional Insured as respects the op-	perat	ions	of the Named Insured for	sanctioned act	ivities of the st	ate association.			
CE	RTIFICATE HOLDER				CANCELLA	TION				
	enesee Christian School									
	tn: Tom Curatti				SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA	NCELLED BEFORE		
	14 Genesee Rd.					ICY PROVISIONS	F, NOTICE WILL BE DELIVERE	D IN ACCORDANCE		
	irton, MI 48509									
Dί	111011, 1111 40309				AUTHORIZED REPR	RESENTATIVE	\bigcap			
							Jatik Rueli	-		



DATE (MM/DD/YYYY) 8/19/2014

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 s	such endorsement(s).					
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division				
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-29	93			
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com				
	,,,	PRODUCER CUSTOMER ID#: MI				
		INSURERS AFFORDING COVERAGE	NAIC #			
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991			
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company 19445				
	Plymouth, MI 48170	Insurer C:				
		Insurer D:				
		Insurer E:				
		Insurer F:				
COVER	AGES CERTIFICATE NUMBER: 140066	REVISION NUMBER: (00			
THIS IS TO	D CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW H.D. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION	AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPEC	HE POLICY PERIOD OT TO WHICH THIS			

| 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	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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Mid-Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
Faith Tabernacle Baptist Church Attn: Tom Curatti 1225 S. Center Rd.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Burton, MI 48503	AUTHORIZED REPRESENTATIVE Satisfull



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain pe eu of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate of	loes not confer rights to the	e certificate holder	
PRO	Pullen Insurance Se	ervi	ces.	Inc.	CONTACT NAME:	Sports Divis	ion		
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76		Sui	10 500	E-MAIL ADDRESS:	contact@pu	llenins.com		
	1 of worth, 121 70	110			PRODUCER CUSTO				
					INSURERS AF	FORDING COVE	ERAGE	NAIC #	
INSU	Michigan State Youth	So	0001	Association		tional Casualty		11991	
	9401 General Drive, S						ire Insurance Company	19445	
	Plymouth, MI 48170	Suiu	5 12	U	Insurer C:	monar Omon r	ire misurance Company	17443	
	Plymoum, MI 48170								
					Insurer D:				
					Insurer E:				
~~	VED A OF C	- D.T.I		ATE MUMBER: 1400co	Insurer F:		EVICIONI NUMBER:		
				ATE NUMBER: 140069:			REVISION NUMBER:		
IND CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MA' CLUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREM RTAIN DLICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO MS.	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE				27-1-0-1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AGGREGATE	\$5,000,000	
	DEDUCTIBLE	1					7.CONZONIE	, , , , , , , , , ,	
	RETENTION \$								
							WC STATU- OTH-		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						TORY LIMITS ER E. L. EACH ACCIDENT		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A							
	(Mandatory in NH) If yes, describe under						E. L. DISEASE - EA EMPLOYEE		
D				CDC 0115225 A	0/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VE								
	s certificate is issued on behalf o							te Holder is	
Ado	ditional Insured as respects the o	perat	ions	of the Named Insured for	sanctioned act	ivities of the st	ate association.		
CE	RTIFICATE HOLDER				CANCELLA	TION			
Fra At	ancis A. Higgins Elementar tn: Yvonne Curtis 901 24 Mile Road	y So	choo	ol	SHOULD ANY THE EXPIRATION	OF THE ABOVE I	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE		
	nesterfield, MI 48051				AUTHORIZED REP	RESENTATIVE	Patik Dull	-	



in lieu of such endorsement(s).

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/19/2014

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

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) 738-29 E-MAIL ADDRESS: contact@pullenins.com	93
	Tolt Worth, 12 70110	PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445
	Plymouth, MI 48170	Insurer C:	
	•	Insurer D:	
		Insurer E:	
		Insurer F:	
COVED	ACCC CERTIFICATE NUMBER: 140070	DEVICION NUMBER. (`

OVERAGES CERTIFICATE NUMBER: 1400/043 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	
Α	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	111/7					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
Fire Station No. 2 Soccer Field(s) Attn: Yvonne Curtis	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
5600 Livernois Troy, MI 48098	AUTHORIZED REPRESENTATIVE Satik Pull



DATE (MM/DD/YYYY) 8/19/2014

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

and conditions of the policy, certain p	olicie	s ma	y require an endorsement.	A statement on	this certificate of	loes not confer rights to th	e certificate holder	
· · · · · · · · · · · · · · · · · · ·		200	Ino	CONTACT NAME:	Sports Divis	ion		
r unen msurance s				PHONE: (817) 738-6100 FAX: (817) 738-2993 E-MAIL ADDRESS: contact@pullenins.com				
2560 River Park P		Su	ite 300					
Fort Worth, TX 76	110			PRODUCER CUSTO		iiciiiis.com		
							11110 "	
					FORDING COVE		NAIC #	
Michigan State Yout					ntional Casualty		11991	
9401 General Drive,	Suite	e 12	.0	Insurer B: Na	<u>itional Union F</u>	Fire Insurance Company	19445	
Plymouth, MI 48170				Insurer C:				
				Insurer D:				
				Insurer E:				
				Insurer F:				
COVERAGES CI	ERTI	FIC	ATE NUMBER: 140070	44	F	REVISION NUMBER:	0	
THIS IS TO CERTIFY THAT THE POLICI INDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR MA EXCLUSIONS AND CONDITIONS OF SU	REQU Y PEI CH PC	IREM RTAIN LICIE	IENT, TERM OR CONDITION N, THE INSURANCE AFFORI ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE PO E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO MS.	CT TO WHICH THIS	
INSR TYPE OF INSURANCE	ADD'L INSRD	WVD		POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	******	
A GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
l 						BODILY INJURY (Per person)		
ALL OWNED AUTOS						BODILY INJURY (Per accident)		
SCHEDULED AUTOS						PROPERTY DAMAGE		
X HIRED AUTOS						(Per accident)		
X NON-OWNED AUTOS								
A UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EAGU GOOUDDENOS	\$5,000,000	
X EXCESS LIAB CLAIMS-MADE			AKO 4000000	9/1/2014	9/1/2013	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		
	+		CDC 0115225 A	0/1/2014	0/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000	
B PARTICIPANT ACCIDENT MEDICAL	·		SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / V	EUICI E	C / A#o	ob ACORD 101 Additional Remarks S	abodula if mara apaga	in required)			
This certificate is issued on behalf		•			. ,	Soccer League Certifica	te Holder is	
Additional Insured as respects the o							ic Holder is	
	F							
CERTIFICATE HOLDER				CANCELLA	TION			
CERTIFICATE HOLDER				CANCELLA	IION			
Firefighter's Park Fields 1-9 Attn: Yvonne Curtis 1800 West Square Lake Road	d			THE EXPIRATION	OF THE ABOVE I ON DATE THEREO LICY PROVISIONS	DESCRIBED POLICIES BE CA IF, NOTICE WILL BE DELIVERE	NCELLED BEFORE DINACCORDANCE	
Troy, MI 48098				AUTHORIZED REPI	RESENTATIVE	Patik Dull	-	

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DATE (MM/DD/YYYY) 8/19/2014

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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 s	such endorsement(s).					
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division				
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-29	93			
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com				
	1 010 11 01110	PRODUCER CUSTOMER ID#: MI				
		INSURERS AFFORDING COVERAGE	NAIC #			
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991			
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445			
	Plymouth, MI 48170	Insurer C:				
	,	Insurer D:				
		Insurer E:				
		Insurer F:				
COVER	AGES CERTIFICATE NUMBER: 140070	45 REVISION NUMBER: ()			
INDICATED	D CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAD. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION	OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPEC	T TO WHICH THIS			

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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(i ei accident)	
	NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
	DEDUCTIBLE	1						
	RETENTION \$							
	WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
Hamilton Elementary Attn: Yvonne Curtis 5625 Livernois	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Troy, MI 48098	AUTHORIZED REPRESENTATIVE Satik Web.



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain pe eu of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate d	loes not confer rights to the	e certificate holder		
PRO	Pullen Insurance Se	ervio	ces.	Inc.	CONTACT NAME:	Sports Divis	ion			
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 76		Sui	.tc 500	E-MAIL ADDRESS: contact@pullenins.com					
	Toft Worth, 124 70	110			PRODUCER CUSTO					
					INSURERS AF	FORDING COVE	FRAGE	NAIC #		
INSU	RED Michigan State Vouth	Co		Association		tional Casualty		11991		
	Michigan State 1 out						Fire Insurance Company	19445		
	9401 General Drive, S	Suite	3 1 2	U		ulonai Omon i	The Histitatice Company	17443		
	Plymouth, MI 48170				Insurer C:					
					Insurer D:					
					Insurer E:					
					Insurer F:					
				ATE NUMBER: 140119			REVISION NUMBER:			
IND CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC T	REQU Y PEF CH PC	IREM RTAIN LICIE	ENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POI E BEEN REDUCE	ACT OR OTHER LICIES DESCRIB D BY PAID CLAII	R DOCUMENT WITH RESPEC SED HEREIN IS SUBJECT TO MS.	CT TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE		SUBR WVD		POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	******		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
	-						BODILY INJURY (Per person)			
	ALL OWNED AUTOS						BODILY INJURY (Per accident)			
	SCHEDULED AUTOS						PROPERTY DAMAGE			
	X HIRED AUTOS						(Per accident)			
	X NON-OWNED AUTOS									
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000		
	DEDUCTIBLE						7.00.120.112	, , , , , , , , , ,		
	RETENTION \$									
							WC STATU- OTH-			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						TORY LIMITS ER E. L. EACH ACCIDENT			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A								
	(Mandatory in NH) If yes, describe under						E. L. DISEASE - EA EMPLOYEE			
D				CDC 0115225 A	9/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000		
	CRIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf o						Soccer League Certificat	te Holder is		
	ditional Insured as respects the o									
CE	RTIFICATE HOLDER				CANCELLA	TION				
GI 67	LCHER PARK 09 29 MILE ROAD ASHINGTON , MI 48095				SHOULD ANY THE EXPIRATION	OF THE ABOVE [DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVEREI	NCELLED BEFORE D IN ACCORDANCE		
					AUTHORIZED REP	RESENTATIVE	Patik Dull	-		



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain pole eu of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate o	loes not confer rights to th	e certificate holder
PRO	Pullen Insurance Se	rvi	ces	Inc	CONTACT NAME:	Sports Divis	sion	
	2560 River Park Pl				PHONE: (81	17) 738-6100	FAX: (817) 738-29	993
	Fort Worth, TX 76		Sui	ic 300	E-MAIL ADDRESS:	contact@pu		
	Toft Worth, 12 70	110			PRODUCER CUSTO			
					INSURERS AF	FORDING COVI	FRAGE	NAIC #
INSU	RED Michigan State Voyeth	C ₀	0001	Association		tional Casualty		11991
	Wildingan State Touth						Fire Insurance Company	19445
	9401 General Drive, S	Sulte	e 12	U		monai Omon i	The misurance Company	17443
	Plymouth, MI 48170				Insurer C:			
					Insurer D:			
					Insurer E:			
\Box	VERAGES CE	DTI	EIC.	ATE NUMBER: 140126	Insurer F:		REVISION NUMBER:	0
THIS IND CER EXC	S IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	S OI EQU PEI H PC	F INS IREM RTAIN OLICIE	URANCE LISTED BELOW HA ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	VE BEEN ISSUE OF ANY CONTR DED BY THE POI E BEEN REDUCE	D TO THE INSUI RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	RED NAMED ABOVE FOR TI R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT TO	HE POLICY PERIOD 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 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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	
	X HIRED AUTOS						(Per accident)	
	X NON-OWNED AUTOS							
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	NI/A					E. L. EACH ACCIDENT	
	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			SRG 9115335A	9/1/2014	9/1/2015		\$100,000
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VE	L HICLF	S (Atta	L Ch ACORD 101, Additional Remarks S	chedule, if more space	L e is required)		
	s certificate is issued on behalf o						Soccer League. Certifica	te Holder is
Ado	ditional Insured as respects the op-	erat	ions	of the Named Insured for	sanctioned act	ivities of the st	tate association.	
CE	RTIFICATE HOLDER				CANCELLA	TION		
	ite Indoor Sports							
	akland Drive				SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA PF, NOTICE WILL BE DELIVERE	NCELLED BEFORE
	elby Twp, MI 48315					ICY PROVISIONS		2 ACCONDANCE
511	510, 1 mp, 1111 70313				AUTUOD:=== ===	2505NTAT" (5		
					AUTHORIZED REP	KESENIAIIVE	Vatik Oulling	
							Xall Chille	-



DATE (MM/DD/YYYY) 8/19/2014

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iii iicu oi .	such endorsement(s).						
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division PHONE: (817) 738-6100 FAX: (817) 738-2993					
	2560 River Park Plaza, Suite 300						
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com					
	,,	PRODUCER CUSTOMER ID#: MI					
		INSURERS AFFORDING COVERAGE	NAIC #				
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991				
		Insurer B: National Union Fire Insurance Company	19445				
	Plymouth, MI 48170	Insurer C:					
	· · · · · · · · · · · · · · · · · · ·	Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 1401313	REVISION NUMBER: ()				
	O CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA D. NOTWITHSTANDING ANY REQUIREMENT. TERM OR CONDITION						

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	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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE		
	If yes, describe under						E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & MICHIGAN YOUTH SOCCER LEAGUE. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CENTIFICATE HOLDEN	CANCELLATION
GENESEE FIELDHOUSE 7383 GRAND PARKWAY GRAND BLANC TWP, MI 48639	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 Satik Pull

CANCELL ATION

CERTIFICATE HOLDER



DATE (MM/DD/YYYY) 8/19/2014

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)

	conditions of the policy, certain policy certain policy.	olicie	s ma	y require an endorsement.	A statement on	this certificate of	does not confer rights to the	e certificate holder		
PRO	Pullen Insurance Se	ervio	'es	Inc	CONTACT NAME:	Sports Divis	sion			
2560 River Park Plaza, Suite 300					PHONE: (817) 738-6100 FAX: (817) 738-2993					
Fort Worth, TX 761			Dui	10 300	E-MAIL ADDRESS: contact@pullenins.com					
Toft Worth, 174 70110					PRODUCER CUSTO	OMER ID#: MI				
					INSURERS AF	FORDING COV	ERAGE	NAIC #		
INSU	Michigan State Youth	Soc	cer	Association	Insurer A: Na	tional Casualt	v Company	11991		
	9401 Ğeneral Drive, S						Fire Insurance Company	19445		
	Plymouth, MI 48170				Insurer C:					
					Insurer D:					
					Insurer E:					
					Insurer F:					
CO	VERAGES CE	RTI	FICA	ATE NUMBER: 1401372	28	F	REVISION NUMBER:	0		
IND CER EXC	S IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY F TIFICATE MAY BE ISSUED OR MAY ELUSIONS AND CONDITIONS OF SUC	REQUI Y PEF CH PO	REM RTAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	OF ANY CONTR DED BY THE PO E BEEN REDUCE	RACT OR OTHER LICIES DESCRIE ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	CT TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADD'L INSRD	WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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	ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(i or assissing			
	X Now Similar No. 195									
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
11	X EXCESS LIAB CLAIMS-MADE			7110 1000000	<i>3/1/2011</i>	7/1/2013	AGGREGATE	\$5,000,000		
	DEDUCTIBLE	1					NOONEONIE	++,,,,,,,,,		
	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			
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	2.2.3.02.102 . 02.01 2	\$100,000		
Thi	cription of operations/Locations/Ve s certificate is issued on behalf o ditional Insured as respects the o	of Mio	chiga	an State Youth Soccer Ass	sociation & Mi	chigan Youth		te Holder is		
CF	RTIFICATE HOLDER				CANCELLA	TION				
Fly 28	ynn Middle School 99 Fox Hill Drive erling Heights, MI 48310				SHOULD ANY THE EXPIRATI	OF THE ABOVE	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE i.			

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AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 8/19/2014

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.

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		Insurer E:	
	•	Insurer D:	
	· · · · · · · · · · · · · · · · · · ·	Insurer C:	
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991
		INSURERS AFFORDING COVERAGE	NAIC #
	,	PRODUCER CUSTOMER ID#: MI	
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com	
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-29	93
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division	

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	
Α	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	111/7					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION

GRISSOM MIDDLE SCHOOL/WARREN CON **SCHOOLS 35701 RYAN RD** STERLING HEIGHTS, MI 48310

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



 $\begin{array}{c} \text{DATE (MM/DD/YYYY)} \\ 8/19/2014 \end{array}$

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iii iieu oi s	such endorsement(s).						
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division PHONE: (817) 738-6100					
	2560 River Park Plaza, Suite 300						
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com					
		PRODUCER CUSTOMER ID#: MI					
		INSURERS AFFORDING COVERAGE	NAIC #				
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991				
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445				
	Plymouth, MI 48170	Insurer C:					
	•	Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 1401420	94 REVISION NUMBER: ()				
THIS IS TO	CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR TH	E POLICY PERIOD				

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	
Α	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	111/7					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CENTIFICATE HOLDEN	CANCELLATION
GRAND BLANC HIGH SCHOOL 12500 HOLLY ROAD GRAND BLANC, MI 48439	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 Satik Pull

CANCELL ATION

CERTIFICATE HOLDER



DATE (MM/DD/YYYY) 8/19/2014

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PRODUCER Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division
2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993
Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com
,,,,	PRODUCER CUSTOMER ID#: MI
	INSURERS AFFORDING COVERAGE NAIC #
Michigan State Youth Soccer Association	Insurer A: National Casualty Company 11991
9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company 19445
Plymouth, MI 48170	Insurer C:
•	Insurer D:
	Insurer E:
	Insurer F:
COVERAGES CERTIFICATE NUMBER: 140145	00 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 INSURED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EVALUATIONS AND CONDITIONS OF SUCH POLICIES, THAT IS SHOWN MAY HAVE BEEN REDUCED BY THE POLICIES DESCRIBED.

_	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			
Α	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(i ei accident)			
	A NON-OWNED ACTOS									
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE			
	If yes, describe under						E. L. DISEASE - POLICY LIMIT			
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
GABRIEL RICHARD HIGH SCHOOL 4333 WHITE HALL RD ANN ARBOR, MI 48105	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 Satisfull-



DATE (MM/DD/YYYY) 8/19/2014

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in lieu of such endorsement(s).								
PRODUCER Pullen Insurance Services, Inc.	CONTACT NA	~ P	on					
2560 River Park Plaza, Suite 300	PHONE:	(817) 738-6100	FAX: (817) 738-29	993				
Fort Worth, TX 76116	E-MAIL ADDR	ess: contact@pull	enins.com					
,	PRODUCER C	SUSTOMER ID#: MI		_				
	INSURERS	S AFFORDING COVER	RAGE	NAIC #				
Michigan State Youth Soccer Associa	ation Insurer A:	National Casualty	Company	11991				
9401 General Drive, Suite 120	Insurer B:	National Union Fit	re Insurance Company	19445				
Plymouth, MI 48170	Insurer C:							
	Insurer D:							
	Insurer E:							
	Insurer F:							
COVERAGES CERTIFICATE NUM	MBER: 14014256	RI	EVISION 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 SUBR INSRD WVD POI	LICY NUMBER POLICY EFFECT DATE (MM/DD/	TIVE POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS					
A GENERAL LIABILITY X KRO 46	88700 9/1/2014		EACH OCCURRENCE	\$1,000,000				
X COMMERCIAL GENERAL LIABILITY			DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000				
CLAIMS MADE X OCCUR		1	MED EXP (Any one person)	\$5,000				
		<u> </u>	PERSONAL & ADV INJURY	\$1,000,000				
			GENERAL AGGREGATE	UNLIMITED				
GEN'L AGGREGATE LIMIT APPLIES PER:		<u> </u>	PRODUCTS - COMP/OP AGG	\$1,000,000				
POLICY PROJECT LOC			PARTICIPANT LEGAL LIABILITY	\$1,000,000				
A AUTOMOBILE LIABILITY KRO 46	88700 9/1/2014		COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000				
ALL OWNED AUTOS		_ I	BODILY INJURY (Per person)					
SCHEDULED AUTOS		I	BODILY INJURY (Per accident)					
X HIRED AUTOS			PROPERTY DAMAGE (Per accident)					
X NON-OWNED AUTOS								
A UMBRELLA LIAB X OCCUR XKO 46	88800 9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000				
X EXCESS LIAB CLAIMS-MADE		<u> </u>	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 OFFICER/MEMBER EXCLUDED?		I	E. L. EACH ACCIDENT					
(Mandatory in NH) If yes, describe under			E. L. DISEASE - EA EMPLOYEE					
	15225 A 0/1/2014		E. L. DISEASE - POLICY LIMIT	\$100,000				
B PARTICIPANT ACCIDENT MEDICAL SRG 91	15335A 9/1/2014	9/1/2015		\$100,000				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 10:	1 Additional Pomarka Cabadula if	enaco is roquired)						
This certificate is issued on behalf of Michigan State Y			occer League Certifica	te Holder is				
Additional Insured as respects the operations of the Na				HOIGH 15				
1			•					
CERTIFICATE HOLDER	CANCEL	LATION						

CERTIFICATE HOLDER

FIELD OF DREAMS 3383 W. THOMPSON RD **FENTON, MI 48430**

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



DATE (MM/DD/YYYY) 8/19/2014

\$5,000,000

\$5,000,000

\$100,000

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and o	RTANT: If the certificate holder is conditions of the policy, certain p u of such endorsement(s).	s an A olicie	ADDI s ma	FIONAL INSURED, the polic y require an endorsement.	cy(les) must be of A statement on	endorsed. If SUI this certificate o	BROGATION IS WAIVED, s loes not confer rights to th	ubject to the terms ne certificate holder
PRODI	PRODUCER Pullen Insurance Services, Inc.					Sports Divis	ion	
	2560 River Park Pl				PHONE: (8	17) 738-6100	FAX: (817) 738-2	993
	Fort Worth, TX 76				E-MAIL ADDRESS:	contact@pul	llenins.com	
	,				PRODUCER CUSTO	OMER ID#: MI		
					INSURERS AF	FORDING COVE	ERAGE	NAIC #
INSUR	Michigan State Youth	ı So	ccer	Association	Insurer A: Na	ational Casualty	Company	11991
	9401 General Drive,				Insurer B: Na	ational Union F	ire Insurance Company	19445
	Plymouth, MI 48170				Insurer C:			
	•				Insurer D:			
					Insurer E:			
					Insurer F:			
CO	<u>'ERAGES CE</u>	ERTI	FIC/	ATE NUMBER: 140157	65	F	REVISION NUMBER:	0
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BE						RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	R 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	
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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							

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

XKO 4688800

SRG 9115335A

This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

9/1/2014

9/1/2014

9/1/2015

9/1/2015

CERTIFICATE HOLDER	CANCELLATION
EAGLE CREEK ACADEMY 3739 KERN ROAD OAKLAND, MI 48362	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 Satisfull

EACH OCCURRENCE

WC STATU-TORY LIMITS

E. L. EACH ACCIDENT

E. L. DISEASE - EA EMPLOYEE

E. L. DISEASE - POLICY LIMIT

AGGREGATE

UMBRELLA LIAB X OCCUR

EXCESS LIAB

DEDUCTIBLE RETENTION \$

If yes, describe under

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

PARTICIPANT ACCIDENT MEDICAL

CLAIMS-MADE

Y/N

N/A



DATE (MM/DD/YYYY) 8/19/2014

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

Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116 ROUGER CONTACT NAME: Sports Division Proceedings of the Control of th		onditions of the policy, certain p of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate d	loes not confer rights to the	e certificate holder	
2560 River Park Plaza, Suite 300 Fort Worth, TX 76116 **ROUGER CUSTOMER DW** MI **ROUGER CUSTOMER DW** NATIONAL DIFFER DELOW HAVE BEEN A ROUGH DO THE NOUNEED NAMED ABOVE FOR THE POLICY PERIOD NOUNCETED NOTWITHS TAXABING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS RECURSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REQUIRED TO THE INDURED NAMED ABOVE FOR THE POLICY PERIOD NOUNCETED NOTWITHS TAXABING ANY REQUIREMENT, TERM OR CONDITIONS OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS RECURSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REQUIRED TO THE INDURED NAMED ABOVE FOR THE POLICY PERIOD NOUNCETED NAMED ABOVE FOR THE POLICY PERIOD NOUNCETED NAMED ABOVE FOR THE POLICY PERIOD NOUNCETED NAMED ABOVE FOR THE POLICY PERIOD NAMED ABOVE FOR THE PERIOD NAMED ABOVE FOR THE POLICY PERIOD NAMED ABOVE FOR THE POLICY PERIOD NAMED ABOVE FOR THE POLICY PERIOD NAMED ABOVE FOR THE PERIOD NAMED ABOVE FOR THE POLICY PERIOD NAMED ABOVE FOR	PRODUC	CER Pullen Insurance S	ervi	ces	Inc	CONTACT NAME: Sports Division				
EAGL. ADDRESS CONTACT (B) pullinains. com Foot Worth, TX 76116						*				
INSURED Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170 Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170 Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170 Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170 Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170 Michigan State Youth Soccer Association Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. MICHIGAN MARCH STATE AND BE 185180 OR MAY PERIOD BY MAY PROBED BY THE POLICE'S DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. SUBJECT TO AL				Sui	ic 500					
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STECHED TOTIVE, Suite 120 Plymouth, MI 48170 Surger D: Insurer B: National Union Fire Insurance Company 19445 Insurer D: Insurer B:	INSURED	Michigan State Vouth			Association					
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COMMERCIAL GENERAL LIABILITY	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		
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	CERT	TIFICATE HOLDER				CANCELLA	TION			
GREAT LAKES GOLF AND SPORTS COMPLEX) CD	OD'	TC COMDLEV	JANGLLEA	11014			
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE	1		JSP	UK	IS COMPLEA	SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA	NCELLED BEFORE	
AUBURN HILLS, MI 48326 THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	1					WITH THE POI	LICY PROVISIONS	r, NOTICE WILL BE DELIVEREI	D IN ACCURDANCE	

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AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 8/19/2014

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.

	conditions of the policy, certain per eu of such endorsement(s).	olicie	s ma	y require an endorsement.	Á statement on	this certificate o	loes not confer rights to the	e certificate holder	
PRO	Pullen Insurance So	rvi	ces	Inc	CONTACT NAME: Sports Division PHONE: (817) 738-6100 FAX: (817) 738-2993				
	2560 River Park Pl								
	Fort Worth, TX 76	,	Sui	500	E-MAIL ADDRESS:	contact@pul	llenins.com		
	1 of t worth, 121 70	110			PRODUCER CUSTO				
					INSURERS AF	FORDING COVE	ERAGE	NAIC #	
INSU	RED Michigan State Youth	· Co	222*	Association	+	tional Casualty		11991	
	9401 General Drive, S	2	. 12	Association			ire Insurance Company	19445	
		Suiu	2 12	U	Insurer C:	monar Omon r	ire insurance company	17443	
	Plymouth, MI 48170				Insurer D:				
					Insurer E:				
~~	VEDACES OF	DTI		ATE NUMBER: 140157	Insurer F:		CVICION NUMBER.	0	
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INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	*	
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	ALL OWNED AUTOS						BODILY INJURY (Per person)		
	\vdash						BODILY INJURY (Per accident)		
	SCHEDULED AUTOS						PROPERTY DAMAGE		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE						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			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	L	chedule, if more space	i is required)			
Thi	s certificate is issued on behalf of ditional Insured as respects the o	f Mi	chiga	an State Youth Soccer Ass	sociation & Mi	chigan Youth S	Soccer League. Certificat ate association.	te Holder is	
CF	RTIFICATE HOLDER				CANCELLA	TION			
GOODRICH AREA SCHOOL 7500 S GALE ROAD GOODRICH, MI 48438					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 REPI	RESENTATIVE	Patik Ovel	_	



DATE (MM/DD/YYYY) 8/19/2014

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)

iii iieu oi s	such endorsement(s).						
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division					
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com					
		PRODUCER CUSTOMER ID#: MI					
		INSURERS AFFORDING COVERAGE	NAIC #				
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991				
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445				
	Plymouth, MI 48170	Insurer C:					
	,	Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 1401578	REVISION NUMBER: 0)				
THIS IS TO	CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR TH	E POLICY PERIOD				

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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(i ei accident)	
	NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
	DEDUCTIBLE	1						
	RETENTION \$							
	WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	

FIRST PRESBYTERIAN CHURCH OF NORTHVILLE 200 E. MAIN ST. NORTHVILLE, MI 48167

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

CANCELLATION

Satik Dieli___



DATE (MM/DD/YYYY) 8/19/2014

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 cuch endorsement(s)

	u of such endorsement(s).	Onoics ii	ay require an endorsement.	A statement on	imo oci imodic d	ocs not come rights to th	ic oci illioute fiolaci
PRODU	Pullen Insurance So	ervices	Inc.	CONTACT NAME: Sports Division			
	2560 River Park Pl			PHONE: (8	17) 738-6100	FAX: (817) 738-2	993
	Fort Worth, TX 76	,		E-MAIL ADDRESS:	contact@pul	lenins.com	
	, , , , , , , , , , , , , , , , , , , ,			PRODUCER CUST	OMER ID#: MI		
				INSURERS AF	FORDING COVE	RAGE	NAIC #
INSURI	Michigan State Youth	1 Socce	er Association	Insurer A: Na	ational Casualty	Company	11991
	9401 General Drive,			Insurer B: Na	ational Union F	ire Insurance Company	19445
	Plymouth, MI 48170			Insurer C:			
	<i>,</i>			Insurer D:			
				Insurer E:			
				Insurer F:			
COV	'ERAGES CE	ERTIFIC	CATE NUMBER: 140158	41	R	EVISION NUMBER:	0
INDIC CERT	IS TO CERTIFY THAT THE POLICI TATED. NOTWITHSTANDING ANY F TIFICATE MAY BE ISSUED OR MA' USIONS AND CONDITIONS OF SUC	REQUIRE Y PERTA	MENT, TERM OR CONDITION IN, THE INSURANCE AFFORD	OF ANY CONTR DED BY THE PO	RACT OR OTHER LICIES DESCRIB	DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT TO WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADD'L SUE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	X	KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000

LTR	TYPE OF INSURANCE	INSRD	WVD	POLICY NUMBER	DATE (MM/DD/YY)	DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance)	\$1,000,000 \$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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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	N/A					E. L. EACH ACCIDENT	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	1,77					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
EVOLUTION SPORTSPLEX 141 SOUTH OPDYDE AUBURN HILLS, MI 48326	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 Satik Pull



DATE (MM/DD/YYYY) 8/19/2014

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 poly eu of such endorsement(s).	olicies	s may require an endorsement.	A statement on	this certificate of	loes not confer rights to the	e certificate holder		
PROI	Pullen Insurance Se	rvic	res Inc	CONTACT NAME: Sports Division					
	2560 River Park Pla			PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 76.		Buile 300	E-MAIL ADDRESS: contact@pullenins.com					
	101t Worth, 12t 70.	110		PRODUCER CUSTOMER ID#: MI					
				INSURERS AF	FORDING COVI	ERAGE	NAIC #		
INSU	Michigan State Youth	Soc	cer Association	_	tional Casualty		11991		
	9401 General Drive, S					Fire Insurance Company	19445		
	Plymouth, MI 48170			Insurer C:					
	•			Insurer D:					
				Insurer E:					
				Insurer F:					
CO	VERAGES CE	RTI	FICATE NUMBER: 140168	881	F	REVISION NUMBER:	0		
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY R ITIFICATE MAY BE ISSUED OR MAY ELUSIONS AND CONDITIONS OF SUC	EQUI PER H PO	REMENT, TERM OR CONDITION TAIN, THE INSURANCE AFFOR LICIES. LIMITS SHOWN MAY HAV	I OF ANY CONTF DED BY THE PO /E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	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			
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY	X	KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance)	\$1,000,000 \$300,000		
	CLAIMS MADE X OCCUR						\$5,000		
	CLAINIS WADE X OCCOR					MED EXP (Any one person)	\$1,000,000		
						PERSONAL & ADV INJURY	UNLIMITED		
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$1,000,000		
	POLICY PROJECT LOC					PRODUCTS - COMP/OP AGG	\$1,000,000		
A	AUTOMOBILE LIABILITY		KRO 4688700	9/1/2014	9/1/2015	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					PROPERTY DAMAGE (Per accident)			
	X NON-OWNED AUTOS								
A	UMBRELLA LIAB X OCCUR		XKO 4688800	9/1/2014	9/1/2015	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 OFFICER/MEMBER EXCLUDED?	N/A				E. L. EACH ACCIDENT			
	(Mandatory in NH) If yes, describe under					E. L. DISEASE - EA EMPLOYEE			
D			CDC 0115225 A	0/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000		
В	PARTICIPANT ACCIDENT MEDICAL		SRG 9115335A	9/1/2014	9/1/2015		\$100,000		
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLES	G (Attach ACORD 101, Additional Remarks S	Schedule, if more space	e is required)	•			
	s certificate is issued on behalf or ditional Insured as respects the op-						te Holder is		
CE	RTIFICATE HOLDER			CANCELLA	TION				
Ev 14	rolution Sportsplex 1 SOUTH OPDYKE ROAI JBURN HILLS, MI 48326	D		SHOULD ANY THE EXPIRATI	OF THE ABOVE I	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE D IN ACCORDANCE		
				AUTHORIZED REPRESENTATIVE					



DATE (MM/DD/YYYY) 8/19/2014

\$5,000,000

\$100,000

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and cond	ANT: If the certificate holder is ditions of the policy, certain persuch endorsement(s).	s an A olicie	ADDI' s ma	TIONAL INSURED, the polic y require an endorsement.	cy(ies) must be o A statement on	endorsed. If SUI this certificate d	BROGATION IS WAIVED, s loes not confer rights to th	ubject to the terms e certificate holder	
PRODUCER	Pullen Insurance So	ervi	ces.	Inc	CONTACT NAME: Sports Division				
	2560 River Park Pl				PHONE: (8	17) 738-6100	FAX: (817) 738-29	993	
	Fort Worth, TX 76		201		E-MAIL ADDRESS:	contact@pul	lenins.com		
	1 010 11 01011, 111 7 0				PRODUCER CUSTO				
					INSURERS AF	FORDING COVE	ERAGE	NAIC #	
INSURED	Michigan State Youth	ı So	ccei	Association	Insurer A: Na	itional Casualty	/ Company	11991	
	9401 General Drive, S				Insurer B: Na	itional Union F	ire Insurance Company	19445	
	Plymouth, MI 48170				Insurer C:				
	,				Insurer D:				
					Insurer E:				
					Insurer F:				
COVER	RAGES CE	RTI	FIC	ATE NUMBER: 140169	10	F	REVISION NUMBER:	0	
INDICATE CERTIFIC EXCLUSI	O CERTIFY THAT THE POLICI ED. NOTWITHSTANDING ANY F CATE MAY BE ISSUED OR MA ONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREM RTAIN DLICIE	ENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE PO E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	DOCUMENT WITH RESPECT TO	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		
A GENI	ERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE	\$1,000,000	
X	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
I Ц.,	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
<u> </u>							PERSONAL & ADV INJURY	\$1,000,000	
_ _ _							GENERAL AGGREGATE	UNLIMITED	
GEN'I	AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000	
F	POLICY PROJECT LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000	
I ^ ^ ⊢	DMOBILE LIABILITY			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
l 	NY AUTO						BODILY INJURY (Per person)		
l 	ALL OWNED AUTOS						BODILY INJURY (Per accident)		
I H	SCHEDULED AUTOS HIRED AUTOS						PROPERTY DAMAGE (Per accident)		
X	ION-OWNED AUTOS								
A	IMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	

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

SRG 9115335A

This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

9/1/2014

9/1/2015

CERTIFICATE HOLDER	CANCELLATION
EVEREST COLLEGIATE ACADEMY 5935 CLARKSTON RD CLARKSTON, MI 48348	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 Satisfull

AGGREGATE

WC STATU-TORY LIMITS

E. L. EACH ACCIDENT

E. L. DISEASE - EA EMPLOYEE

E. L. DISEASE - POLICY LIMIT

X EXCESS LIAB

If yes, describe under

DEDUCTIBLE RETENTION \$

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

PARTICIPANT ACCIDENT MEDICAL

CLAIMS-MADE

Y/N

N/A



DATE (MM/DD/YYYY) 8/19/2014

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iii iieu oi s	such endorsement(s).						
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division					
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com					
		PRODUCER CUSTOMER ID#: MI					
		INSURERS AFFORDING COVERAGE	NAIC #				
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company 11991					
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445				
	Plymouth, MI 48170	Insurer C:					
	,	Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 1401695	REVISION NUMBER: 0					
THIS IS TO	CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE	POLICY PERIOD				

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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	111/7					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION

GRAND BLANC HIGH SCHOOL 12500 HOLLY ROAD GOODRICH GRAND BLANC, MI 48439

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

Satik Oull



DATE (MM/DD/YYYY) 8/19/2014

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	eu of such endorsement(s).	J.110163	, ma	, roquire an endorsement.	- Julionient On			o ooi iiiioate iioidei	
PROI	Pullen Insurance Se	ervic	es,	Inc.	CONTACT NAME: Sports Division				
	2560 River Park Pla				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76				E-MAIL ADDRESS: contact@pullenins.com				
	,,,				PRODUCER CUSTOMER ID#: MI				
					INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSU	RED Michigan State Youth	Soc	cer	Association	Insurer A: Na	tional Casualty	y Company	11991	
	9401 General Drive, S						Fire Insurance Company	19445	
	Plymouth, MI 48170	Juite	. 12	O	Insurer C:		1 7		
	Trymoden, wir 10170				Insurer D:				
					Insurer E:				
					Insurer F:				
СО	VERAGES CE	RTIE	FIC/	ATE NUMBER: 1411684	1	F	REVISION NUMBER:	0	
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUC	REQUI / PER CH PO	REM TAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECT TO	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		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 HIRED AUTOS X NON-OWNED AUTOS						(Fer accident)		
	NON-OWNED ACTOS								
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000	
	DEDUCTIBLE	1							
	RETENTION \$								
	WORKERS COMPENSATION						WC STATU- TORY LIMITS ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A					E. L. EACH ACCIDENT		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE		
	If yes, describe under						E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VE								
	s certificate is issued on behalf o ditional Insured as respects the op-							tificate Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
Durand H. S. Soccer Complex 9550 E. Lansing Rd. Durand, MI 48429					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 REPI	RESENTATIVE	Patik Dull	-	



DATE (MM/DD/YYYY) 8/19/2014

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

	conditions of the policy, certain policy certain policy of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate o	loes not confer rights to the	e certificate holder	
PROI	Pullen Insurance Se	rvi	266	Inc	CONTACT NAME: Sports Division PHONE: (817) 738-6100				
	2560 River Park Pl								
	Fort Worth, TX 76	,	Sui	.ic 500	E-MAIL ADDRESS:	contact@pul	llenins.com		
	Toft Worth, 124 70	110			PRODUCER CUSTOMER ID#: MI				
					INSURERS AF	FORDING COVE	FRAGE	NAIC #	
INSU	IRED Michigan State Voyeth	Co	2221	Association	+	tional Casualty		11991	
	Michigan State 1 outil						ire Insurance Company	19445	
	9401 General Drive, S	Sulte	3 12	U	Insurer C:	monai Omon i	ne msurance Company	17443	
	Plymouth, MI 48170								
					Insurer D:				
					Insurer E:				
~~	VED A OF C	- TI		ATE MUMBED: 141160	Insurer F:		EVICIONI NUMBER:	0	
				ATE NUMBER: 1411684			REVISION NUMBER:		
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREM RTAIN DLICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	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		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
<u> </u>							BODILY INJURY (Per person)		
	ALL OWNED AUTOS						BODILY INJURY (Per accident)		
	SCHEDULED AUTOS						PROPERTY DAMAGE		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000	
	DEDUCTIBLE	1							
	RETENTION \$								
	WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER		
	AND EMPLOYERS' LIABILITY Y/N						E. L. EACH ACCIDENT		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	PRIETOR/PARTNER/EXECUTIVE N/A N/A					E. L. DISEASE - EA EMPLOYEE		
	If yes, describe under						E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	E. E. BIOLAGE T GLIGT LIMIT	\$100,000	
_					27-7-2-1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, ,	
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	ch ACORD 101, Additional Remarks S	chedule, if more space	is required)			
	s certificate is issued on behalf o ditional Insured as respects the o							ificate Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
East Lansing Soccer Complex 3001 Abbott Rd East Lansing, MI 48823					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 REPR	RESENTATIVE	\bigcap		
						_	Jatik Pulling	-	



DATE (MM/DD/YYYY) 8/19/2014

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in li	eu of such endorsement(s).			, .,					
PRO	Pullen Insurance Se	ervio	ces.	Inc.	CONTACT NAME: Sports Division				
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76	,			E-MAIL ADDRESS: contact@pullenins.com				
					PRODUCER CUSTOMER ID#: MI				
					INSURERS AF	FORDING COVI	RAGE	NAIC #	
INSU	RED Michigan State Youth	Soc	ccer	Association	Insurer A: Na	ational Casualty	Company	11991	
	9401 General Drive, S	Suite	e 12	0	Insurer B: Na	ational Union F	ire Insurance Company	19445	
	Plymouth, MI 48170				Insurer C:				
	, ,				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTI	FIC	ATE NUMBER: 141168	45	F	REVISION NUMBER:	0	
CEF EXC	S IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY ELUSIONS AND CONDITIONS OF SUC	REQUI Y PEF CH PO	IREM RTAIN LICIE	IENT, TERM OR CONDITION N, THE INSURANCE AFFORI ES. LIMITS SHOWN MAY HAV	OF ANY CONT DED BY THE PO E BEEN REDUCI	RACT OR OTHER PLICIES DESCRIB ED BY PAID CLAI	DOCUMENT WITH RESPECT TO	CT TO WHICH THIS	
INSR LTR		ADD'L INSRD	WVD		POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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	ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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 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						E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
Thi	CRIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf o ditional Insured as respects the op-	f Mio	chiga	an State Youth Soccer As	sociation & M	id-Michigan Yo		tificate Holder is	

CERTIFICATE HOLDER	CANCELLATION
Elsa Meyer School 100 N Hastings St Corunna, MI 48817	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 Satisfull
	C 4000 0000 40000 000000 ATION ATI 1 1 4



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain policy eu of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate of	loes not confer rights to th	e certificate holder		
_	Pullen Insurance Se	2777	CAC	Inc	CONTACT NAME: Sports Division					
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 76		Su	11E 300	E-MAIL ADDRESS: contact@pullenins.com					
	Fort Worth, 1A 70	110			PRODUCER CUSTOMER ID#: MI					
					INSURERS AFFORDING COVERAGE NAIC #					
INSU	IDED 34'1' C. 57 1			<u> </u>						
IIIVOC	Whengan State 1 out					11991				
	9401 General Drive, S	Suite	e 12	20	Insurer B: Na	19445				
	Plymouth, MI 48170				Insurer C:					
					Insurer D:					
					Insurer E:					
					Insurer F:			_		
				ATE NUMBER: 141168			REVISION NUMBER:			
IND CEF EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IIREN RTAII DLICII	MENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONTE DED BY THE PO 'E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT TO	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			
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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			
	X HIRED AUTOS						(Per accident)			
	X NON-OWNED AUTOS									
A	UMBRELLA LIAB X OCCUR	1		XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
Α.	X EXCESS LIAB CLAIMS-MADE			AKO 4000000	9/1/2014	9/1/2013		\$5,000,000		
	DEDUCTIBLE	1					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			
	-	-		CDC 0115225 A	0/1/2014	0/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000		
DEG	ODIDTION OF ODERATIONS / LOCATIONS / VE		0 (44)	and ACORD 404. Additional Research Co.	Note a desta of the same and a second	- i				
Thi	cription of operations/locations/ve s certificate is issued on behalf o ditional Insured as respects the o	f Mi	chig	an State Youth Soccer As	sociation & Mi	d-Michigan Yo		tificate Holder is		
CF	RTIFICATE HOLDER				CANCELLA	TION				
					JANUELLA					
	int Swim and Racquet Club 26 N Elms	,			SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE		
	int Township, MI 48532				WITH THE POI	LICY PROVISIONS	, NOTICE WILL BE DELIVERE	D III ACCORDANCE		
1.11	int 10wnsinp, Mi 40332									
						AUTHORIZED REPRESENTATIVE Satisfaction				

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DATE (MM/DD/YYYY) 8/19/2014

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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 new or swell endorsement(s).									
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division							
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993							
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com							
	, , , , , , , , , , , , , , , , , , , ,	PRODUCER CUSTOMER ID#: MI							
		INSURERS AFFORDING COVERAGE	NAIC #						
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991						
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445						
	Plymouth, MI 48170	Insurer C:							
		Insurer D:							
		Insurer E:							
		Insurer F:							
COVER	AGES CERTIFICATE NUMBER: 1411684	REVISION NUMBER: 0							
THIS IS TO	CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR TH	E POLICY PERIOD						

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 CLAIM.

_	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					
Α	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(i ei accident)					
	A NON-OWNED ACTOS											
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE					
	If yes, describe under						E. L. DISEASE - POLICY LIMIT					
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Mid-Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
Flint YMCA 5219 W. Pierson Rd. Flint , MI 48504	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 Satik Pull



DATE (MM/DD/YYYY) 8/19/2014

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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 print lieu of such endorsement(s).	olicie	s ma	ny require an endorsement.	A statement on	this certificate of	loes not confer rights to th	e certificate holder	
PRODUCER Pullen Insurance S	ervi	200	Inc	CONTACT NAME: Sports Division PHONE: (817) 738-6100 FAX: (817) 738-2993 E-MAIL ADDRESS: contact@pullenins.com				
2560 River Park P								
Fort Worth, TX 76		Su.	IIC 300					
Fort Worth, 1A /	110			PRODUCER CUSTOMER ID#: MI				
					FORDING COVI	FRAGE	NAIC #	
INSURED Michigan State Vout			A	+	11991			
Michigan State 1 Out					ational Casualty		+	
9401 General Drive,	Suite	e 12	20		ational Union F	Fire Insurance Company	19445	
Plymouth, MI 48170				Insurer C:				
				Insurer D:				
				Insurer E:				
			A	Insurer F:				
			ATE NUMBER: 141168			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLIC INDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR MAEXCLUSIONS AND CONDITIONS OF SU	REQU Y PEI CH PC	IREM RTAII DLICII	MENT, TERM OR CONDITION N, THE INSURANCE AFFORI ES. LIMITS SHOWN MAY HAV	OF ANY CONTE DED BY THE PO 'E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECT TO	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		
A GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
X HIRED AUTOS						(Per accident)		
NON-OWNED AUTOS								
A UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
X EXCESS LIAB CLAIMS-MADE			711CO +000000	7/1/2014	7/1/2013	AGGREGATE	\$5,000,000	
DEDUCTIBLE	-					AGGREGATE	ψ5,000,000	
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		
			CDC 0115225 A	0/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000	
B PARTICIPANT ACCIDENT MEDICAL	'		SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
DESCRIPTION OF OREDATIONS (1 OCATIONS (1)		0 (1)						
This certificate is issued on behalf Additional Insured as respects the	of Mi	chig	an State Youth Soccer As	sociation & Mi	d-Michigan Yo		tificate Holder is	
CERTIFICATE HOLDER				CANCELLA	TION			
			JANULLEA	11014				
Flushing Community Educat 409 Chamberlin Flushing, MI 48433			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 REP	RESENTATIVE	0 0		
			AUTHORIZED REPRESENTATIVE Satisfaction					

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DATE (MM/DD/YYYY) 8/19/2014

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in li	eu of such endorsement(s).		u	,					
Pullen Insurance Services, Inc.					CONTACT NAME: Sports Division				
	2560 River Park Pla				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76.				E-MAIL ADDRESS: contact@pullenins.com				
	, , , , , , , , , , , , , , , , , , , ,				PRODUCER CUST	OMER ID#: MI			
					INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSU	Michigan State Youth	Soc	cer	Association	Insurer A: National Casualty Company			11991	
	9401 General Drive, S						Fire Insurance Company	19445	
	Plymouth, MI 48170	uitt	. 12	O	Insurer C:				
	Trymoddi, wir 10170				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTI	FICA	ATE NUMBER: 1411684		F	REVISION NUMBER:	0	
IND CEF EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUC	EQUI PEF H PO	IREM RTAIN LICIE	ENT, TERM OR CONDITION I. THE INSURANCE AFFORD	OF ANY CONTR DED BY THE PO E BEEN REDUCI	RACT OR OTHER LICIES DESCRIE ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADD'L INSRD	SUBR	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE				,, ,, _, _ ,		AGGREGATE	\$5,000,000	
	DEDUCTIBLE						7.CONLEGATE	1- 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?	N/A					E. L. DISEASE - EA EMPLOYEE		
	(Mandatory in NH) If yes, describe under						E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000	
ъ	PARTICIPANT ACCIDENT MEDICAL			SKG 7113333K	9/1/2014	9/1/2013		Ψ100,000	
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VE	HICI F	S (Atta	ch ACORD 101. Additional Remarks S	chedule, if more space	L e is required)			
Thi	s certificate is issued on behalf o ditional Insured as respects the op	f Mi	chiga	an State Youth Soccer Ass	sociation & Mi	id-Michigan Yo		tificate Holder is	
CF	RTIFICATE HOLDER				CANCELLA	TION			
Flushing County Park 4417 N. Mckinley Rd. Flushing, MI 48433				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	<i>U</i> ,			AUTHORIZED REPRESENTATIVE					



DATE (MM/DD/YYYY) 8/19/2014

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	ieu of such endorsement(s).	,,,,,,	o IIId	y require an endorsement.	- Statement On	uns ceruncale (ioes not comer ngms to th	e cei illicate lioluel	
PRO	PRODUCER Pullen Insurance Services, Inc.					Sports Divis	sion		
	2560 River Park Pla	172	Sni	te 300	PHONE: (81	17) 738-6100	FAX: (817) 738-2	993	
	Fort Worth, TX 761		201		E-MAIL ADDRESS: contact@pullenins.com				
	Tott Worth, 111 701	10			PRODUCER CUSTOMER ID#: MI				
					INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSU	Michigan State Youth	Soc	Cer	Association				11991	
	9401 General Drive, S	Suite	12	Association			Fire Insurance Company	19445	
	Plymouth, MI 48170	uiic	14	U	Insurer C:	monur emon r	ne insurance company	15110	
	1 lymoum, wii 461 /0				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTII	FIC	ATE NUMBER: 141168:		-	REVISION NUMBER:	0	
THIS IND CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	S OF EQUI PEF H PO	INS REM RTAIN LICIE	URANCE LISTED BELOW HA ENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAV	VE BEEN ISSUE OF ANY CONTR DED BY THE POI E BEEN REDUCE	D TO THE INSU RACT OR OTHER LICIES DESCRIE D BY PAID CLAI	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT TO MS.	HE POLICY PERIOD CT TO WHICH THIS	
INSR LTR		ADD'L INSRD	WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	#1.000.000	
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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	ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(Fel accident)		
	A NON-OWNED AUTOS								
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	E. E. BIOLAGE T GEIGT ENVIT	\$100,000	
				5110 / 11000011	<i>311</i> , 2 01 .	7,1,2016		,,	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLES	S (Atta	ch ACORD 101, Additional Remarks S	chedule, if more space	is required)	1		
Thi	s certificate is issued on behalf of	f Mio	chiga	an State Youth Soccer Ass	sociation & Mi	d-Michigan Yo	outh Soccer League. Cer	tificate Holder is	
Ado	ditional Insured as respects the op-	erat	ions	of the Named Insured for	sanctioned act	ivities of the st	tate association.		
CE	RTIFICATE HOLDER				CANCELLA	TION			
	ushing High School								
	21 N McKinley Road						DESCRIBED POLICIES BE CA PF, NOTICE WILL BE DELIVERE		
	ushing, MI 48433				WITH THE POL	ICY PROVISIONS		D III ACCONDANCE	
1 1	ubiling, 1411 TOTSS								
					AUTHORIZED REP	RESENTATIVE	$()$ $, a \cap a$		
						Satik Well-			



DATE (MM/DD/YYYY) 8/19/2014

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.

	conditions of the policy, certain policy certain pole of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate o	loes not confer rights to the	e certificate holder		
PROI	Pullen Insurance Se	rvi	es	Inc	CONTACT NAME: Sports Division					
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 76	,	Dui		E-MAIL ADDRESS: contact@pullenins.com					
	1 of worth, 121 70	110			PRODUCER CUSTOMER ID#: MI					
					INSURERS AF	FORDING COVI	FRAGE	NAIC #		
INSU	RED Michigan State Voyeth	Co		Association						
	Wildingan State Touth					-	Fire Insurance Company	19445		
	9401 General Drive, S	Suite	2 12	U		monai Omon r	The misurance Company	19443		
	Plymouth, MI 48170				Insurer C:					
					Insurer D:					
					Insurer E:					
	VED 4.050			TE 11111DED 111160	Insurer F:					
				ATE NUMBER: 141168			REVISION NUMBER:			
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	REQU / PEI :H PC	IREM RTAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	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			
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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			
	X HIRED AUTOS						(Per accident)			
	X NON-OWNED AUTOS									
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
• •	X EXCESS LIAB CLAIMS-MADE			1110 1000000	7/1/2011	7,1,2015	AGGREGATE	\$5,000,000		
	DEDUCTIBLE	1					AGGREGATE	42,000,000		
	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			
				CDC 0115225 A	0/1/2014	0/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000		
	CRIPTION OF OPERATIONS / LOCATIONS / VE		C / ^ #=	ah ACORD 101 Additional Remarks C	abadula if mara anasa	in required)				
	s certificate is issued on behalf o						outh Sagar Laggue Cort	ifianta Holdonia		
	ditional Insured as respects the operation							incate fiolder is		
CE	RTIFICATE HOLDER				CANCELLA	TION				
Freeland High School										
82	50 Webster Rd eeland, MI 48623				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 REPI	RESENTATIVE	0 0			
					Vatile Reli-					



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain p eu of such endorsement(s).	olicie	s ma	y require an endorsement.	Á statement on	this certificate of	loes not confer rights to the	e certificate holder			
PROD	Pullen Insurance S	ervi	ces	Inc	CONTACT NAME:	Sports Divis	sion				
	2560 River Park Pl				PHONE: (8	17) 738-6100	FAX: (817) 738-29	993			
	Fort Worth, TX 76	,	, Du	110 300	E-MAIL ADDRESS: contact@pullenins.com						
	1 of t worth, 121 70	110			PRODUCER CUSTOMER ID#: MI						
					INSURERS AF	FORDING COVI	ERAGE	NAIC #			
INSUI	RED Michigan State Youth	. 50	2221	Association	Insurer A: National Casualty Company 11991						
	9401 General Drive,	C 22:4:	~ 12	ASSOCIATION			Fire Insurance Company	19445			
		Suit	e 12	U	Insurer C:	ttionar Cinon i	ne mourance company	17443			
	Plymouth, MI 48170				Insurer D:						
					Insurer E:						
	VEDACES C	DTI		ATE MUMDED: 141120	Insurer F:		DEVICION NUMBER.				
				ATE NUMBER: 141168			REVISION NUMBER:				
INDI CER EXC	S IS TO CERTIFY THAT THE POLICI CATED. NOTWITHSTANDING ANY I TIFICATE MAY BE ISSUED OR MA ELUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IIREN RTAIN DLICIE	IENT, TERM OR CONDITION N, THE INSURANCE AFFORI ES. LIMITS SHOWN MAY HAV	I OF ANY CONTF DED BY THE PO /E BEEN REDUCE	RACT OR OTHER LICIES DESCRIE ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	CT TO WHICH THIS			
INSR LTR	TYPE OF INSURANCE	INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS				
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000			
	\vdash						BODILY INJURY (Per person)				
	ALL OWNED AUTOS						BODILY INJURY (Per accident)				
	SCHEDULED AUTOS						PROPERTY DAMAGE				
	X HIRED AUTOS						(Per accident)				
	X NON-OWNED AUTOS										
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000			
	X EXCESS LIAB CLAIMS-MADE						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?	N/A					E. L. DISEASE - EA EMPLOYEE				
	(Mandatory in NH) If yes, describe under						E. L. DISEASE - POLICY LIMIT				
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000			
	CRIPTION OF OPERATIONS / LOCATIONS / VE										
	s certificate is issued on behalf of litional Insured as respects the o							tificate Holder is			
CE	RTIFICATE HOLDER				CANCELLA	TION					
Ga 12	iines Area Lions Pinehill P 135 Ray Rd iines, MI 48436	ark			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 REP	RESENTATIVE	Patik Dull				
							XIAW1CUUU	-			



DATE (MM/DD/YYYY) 8/19/2014

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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

iii iica oi .	suon endorsement(s).		
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division	
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-29	93
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com	
	,,	PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991
		Insurer B: National Union Fire Insurance Company	19445
	Plymouth, MI 48170	Insurer C:	
	· · · · · · · · · · · · · · · · · · ·	Insurer D:	
		Insurer E:	
		Insurer F:	
COVER	AGES CERTIFICATE NUMBER: 1411685	REVISION NUMBER: 0)
	CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA		

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 SLICH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

_	LUSIONS AND CONDITIONS OF SUC			S. LIMITS SHOWN MAY H			MS.	
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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(i ei accident)	
	A NON-OWNED ACTOS							
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Mid-Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
Gaylord Intermediate School Stadium 240 E 4th St Gaylord, MI 49735	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 Satik Pull



DATE (MM/DD/YYYY) 8/19/2014

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.

	conditions of the policy, certain p eu of such endorsement(s).	olicie	s ma	y require an endorsement.	Á statement on	this certificate of	loes not confer rights to the	e certificate holder			
PROI	Pullen Insurance S	ervi	ces	Inc	CONTACT NAME:	Sports Divis	ion				
	2560 River Park Pl				PHONE: (8	17) 738-6100	FAX: (817) 738-29	993			
	Fort Worth, TX 76		, Dui	itc 500	E-MAIL ADDRESS: contact@pullenins.com						
	Fort Wortin, 127 70	110			PRODUCER CUSTOMER ID#: MI						
					INSURERS AF	FORDING COVI	FRAGE	NAIC #			
INSU	RED Michigan State Ventl			. Association	Insurer A: National Casualty Company 11991						
	Michigan State 1 out	1 20	- 12	Association			Fire Insurance Company	19445			
	9401 General Drive,	Suit	e 12	U		ulonai Omon i	The Histitatice Company	17443			
	Plymouth, MI 48170				Insurer C:						
					Insurer D:						
					Insurer E:						
~~	VED A OF C	- D.T.	FIO	ATE MUMDED: 141120	Insurer F:		EVICION NUMBER	0			
				ATE NUMBER: 141168			REVISION NUMBER:				
INDI CER EXC	S IS TO CERTIFY THAT THE POLICI ICATED. NOTWITHSTANDING ANY I RTIFICATE MAY BE ISSUED OR MA CLUSIONS AND CONDITIONS OF SUC	REQU Y PE CH PC	IIREN RTAIN DLICIE	IENT, TERM OR CONDITION N, THE INSURANCE AFFORI ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE PO E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	CT TO WHICH THIS			
INSR LTR	TYPE OF INSURANCE	INSRE	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS				
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000			
							BODILY INJURY (Per person)				
	ALL OWNED AUTOS						BODILY INJURY (Per accident)				
	SCHEDULED AUTOS						PROPERTY DAMAGE				
	X HIRED AUTOS						(Per accident)				
	X NON-OWNED AUTOS										
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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						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			SRG 9115335A	9/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000			
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	ch ACORD 101, Additional Remarks S	Schedule, if more space	e is required)					
	s certificate is issued on behalf of ditional Insured as respects the o							tificate Holder is			
CE	RTIFICATE HOLDER				CANCELLA	TION					
Go 75	oodrich Oaktree Elementry 00 Gale Rd. oodrich, MI 48438				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 REPI	RESENTATIVE	0 .0 .				
							Vatik Vieli-	-			



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain pertain pert	olicie	s ma	y require an endorsement.	A statement on	this certificate o	loes not confer rights to th	e certificate holder		
PROD	Pullen Insurance So	-rvi	200	Inc	CONTACT NAME:	Sports Divis	ion			
	2560 River Park Pl				PHONE: (8	17) 738-6100	FAX: (817) 738-29	993		
	Fort Worth, TX 76		Sui	ite 500	E-MAIL ADDRESS:	contact@pul	llenins.com			
	1 of t worth, 124 70	110			PRODUCER CUSTOMER ID#: MI					
							FRAGE	NAIC #		
INSUF	RED. Mishimor Ctata Vand			. A association						
"1001	Michigan State 1 out						ire Insurance Company	19445		
	9401 General Drive, S	Suite	2 12	.0		monai Umon F	ire insurance Company	19443		
	Plymouth, MI 48170				Insurer C:					
					Insurer D:					
					Insurer E:					
	(ATT 101111111111111111111111111111111111	Insurer F:					
				ATE NUMBER: 141168			REVISION NUMBER:			
CER EXC	IS TO CERTIFY THAT THE POLICI CATED. NOTWITHSTANDING ANY F TIFICATE MAY BE ISSUED OR MA' LUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREN RTAIN LICIE	IENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE PO E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	R DOCUMENT WITH RESPECT TO	CT TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
	 						BODILY INJURY (Per person)			
	ALL OWNED AUTOS						BODILY INJURY (Per accident)			
	SCHEDULED AUTOS						PROPERTY DAMAGE			
	X HIRED AUTOS						(Per accident)			
	X NON-OWNED AUTOS									
		-						** ** ** ** ** ** ** ** ** ** ** ** **		
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
	X EXCESS LIAB CLAIMS-MADE	1					AGGREGATE	\$5,000,000		
	DEDUCTIBLE									
	RETENTION \$									
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						WC STATU- TORY LIMITS OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	1,7,1					E. L. DISEASE - EA EMPLOYEE			
	If yes, describe under						E. L. DISEASE - POLICY LIMIT			
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	ich ACORD 101, Additional Remarks S	chedule, if more space	e is required)				
	certificate is issued on behalf of							tificate Holder is		
Add	itional Insured as respects the o	perat	ions	of the Named Insured for	sanctioned act	ivities of the st	ate association.			
CE	RTIFICATE HOLDER				CANCELLA	TION				
	eat Lakes Christian College									
		C					DESCRIBED POLICIES BE CA			
	11 W Willow Hwy					ON DATE THEREO LICY PROVISIONS	F, NOTICE WILL BE DELIVERE	D IN ACCORDANCE		
Lai	nsing, MI 48917									
					AUTHORIZED REPI	RESENTATIVE	Ω . Ω .			
							Vatil Pull	-		



DATE (MM/DD/YYYY) 8/19/2014

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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

PRODUCER	Pullen Insurance Se	ervice	es, i	Inc.	CONTACT NAME:	Sports Divis				
	2560 River Park Plan	,	Sui	te 300	<u> </u>	17) 738-6100	FAX: (817) 738-29	993		
	Fort Worth, TX 76	116			E-MAIL ADDRESS: contact@pullenins.com					
					PRODUCER CUSTOMER ID#: MI					
					INSURERS AF	NAIC #				
	Michigan State Youth					tional Casualty		11991		
	9401 General Drive, S	Suite	120	0	Insurer B: Na	<u>itional Union F</u>	ire Insurance Company	19445		
	Plymouth, MI 48170				Insurer C:					
					Insurer D:					
					Insurer E:					
					Insurer F:	_				
COVERA				ATE NUMBER: 141168			REVISION NUMBER:			
INDICATED CERTIFICA EXCLUSION	CERTIFY THAT THE POLICIE NOTWITHSTANDING ANY R TE MAY BE ISSUED OR MAY NS AND CONDITIONS OF SUC	REQUIF PER H POL	REMI TAIN .ICIE	ENT, TERM OR CONDITION , THE INSURANCE AFFORI	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAIR	DOCUMENT WITH RESPECT TO	CT TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADD'L S	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A GENER	AL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE	\$1,000,000		
X co	MMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
LL	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
GEN'L A	GGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000		
POI	LICY PROJECT LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000		
· · ·	OBILE LIABILITY Y AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
ALL	OWNED AUTOS						BODILY INJURY (Per person)			
SCH	HEDULED AUTOS						BODILY INJURY (Per accident)			
<u> </u>	ED AUTOS N-OWNED AUTOS						PROPERTY DAMAGE (Per accident)			
A UM	BRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
	CESS LIAB CLAIMS-MADE			71110 1000000	7,1,201.	7,1,2013	AGGREGATE	\$5,000,000		
	DUCTIBLE	1					ACCINECATE	42,000,000		
RET	FENTION \$									
	ERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER			
AND EN	MPLOYERS' LIABILITY Y/N						E. L. EACH ACCIDENT			
OFFICER (Mandato	PRIETOR/PARTNER/EXECUTIVE /MEMBER EXCLUDED?	N/A					E. L. DISEASE - EA EMPLOYEE			
1.5	scribe under						E. L. DISEASE - POLICY LIMIT			
B PARTI	CIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000		
This certif	FIGURE 10 FOR THE STREET OF OPERATIONS / VERTICATE IS ISSUED ON BEHALF OF THE OFFICE OF THE OFFICE OFFI OFFI OFFI OFFI OFFI OFFI OFFI OFF	f Micl	higa	n State Youth Soccer As	sociation & Mi	d-Michigan Yo		tificate Holder is		

CERTIFICATE HOLDER CANCELLATION

GSSC Complex 5202 Maple Rd. Grand Blanc, MI 48439

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

Satik Ovel



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain p eu of such endorsement(s).	olicie	s ma	y require an endorsement.	Á statement on	this certificate of	loes not confer rights to the	e certificate holder			
PROI	Pullen Insurance Se	ervi	ces	Inc	CONTACT NAME:	Sports Divis	ion				
	2560 River Park Pl				PHONE: (81	17) 738-6100	FAX: (817) 738-29	993			
	Fort Worth, TX 76	,	Dui	.tc 500	E-MAIL ADDRESS: contact@pullenins.com						
	Fort Worth, 1A 70	110			PRODUCER CUSTOMER ID#: MI						
						FORDING COVI	FRAGE	NAIC #			
INSU	RED Michigan State Voyal		0001	Association	Insurer A: National Casualty Company 11991						
	Whengan State 1 out	1 20	. 12	Association		•	Fire Insurance Company	19445			
	9401 General Drive,	Sulu	e 12	U		ulonai Omon i	The Histitatice Company	17443			
	Plymouth, MI 48170				Insurer C:						
					Insurer D:						
					Insurer E:						
~~	VED 4 0 E 0	-D.T.		ATE NUMBER: 140170	Insurer F:		EVICION NUMBER	0			
				ATE NUMBER: 140170			REVISION NUMBER:				
INDI CER EXC	S IS TO CERTIFY THAT THE POLICI CATED. NOTWITHSTANDING ANY F ITIFICATE MAY BE ISSUED OR MA' ILUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREM RTAIN DLICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORE ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPEC SED HEREIN IS SUBJECT TO MS.	CT TO WHICH THIS			
INSR LTR	TYPE OF INSURANCE	INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS				
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000			
							BODILY INJURY (Per person)				
	ALL OWNED AUTOS						BODILY INJURY (Per accident)				
	SCHEDULED AUTOS						PROPERTY DAMAGE				
	X HIRED AUTOS						(Per accident)				
	X NON-OWNED AUTOS										
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000			
	X EXCESS LIAB CLAIMS-MADE						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?	N/A					E. L. DISEASE - EA EMPLOYEE				
	(Mandatory in NH) If yes, describe under						E. L. DISEASE - POLICY LIMIT				
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	L. L. DISLAGE - FOLIGI LIWIT	\$100,000			
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	ch ACORD 101, Additional Remarks S	chedule, if more space	e is required)	1				
Thi	s certificate is issued on behalf of litional Insured as respects the o	f Mi	chiga	an State Youth Soccer As	sociation & Mi	chigan Youth S	Soccer League. Certificate association.	te Holder is			
CE	RTIFICATE HOLDER				CANCELLA	TION					
GE 20	EARING ELEMENTARY 0 NORTH CARNEY DRI' 7. CLAIR, MI 48079	VE			SHOULD ANY THE EXPIRATION	OF THE ABOVE I	DESCRIBED POLICIES BE CAI F, NOTICE WILL BE DELIVEREI				
					AUTHORIZED REPI	RESENTATIVE	0 0				
							Vatik Vieli-	-			



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain p eu of such endorsement(s).	olicie	s ma	y require an endorsement.	Á statement on	this certificate o	loes not confer rights to the	e certificate holder			
PROI	Pullen Insurance Se	ervi	ces	Inc	CONTACT NAME:	Sports Divis	sion				
	2560 River Park Pl				PHONE: (81	17) 738-6100	FAX: (817) 738-29	993			
	Fort Worth, TX 76	,	Sui	500	E-MAIL ADDRESS: contact@pullenins.com						
	1 of t worth, 121 70	110			PRODUCER CUSTO						
					INSURERS AF	FORDING COVI	ERAGE	NAIC #			
INSU	Michigan State Youth	. 50	0001	Association	Insurer A: National Casualty Company 11991						
	9401 General Drive,	200	12	ASSOCIATION			Fire Insurance Company	19445			
		Suit	2 12	U	Insurer C:	ttionar Omon I	ne msurance Company	17443			
	Plymouth, MI 48170				Insurer D:						
					Insurer E:						
~~	VEDACES CE	DTI		ATE NUMBER: 140171	Insurer F:		DEVICION NUMBER.				
				ATE NUMBER: 140171			REVISION NUMBER:				
INDI CER EXC	S IS TO CERTIFY THAT THE POLICI ICATED. NOTWITHSTANDING ANY P RTIFICATE MAY BE ISSUED OR MA CLUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREM RTAIN DLICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORE ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	CT TO WHICH THIS			
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS				
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000			
	-						BODILY INJURY (Per person)				
	ALL OWNED AUTOS						BODILY INJURY (Per accident)				
	SCHEDULED AUTOS						PROPERTY DAMAGE				
	X HIRED AUTOS						(Per accident)				
	X NON-OWNED AUTOS										
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000			
	X EXCESS LIAB CLAIMS-MADE						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?	N/A					E. L. DISEASE - EA EMPLOYEE				
	(Mandatory in NH) If yes, describe under						E. L. DISEASE - POLICY LIMIT				
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000			
D	PARTICIPANT ACCIDENT MEDICAL			5KG /113333A	<i>)</i> /1/2014	7/1/2013		Ψ100,000			
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	ch ACORD 101 Additional Remarks S	chedule if more space	is required)					
Thi	s certificate is issued on behalf of ditional Insured as respects the o	f Mi	chig	an State Youth Soccer Ass	sociation & Mi	chigan Youth	Soccer League. Certificate association.	te Holder is			
CF	RTIFICATE HOLDER				CANCELLA	TION					
G/ 10	ARDENS ELEMENTARY 76 6TH STREET ARYSVILLE, MI 48040				SHOULD ANY THE EXPIRATION	OF THE ABOVE I	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE				
					AUTHORIZED REPI	RESENTATIVE	\cap				
							Vatik Gull	-			



DATE (MM/DD/YYYY) 8/19/2014

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 liquid of such and or properties.

in lie	u of	such end	orsement	t(s).			, .,				
PROD	UCER	Pull	en Insu	rance S	ervi	ces.	Inc.	CONTACT NAM	E: Sports Divi	sion	
				Park Pl				PHONE:	(817) 738-6100	FAX: (817) 738-2	2993
				, TX 76				E-MAIL ADDRE	ss: contact@pu	ıllenins.com	
				, , -				PRODUCER CI	JSTOMER ID#: MI		
								INSURERS	AFFORDING COV	/ERAGE	NAIC #
INSU	RED	Michie	gan Sta	te Youtl	2 50	ccer	Association	Insurer A:	11991		
		0///1 (Gan Sta General	Drive,	Snite	2 1 2	Association	Insurer A: National Casualty Company 11991 Insurer B: National Union Fire Insurance Company 19445			
				I 48170	Juin	<i>ــــــــــــــــــــــــــــــــــــ</i>	O	Insurer C:	Tradicinal Cinion	ine meanine company	15.10
		1 Tyllio	uiii, ivii	1 401/0				Insurer D:			
								Insurer E:			
								Insurer F:			
	VER	AGES		CI	-PTI	FIC	ATE NUMBER: 140186			REVISION NUMBER:	0
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELO INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDICERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AF EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY							URANCE LISTED BELOW HA ENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAV	VE BEEN ISS OF ANY COI DED BY THE E BEEN REDI	SUED TO THE INSUNTRACT OR OTHE POLICIES DESCRI	JRED NAMED ABOVE FOR TRESPER TO THE PROPERTY OF THE PROPERTY TRESPERS TO THE PROPERTY TO THE PROPERTY OF THE P	THE POLICY PERIOD ECT TO WHICH THIS
INSR LTR			OF INSURANCE	E	INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTI DATE (MM/DD/Y	VE POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENE	RAL LIABILI	TY		X		KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE	\$1,000,000
	Χc	OMMERCIAL	GENERAL L	IABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	L	CLAIMS	MADE X	OCCUR						MED EXP (Any one person)	\$5,000
										PERSONAL & ADV INJURY	\$1,000,000
										GENERAL AGGREGATE	UNLIMITED
	GEN'L	AGGREGATE	LIMIT APPLIE	ES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000
	P	OLICY	PROJECT	LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000
A		MOBILE LIAI	BILITY				KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	_	LL OWNED A	LITOS							BODILY INJURY (Per person)	
	_									BODILY INJURY (Per accident)	
	_	CHEDULED A								PROPERTY DAMAGE	
		IRED AUTOS								(Per accident)	
	XN	ON-OWNED /	AUTOS								
A	U	MBRELLA LI	ав Х ОС	CUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000
	XE	XCESS LIAB	CLA	AIMS-MADE						AGGREGATE	\$5,000,000
	D	EDUCTIBLE			1						
	R	ETENTION	\$								
	WOR	KERS COMPE	ENSATION							WC STATU- TORY LIMITS OTH- ER	
	AND I	EMPLOYERS ROPRIETOR/PA	LIABILITY	Y/N	 					E. L. EACH ACCIDENT	
	OFFICE	ROPRIETOR/PA ER/MEMBER EX I tory in NH)	CLUDED?	TIVE	N/A					E. L. DISEASE - EA EMPLOYEE	
		lescribe under								E. L. DISEASE - POLICY LIMIT	
В	PAR	ΓΙCIPANT A	ACCIDENT	MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	2. 2. 3.02.7.02 1 02.01 2	\$100,000
								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	// -/		. ,
This	cert	ificate is	issued or	n behalf o	of Mi	chiga	ch ACORD 101, Additional Remarks S an State Youth Soccer As of the Named Insured for	sociation &	Mid-Michigan Y		rtificate Holder is
CE	2TIE	ICATE I	101 DE	R				CANCEL	I ATION		
				11				CANCEL	LATION		
208	rst Baptist Church 8 E. 4th Street avison, MI 48423							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 I	REPRESENTATIVE	Satik Dull	-

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DATE (MM/DD/YYYY) 8/19/2014

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	eu of such endorsement(s).		o ma	, roquire an endorsement.	- Julionient On			o ooi iiiioate iioidei
PROI	Pullen Insurance Se	ervic	es,	Inc.	CONTACT NAME:	Sports Divis	ion	
	2560 River Park Pl				PHONE: (8)	17) 738-6100	FAX: (817) 738-29	993
	Fort Worth, TX 76		-		E-MAIL ADDRESS:	contact@pu	llenins.com	
	,,,				PRODUCER CUSTO	OMER ID#: MI		
					INSURERS AF	FORDING COVI	ERAGE	NAIC #
INSU	RED Michigan State Youth	Soc	cer	Association	Insurer A: Na	tional Casualty	y Company	11991
	9401 General Drive, S						Fire Insurance Company	19445
	Plymouth, MI 48170	Juite	. 12	O	Insurer C:		1 7	
	Trymouth, wir 10170				Insurer D:			
					Insurer E:			
					Insurer F:			
CO	VERAGES CE	RTII	FICA	ATE NUMBER: 140189	1	F	REVISION NUMBER:	0
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUC	REQUI Y PER CH PO	REM RTAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECT TO	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	
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 HIRED AUTOS X NON-OWNED AUTOS						(Fer accident)	
	NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A					E. L. EACH ACCIDENT	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000
	CRIPTION OF OPERATIONS / LOCATIONS / VE		•			. ,		4. II.11'
	s certificate is issued on behalf o ditional Insured as respects the o							te Holder is
CE	RTIFICATE HOLDER				CANCELLA	TION		
EN 15	MU 0 WESTVIEW ST. osilanti, MI 48197				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 REPI	RESENTATIVE	Patik Dull	-



DATE (MM/DD/YYYY) 8/19/2014

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and	conditions of the policy, certain pole eu of such endorsement(s).	licies	may require an endorsement	. A statement on	this certificate of	loes not confer rights to the	e certificate holder			
PROD	Pullen Insurance Se	rvic	es. Inc.	CONTACT NAME:	Sports Divis	ion				
	2560 River Park Pla			PHONE: (8	17) 738-6100	FAX: (817) 738-29	993			
	Fort Worth, TX 761			E-MAIL ADDRESS: contact@pullenins.com						
	1 010 11 0101, 111 7 0 1	10		PRODUCER CUSTOMER ID#: MI						
				INSURERS AF	FORDING COVI	ERAGE	NAIC #			
INSUI	RED Michigan State Youth	Soc	cer Association	Insurer A: Na	ational Casualty	y Company	11991			
	9401 General Drive, S					Fire Insurance Company	19445			
	Plymouth, MI 48170			Insurer C:		•				
	, ,			Insurer D:						
				Insurer E:						
				Insurer F:						
CO	VERAGES CE	RTIF	ICATE NUMBER: 14019	174	F	REVISION 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	EQUII ' PER H POI	REMENT, TERM OR CONDITION TAIN, THE INSURANCE AFFOR LICIES. LIMITS SHOWN MAY HA	N OF ANY CONTR RDED BY THE PO VE BEEN REDUCI	RACT OR OTHER PLICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	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				
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY	X	KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance)	\$1,000,000 \$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 ANY AUTO		KRO 4688700	9/1/2014	9/1/2015	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					(i or additional)				
	New Switz Neres									
Α	UMBRELLA LIAB X OCCUR		XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000			
11	X EXCESS LIAB CLAIMS-MADE		7110 1000000	<i>3/1/2011</i>	7/1/2013	AGGREGATE	\$5,000,000			
	DEDUCTIBLE					NOONEONIE	++,,,,,,,,,			
	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				
В	PARTICIPANT ACCIDENT MEDICAL		SRG 9115335A	9/1/2014	9/1/2015		\$100,000			
DESC	 CRIPTION OF OPERATIONS / LOCATIONS / VEI	HICLES	(Attach ACORD 101, Additional Remarks	Schedule, if more space	e is required)					
This	s certificate is issued on behalf of litional Insured as respects the op	f Mic	higan State Youth Soccer A	ssociation & M	id-Michigan Yo	outh Soccer League. Cert ate association.	tificate Holder is			
CE	RTIFICATE HOLDER			CANCELLA	TION					
	nt YMCA			CANCLLLA						
	19 Pierson Road			SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA	NCELLED BEFORE			
	wlerville, MI 48836			THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
				AUTHORIZED REP	RESENTATIVE	D. T. J. Dell	_			



DATE (MM/DD/YYYY) 8/19/2014

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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)

PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division				
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-29	93			
		E-MAIL ADDRESS: contact@pullenins.com				
		PRODUCER CUSTOMER ID#: MI				
		INSURERS AFFORDING COVERAGE	NAIC #			
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company 11991				
		Insurer B: National Union Fire Insurance Company 19445				
	· · · · · · · · · · · · · · · · · · ·	Insurer C:				
	· · · · · · · · · · · · · · · · · · ·	Insurer D:				
		Insurer E:				
		Insurer F:				
COVERA	AGES CERTIFICATE NUMBER: 1402054	4 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	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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(i ei accident)	
	NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
	DEDUCTIBLE	1						
	RETENTION \$							
	WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

GOODRICH UNITED METHODIST CHURCH SOCCER FIELD 8071 S. STATE ROAD GOODRICH, MI 48438

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



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain per eu of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate o	loes not confer rights to th	e certificate holder	
PROD	Pullen Insurance So	-rvi	200	Inc	CONTACT NAME: Sports Division				
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76		Su	110 300	E-MAIL ADDRESS: contact@pullenins.com				
	Toft Worth, 12 70	110			PRODUCER CUSTOMER ID#: MI				
					INSURERS AFFORDING COVERAGE NAIC #				
INSU	INSURED Michigan State Vouth Soccar Association					tional Casualty		11991	
"1001	Michigan State Touth Soccer Association						ire Insurance Company	19445	
	9401 General Drive, S	Suite	e 12	20		monai Umon F	ire insurance Company	19443	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
				A== 111115==	Insurer F:				
				ATE NUMBER: 140205			REVISION NUMBER:		
INDI CER EXC	S IS TO CERTIFY THAT THE POLICI CATED. NOTWITHSTANDING ANY F TIFICATE MAY BE ISSUED OR MA' LUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREN RTAIN LICIE	IENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE PO E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT TO MS.	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR WVD		POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	 						BODILY INJURY (Per person)		
	ALL OWNED AUTOS						BODILY INJURY (Per accident)		
	SCHEDULED AUTOS						PROPERTY DAMAGE		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
	77 2200	-		*****		0/4/2042		Φ5 000 000	
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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	N/A					E. L. EACH ACCIDENT		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	"					E. L. DISEASE - EA EMPLOYEE		
	If yes, describe under						E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	ach ACORD 101, Additional Remarks S	chedule, if more space	e is required)			
	s certificate is issued on behalf o							te Holder is	
Add	litional Insured as respects the o	perat	ions	of the Named Insured for	sanctioned act	ivities of the st	ate association.		
CE	RTIFICATE HOLDER				CANCELLA	TION			
	MER LANGE MEMORIA	\T E	λD	V					
I .		1 L I	AN	.N	SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA	NCELLED BEFORE	
1	35 KOCHVILLE RD					ON DATE THEREO LICY PROVISIONS	F, NOTICE WILL BE DELIVERE	D IN ACCORDANCE	
SA	GINAW, MI 48604								
					AUTHORIZED REP	RESENTATIVE	\bigcap		
					Jutik Rull				



DATE (MM/DD/YYYY) 8/19/2014

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

	such endorsement(s).					· ·			
PRODUCER	runen msurance se				CONTACT NAME: Sports Division				
	2560 River Park Pla			te 300	PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 761	116			E-MAIL ADDRESS: contact@pullenins.com				
					PRODUCER CUSTOMER ID#: MI				
					INSURERS A	FFORDING COV	ERAGE	NAIC #	
INSURED	Michigan State Youth	ı So	ccer	Association	Insurer A: N	ational Casualt	y Company	11991	
	9401 General Drive, S	Suit	e 12	0	Insurer B: N	ational Union F	Fire Insurance Company	19445	
	Plymouth, MI 48170				Insurer C:				
	•				Insurer D:				
					Insurer E:				
					Insurer F:				
COVER	AGES CE	RTI	FIC/	ATE NUMBER: 140012	47	F	REVISION NUMBER:	0	
INDICATE CERTIFIC EXCLUSION	O CERTIFY THAT THE POLICIE D. NOTWITHSTANDING ANY R HATE MAY BE ISSUED OR MAY ONS AND CONDITIONS OF SUC	REQU Y PE CH PC	JIREM RTAIN DLICIE	IENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONT DED BY THE PO E BEEN REDUC	RACT OR OTHEF DLICIES DESCRIE ED BY PAID CLAI	R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT T	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADD'L INSRE	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A GENE	ERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE	\$1,000,000	
X C	OMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
lЩ	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
I Ц–							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
GEN'L	AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000	
PO	OLICY PROJECT LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000	
I * * ► —	MOBILE LIABILITY NY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
l 	LL OWNED AUTOS						BODILY INJURY (Per person)		
l 	CHEDULED AUTOS						BODILY INJURY (Per accident)		
I 	IRED AUTOS						PROPERTY DAMAGE (Per accident)		
1 = 	ON-OWNED AUTOS						,		
11									
A UI	MBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
l - 	XCESS LIAB CLAIMS-MADE				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,, ., _ , _ ,	AGGREGATE	\$5,000,000	
DI	EDUCTIBLE	1							
RI	ETENTION \$							-	
WORK	KERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER		
AND E	EMPLOYERS' LIABILITY Y/N ROPRIETOR/PARTNER/EXECUTIVE	N1/A					E. L. EACH ACCIDENT		
OFFICE	ER/MEMBER EXCLUDED?	N/A					E. L. DISEASE - EA EMPLOYEE		
1 1,	describe under						E. L. DISEASE - POLICY LIMIT		
B PART	TICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
1	ON OF OPERATIONS / LOCATIONS / VE								
	tificate is issued on behalf o							te Holder is	
Addition	nal Insured as respects the op	pera	tions	of the Named Insured for	sanctioned ac	tivities of the st	tate association.		
1									

CERTIFICATE HOLDER CANCELLATION

Kimball High School 1500 Lexington Blvd. Royal Oak, MI 48073

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

Satikbull_



DATE (MM/DD/YYYY) 8/19/2014

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.

	conditions of the policy, certain policy certain pole of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate o	loes not confer rights to th	e certificate holder	
PRO	Pullen Insurance Se	rvi	es	Inc	CONTACT NAME: Sports Division				
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76	,	Sui	16 300	E-MAIL ADDRESS: contact@pullenins.com				
	Toft Worth, TA 70	110			PRODUCER CUSTOMER ID#: MI				
						FORDING COVI	FRAGE	NAIC #	
INSU	IRED IV. 1. C S	-		A				11991	
11400	Michigan State Touth					tional Casualty			
	9401 General Drive, S	Suite	e 12	0		itional Union F	Fire Insurance Company	19445	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTI	FIC/	ATE NUMBER: 140011	09	F	REVISION NUMBER:	0	
IND CEF EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	REQU / PEI :H PC	IREM RTAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORI S. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECT TO	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		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
11	X EXCESS LIAB CLAIMS-MADE			71KO 4000000	7/1/2014	7/1/2013	AGGREGATE	\$5,000,000	
	DEDUCTIBLE						AGGREGATE	ψ3,000,000	
	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		
D				CDC 0115225 A	0/1/2014	0/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
DEC	CRIPTION OF OPERATIONS / LOCATIONS / VE		C / ^ # =	ah ACODD 404 Additional Damarka C	Sahadula if wassa asaas	in required)			
	s certificate is issued on behalf o						Socoar Langua Cartifica	to Holdor is	
Ada	ditional Insured as respects the op-	nerat	ions	of the Named Insured for	sociation & Mi	ivities of the st	tate association	te Holder is	
1 10.	artional insured as respects the of	poru	10115	of the funited insured for	surretroried det	avides of the st	ate association.		
	RTIFICATE HOLDER				CANCELLA	TION			
Ha	art Middle School				SHOTH D VIV	OF THE ABOVE I	DESCRIPED DOLLCIES DE CA	NCELLED BEFORE	
65	00 Sheldon Road				THE EXPIRATION	ON DATE THEREO	DESCRIBED POLICIES BE CA PF, NOTICE WILL BE DELIVERE	DINACCORDANCE	
Ro	ochester Hills, MI 48306				WITH THE POL	LICY PROVISIONS	.		
	•				AUTHORIZED REPR	RESENTATIVE	0 0		
					, STITIONIZED INEFT		Vitil Deli		
							YWW.Cl/well	-	



DATE (MM/DD/YYYY) 8/19/2014

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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)

in lieu of such endorsement(s). PRODUCER Pullen Insurance Se	micoc	Ina	CONTACT NAME:	Sports Divis	ion		
2560 River Park Pl			PHONE: (817) 738-6100 FAX: (817) 738-2993				
	,	ne 300	E-MAIL ADDRESS: contact@pullenins.com				
Fort Worth, TX 76	110		PRODUCER CUSTO		nemis.com		
				FORDING COVI		NAIC #	
INSURED Michigan State Vouth		<u> </u>	+			11991	
Whengan State 1 outh				ational Casualty	ire Insurance Company	19445	
9401 General Drive, S	Suite 12	30		ational Union F	ire insurance Company	19443	
Plymouth, MI 48170			Insurer C:				
			Insurer D:				
			Insurer E:				
COVERACES	DTIFIC	ATE NUMBER: 140011	Insurer F:		CVICION NUMBER.	0	
		ATE NUMBER: 140011			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY ECERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUC	REQUIREM / PERTAII	IENT, TERM OR CONDITION N, THE INSURANCE AFFORI	OF ANY CONTR DED BY THE PO	RACT OR OTHER LICIES DESCRIB	R DOCUMENT WITH RESPECT TO	CT TO WHICH THIS	
INSR TYPE OF INSURANCE	ADD'L SUBR	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A GENERAL LIABILITY	X	KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
X HIRED AUTOS					(Per accident)		
X NON-OWNED AUTOS							
Δ UMBRELLA LIAB X OCCUR		VIV.O. 4 600000	0/1/2014	0/1/2017		¢£ 000 000	
11		XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000 \$5,000,000	
A =					AGGREGATE	\$3,000,000	
DEDUCTIBLE							
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		
		CDC 0115225 A	0/1/2014	0/1/2015	E. L. DISEASE - POLICY LIMIT	¢100 000	
B PARTICIPANT ACCIDENT MEDICAL		SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VE This certificate is issued on behalf o Additional Insured as respects the operations CERTIFICATE HOLDER	f Michig	an State Youth Soccer As	sociation & Mi	chigan Youth Stivities of the st		te Holder is	
	0.5		CANCELLA	IIUN			
Indeoendence Township Park 90 North Main Street	s & Re	creation	SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA	NCELLED BEFORE DINACCORDANCE	

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Clarkston, MI 48346

WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



in lieu of such endorsement(s).

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/19/2014

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.

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PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division					
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com					
		PRODUCER CUSTOMER ID#: MI					
		INSURERS AFFORDING COVERAGE	NAIC #				
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991				
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445				
	Plymouth, MI 48170	Insurer C:					
	•	Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 1400111	1 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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	X	****	KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E. L. EACH ACCIDENT	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	. •,, \					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
Jennette Jr. High School 40400 Gulliver Sterling Heights, MI 48310	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 Satik Pull



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain policy certain policy and such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on t	this certificate o	loes not confer rights to the	e certificate holder	
PROI	Pullen Insurance Se	rvi	res	Inc	CONTACT NAME: Sports Division				
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76	,	Sui	10 300	E-MAIL ADDRESS: contact@pullenins.com				
	Toft Worth, 1A 70	110			PRODUCER CUSTO				
						FORDING COVE	-RAGE	NAIC #	
INSU	RED M. 1. C N1	-		A : .:	1			11991	
11400	Whengan State Tout					tional Casualty			
	9401 General Drive, S	Suite	e 12	O		itional Union F	ire Insurance Company	19445	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:				
<u>co</u>	VERAGES CE	RTI	FIC/	ATE NUMBER: 140011	12	F	REVISION NUMBER:	0	
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY ICLUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREM RTAIN DLICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORE S. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE				27-7-2-1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AGGREGATE	\$5,000,000	
	DEDUCTIBLE						NOONEONIE	+2,000,000	
	RETENTION \$								
							WC STATU- TORY LIMITS OTH- ER		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N								
	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		
				CDC 0115225 A	0/1/2014	0/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atto	ch ACORD 101 Additional Remarks S	chadula if mara space	is required)			
	s certificate is issued on behalf o						Soccer League Certificat	te Holder is	
Ado	ditional Insured as respects the o	perat	ions	of the Named Insured for	sanctioned act	ivities of the st	ate association.	e Holder 13	
	RTIFICATE HOLDER				CANCELLA	TION			
10	peer Community Schools 25 West Neppessing peer, MI 48441				THE EXPIRATION		DESCRIBED POLICIES BE CAI F, NOTICE WILL BE DELIVEREI		
	•				AUTHORIZED REPR	RESENTATIVE	<u> </u>		
					NOTIONIZED INEFF	SECENTATIVE	Vatil Duelin	_	



DATE (MM/DD/YYYY) 8/19/2014

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.

	conditions of the policy, certain pe eu of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate of	loes not confer rights to the	e certificate holder	
PRO	Pullen Insurance Se	ervi	ces.	Inc.	CONTACT NAME: Sports Division				
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76		Sui	10 500	E-MAIL ADDRESS: contact@pullenins.com				
	1 of worth, 121 70	110			PRODUCER CUSTO				
					INSURERS AF	FORDING COVE	ERAGE	NAIC #	
INSU	Michigan State Youth	So	0001	Association		tional Casualty		11991	
	9401 General Drive, S						ire Insurance Company	19445	
		Suiu	5 12	U	Insurer C:	monar Omon r	ire misurance Company	17443	
	Plymouth, MI 48170								
					Insurer D:				
					Insurer E:				
~~	VED A OF C	- D.T.I		ATE MUMBER - 140011	Insurer F:		EVICIONI NUMBER:	0	
				ATE NUMBER: 140011			REVISION NUMBER:		
IND CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MA' CLUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREM RTAIN DLICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO MS.	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE				27-1-0-1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AGGREGATE	\$5,000,000	
	DEDUCTIBLE	1					7.CONZONIE	12,222,222	
	RETENTION \$								
							WC STATU- OTH-		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						TORY LIMITS ER E. L. EACH ACCIDENT		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A							
	(Mandatory in NH) If yes, describe under						E. L. DISEASE - EA EMPLOYEE		
D				SRG 9115335A	0/1/2014	0/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000	
В	PARTICIPANT ACCIDENT MEDICAL			3KG 9113333A	9/1/2014	9/1/2015		\$100,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VE								
Thi	s certificate is issued on behalf o ditional Insured as respects the or	t Mi	chiga	an State Youth Soccer Ass	sociation & Mi	chigan Youth S	Soccer League. Certification	te Holder is	
Auc	unional hisured as respects the of	perai	10118	of the Named Insured for	sanctioned act	ivities of the st	ate association.		
CE	RTIFICATE HOLDER				CANCELLA	TION			
Lutheran High School Association 1100 Bagley Rochester Hills, MI 48309					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 Satisfaction				



DATE (MM/DD/YYYY) 8/19/2014

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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.

and conditions of the policy, certain pin lieu of such endorsement(s).			•						
PRODUCER Pullen Insurance So	ervi	ces, l	Inc.	CONTACT NAME: Sports Division					
2560 River Park Pl	aza,	Suit	e 300	PHONE: (817) 738-6100 FAX: (817) 738-2993					
Fort Worth, TX 76	116			E-MAIL ADDRESS:	contact@pu	llenins.com			
				PRODUCER CUSTOMER ID#: MI					
				INSURERS AF	FORDING COVI	ERAGE	NAIC #		
Michigan State Youth	ı So	ccer	Association	Insurer A: Na	ational Casualty	y Company	11991		
9401 General Drive, S				Insurer B: Na	ational Union F	ire Insurance Company	19445		
Plymouth, MI 48170				Insurer C:					
·				Insurer D:					
				Insurer E:					
				Insurer F:					
COVERAGES CE	RTI	FICA	TE NUMBER: 140012	285	F	REVISION NUMBER:	0		
THIS IS TO CERTIFY THAT THE POLICI INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MA' EXCLUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREME RTAIN, OLICIES	ENT, TERM OR CONDITION , THE INSURANCE AFFOR	N OF ANY CONTR DED BY THE PO VE BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECT TO	CT TO WHICH THIS		
INSR 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 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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			
X HIRED AUTOS						(Per accident)			
X NON-OWNED AUTOS									
A UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EAGU GOOLIDDENGE	\$5,000,000		
X EXCESS LIAB CLAIMS-MADE			AKO 4000000	9/1/2014	9/1/2013	EACH OCCURRENCE	\$5,000,000		
DEDUCTIBLE DEDUCTIBLE	1					AGGREGATE	\$3,000,000		
RETENTION \$									
WORKERS COMPENSATION						WC STATU- TORY LIMITS ER			
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EYECUTIVE	NI/A					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			SRG 9115335A	9/1/2014	9/1/2015		\$100,000		
DESCRIPTION OF OPERATIONS/LOCATIONS/VE This certificate is issued on behalf of Additional Insured as respects the o	of Mi	chiga	n State Youth Soccer As	ssociation & Mi	chigan Youth		te Holder is		
CERTIFICATE HOLDER				CANCELLA	TION				
Kyiv Estates 10558 McNally Road Whitmore Lake, MI 48189				SHOULD ANY THE EXPIRATI WITH THE POI	OF THE ABOVE I ON DATE THEREO LICY PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE			
				AUTHORIZED REP	RESENTATIVE	Jatik Dulle	-		

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DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain policy, certain pole eu of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement or	this certificate o	oes not confer rights to th	e certificate holder	
PROI	Pullen Insurance Se	rvi	200	Inc	CONTACT NAME:	Sports Divis	ion		
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76	,	Dui	10 300	E-MAIL ADDRESS: contact@pullenins.com				
	101t Worth, 12x 70	110			PRODUCER CUSTOMER ID#: MI				
					INSURERS A	FFORDING COVE	RAGE	NAIC #	
INSU	Michigan State Youth	So	ccer	Association	Insurer A: N	ational Casualty	Company	11991	
	9401 General Drive, S						ire Insurance Company	19445	
	Plymouth, MI 48170	Juin	. 12	O	Insurer C:				
	Trymouth, Wir 40170				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTI	FIC/	ATE NUMBER: 1400128	36	F	REVISION NUMBER:	0	
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY F ITIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREM RTAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAV	OF ANY CONT DED BY THE PO E BEEN REDUC	RACT OR OTHER DLICIES DESCRIB ED BY PAID CLAII	DOCUMENT WITH RESPECT TO	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
_	TI OCCUP			XXX 4600000	0/1/0014	0/1/2015		¢5,000,000	
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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 OFFICER/MEMBER EXCLUDED?	N/A					E. L. EACH ACCIDENT		
	(Mandatory in NH) If yes, describe under						E. L. DISEASE - EA EMPLOYEE		
D	* -			SRG 9115335A	9/1/2014	0/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000	
В	PARTICIPANT ACCIDENT MEDICAL			SKG 9115555A	9/1/2014	9/1/2015		\$100,000	
DESC	 CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	ch ACOPD 101 Additional Pamarks Si	shadula if mara spa	co is required)			
1	s certificate is issued on behalf o						Soccer League Certifica	te Holder is	
Ado	litional Insured as respects the op-	perat	ions	of the Named Insured for	sanctioned ac	ctivities of the st	ate association.	te Holder is	
	and the second second								
CE	RTIFICATE HOLDER				CANCELLA	ATION			
					JANUELL	-110I \			
	throp Fields				SHOULD AN	OF THE ABOVE I	DESCRIBED POLICIES BE CA	NCELLED BEFORE	
	55 Lothrop Rd lay CIty, MI 48444					LICY PROVISIONS	F, NOTICE WILL BE DELIVERE	DINACCORDANCE	
1111	1ay City, 1911 40444				1				

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AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 8/19/2014

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

and c	onditions of the policy, certain policy, certain policy, certain policy, certain policy.	olicie	s ma	y require an endorsement.	A statement on	this certificate d	oes not confer rights to the	ne certificate holder	
PRODU	CER Pullen Insurance So	ervices. Inc.			CONTACT NAME: Sports Division				
	2560 River Park Pl				PHONE: (8	317) 738-6100	FAX: (817) 738-2	993	
	Fort Worth, TX 76	,			E-MAIL ADDRESS	contact@pul	lenins.com		
	, , , , , , , , , , , , , , , , , , , ,				PRODUCER CUST	TOMER ID#: MI			
					INSURERS A	FFORDING COVE	RAGE	NAIC #	
INSURE	Michigan State Youth	ı So	ccer	Association	Insurer A: N	ational Casualty	Company	11991	
	9401 General Drive, S				Insurer B: N	ational Union F	ire Insurance Company	19445	
	Plymouth, MI 48170				Insurer C:				
	•				Insurer D:				
					Insurer E:				
					Insurer F:				
COV	ERAGES CE	ERTI	FIC/	ATE NUMBER: 140015	96	F	EVISION NUMBER:	0	
INDIC CERT	IS TO CERTIFY THAT THE POLICII ATED. NOTWITHSTANDING ANY F IFICATE MAY BE ISSUED OR MA' USIONS AND CONDITIONS OF SUC	requ Y pei	IIREM RTAIN	IENT, TERM OR CONDITION N, THE INSURANCE AFFORD	OF ANY CONT DED BY THE PO	RACT OR OTHER DLICIES DESCRIB	DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	ECT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADD'L INSRD	SUBR	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	SENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE	\$1,000,000	
2	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	
0	SEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000	
	POLICY PROJECT LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000	
A	ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	ANT AUTO						PODIL V IN ILIBY (Bor parage)		

BODILY INJURY (Per person) ALL OWNED AUTOS **BODILY INJURY (Per accident)** SCHEDULED AUTOS PROPERTY DAMAGE HIRED AUTOS (Per accident) NON-OWNED AUTOS \$5,000,000 UMBRELLA LIAB X OCCUR XKO 4688800 9/1/2014 9/1/2015 EACH OCCURRENCE X EXCESS LIAB CLAIMS-MADE \$5,000,000 AGGREGATE DEDUCTIBLE RETENTION \$ WC STATU-TORY LIMITS WORKERS COMPENSATION 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 SRG 9115335A 9/1/2014 9/1/2015 \$100,000 PARTICIPANT ACCIDENT MEDICAL

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 & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
L'Anse Creuse Middle School-South 34641 Jefferson Avenue Harrison Township, MI 48045	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 Satisfull-



DATE (MM/DD/YYYY) 8/19/2014

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in lieu of	such endorsement(s).							
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division						
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993 E-MAIL ADDRESS: contact@pullenins.com						
	Fort Worth, TX 76116							
		PRODUCER CUSTOMER ID#: MI						
		INSURERS AFFORDING COVERAGE	NAIC #					
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991					
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445					
	Plymouth, MI 48170	Insurer C:						
		Insurer D:						
		Insurer E:						
		Insurer F:						
COVED	ACES CEDTIFICATE NUMBER: 140029	25 DEVISION NUMBED.	Λ					

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	
Α	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	111/7					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
Lake Orion Civic Center Attn: Yvonne Curtis 2525 Joslyn Road	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Lake Orion, MI 48360	AUTHORIZED REPRESENTATIVE Satik Pull



DATE (MM/DD/YYYY) 8/19/2014

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	suon snuoresment(s).		
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division	
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-29	93
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com	
	, ,	PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445
	Plymouth, MI 48170	Insurer C:	
	•	Insurer D:	
		Insurer E:	
		Insurer F:	
COVER	AGES CERTIFICATE NUMBER: 1400424	REVISION NUMBER: ()
THIS IS TO	O CERTIEV THAT THE DOLICIES OF INSURANCE LISTED BELOW HA	VE BEEN ISSUED TO THE INSUDED NAMED ABOVE FOR TH	E DOLICY DEDICE

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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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	
	AND EMPLOYERS' LIABILITY 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						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
LIGHTFOOT FIELD Attn: YVONNE CURTIS 3344 BEACH ROAD	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
PORT HURON , MI 48060	AUTHORIZED REPRESENTATIVE Jatik Pull



DATE (MM/DD/YYYY) 8/19/2014

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)

iii iica oi s	don endorsement(s).					
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division				
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com				
	,,	PRODUCER CUSTOMER ID#: MI				
		INSURERS AFFORDING COVERAGE	NAIC #			
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991			
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445			
	Plymouth, MI 48170	Insurer C:				
	3 ,	Insurer D:				
		Insurer E:				
		Insurer F:				
COVERA	AGES CERTIFICATE NUMBER: 1400424	REVISION NUMBER: ()			
THIS IS TO	CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR TH	IE POLICY PERIOD			

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 PERIAIN, 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 CLAIM.

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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(* 5. 555.55)	
	NON-OWNED ACTOC							
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A					E. L. EACH ACCIDENT	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

IMMANUEL LUTHERAN CHURCH Attn: YVONNE CURTIS 47120 ROMEO PLANK	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
MACOMB , MI 48044	AUTHORIZED REPRESENTATIVE Satilal

CANCELLATION

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CERTIFICATE HOLDER



DATE (MM/DD/YYYY) 8/19/2014

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).

COVER	AGES CERTIFICATE NUMBER: 1400425	6 REVISION NUMBER: 0	1			
		Insurer F:				
		Insurer E:				
		Insurer D:				
	Plymouth, MI 48170	Insurer C:				
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445			
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991			
		INSURERS AFFORDING COVERAGE	NAIC #			
		PRODUCER CUSTOMER ID#: MI				
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com				
	,	PHONE: (817) 738-6100 FAX: (817) 738-299	93			
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division				

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	X	****	KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E. L. EACH ACCIDENT	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	. •,, \					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION

LAKE ORION HIGH SCHOOL Attn: YVONNE CURTIS 495 E SCRIPPS RD LAKE ORION, MI 48360

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



DATE (MM/DD/YYYY) 8/19/2014

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in lieu of such endorsement(s).									
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division							
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-299	93						
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com							
		PRODUCER CUSTOMER ID#: MI							
		INSURERS AFFORDING COVERAGE	NAIC #						
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991						
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445						
	Plymouth, MI 48170	Insurer C:							
	•	Insurer D:							
		Insurer E:							
		Insurer F:							
COVER	AGES CERTIFICATE NUMBER: 1400493	REVISION NUMBER: 0	<u> </u>						
INDICATE! CERTIFICA	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD NDICATED. 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 ADD'L SUBR INSRD WVD POLICY EFFECTIVE DATE (MM/DD/YY) POLICY EXPIRATION DATE (MM/DD/YY) TYPE OF INSURANCE POLICY NUMBER LIMITS GENERAL LIABILITY X \$1,000,000 KRO 4688700 9/1/2014 9/1/2015 A EACH OCCURRENCE \$300,000 X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR \$5,000 MED EXP (Any one person) \$1,000,000 PERSONAL & ADV INJURY UNLIMITED GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: \$1,000,000 PRODUCTS - COMP/OP AGG POLICY PROJECT \$1,000,000 PARTICIPANT LEGAL LIABILITY \$1,000,000 **AUTOMOBILE LIABILITY** KRO 4688700 9/1/2014 9/1/2015 COMBINED SINGLE LIMIT (Ea accident) ANY AUTO BODILY INJURY (Per person) ALL OWNED AUTOS **BODILY INJURY (Per accident)** SCHEDULED AUTOS PROPERTY DAMAGE HIRED AUTOS (Per accident) NON-OWNED AUTOS \$5,000,000 UMBRELLA LIAB X OCCUR XKO 4688800 9/1/2014 9/1/2015 Α EACH OCCURRENCE CLAIMS-MADE \$5,000,000 X EXCESS LIAB AGGREGATE DEDUCTIBLE RETENTION \$ WC STATU-TORY LIMITS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E. L. EACH ACCIDENT N/A E. L. DISEASE - EA EMPLOYEE If ves. describe under E. L. DISEASE - POLICY LIMIT SRG 9115335A 9/1/2014 9/1/2015 \$100,000 PARTICIPANT ACCIDENT MEDICAL

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 & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION				
arkin Soccer Field 742 Vorhies Rd Ann Arbor , MI 48105	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 Satik Pull				



DATE (MM/DD/YYYY) 8/19/2014

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	` ,						
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division					
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com					
		PRODUCER CUSTOMER ID#: MI					
		INSURERS AFFORDING COVERAGE	NAIC #				
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991				
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company 19445					
	Plymouth, MI 48170	Insurer C:					
	•	Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 1400528	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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(i ei accident)	
	NON-OWNED AUTOS							
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
	DEDUCTIBLE	1						
	RETENTION \$							
	WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE 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			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION

HUDONSVILLE ATHLETIC FIELD Attn: YVONNE CURTIS 3835 BALDWIN ST. HUDSONVILLE, MI 49426

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

Satik Dieli___



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain pe eu of such endorsement(s).	olicie	s ma	y require an endorsement.	Á statement on	this certificate o	loes not confer rights to the	e certificate holder		
PROI	Pullen Insurance Se	2rvi	ces	Inc	CONTACT NAME: Sports Division PHONE: (817) 738-6100					
	2560 River Park Pl									
	Fort Worth, TX 76	,	Sui	.tc 300	E-MAIL ADDRESS: contact@pullenins.com					
	Toft Worth, 1A 70	110			PRODUCER CUSTO					
						FORDING COVE	FRAGE	NAIC #		
INSU	RED M: -1-: Ct - t - X/ 1			. A				11991		
11400	Whengan State 1 out	1 50	ccer	Association		tional Casualty				
	9401 General Drive, S	Suite	e 12	0		monai Union F	Fire Insurance Company	19445		
	Plymouth, MI 48170				Insurer C:					
					Insurer D:					
					Insurer E:					
					Insurer F:					
<u>co</u>	VERAGES CE	RTI	FIC/	ATE NUMBER: 140054	14	F	REVISION NUMBER:	0		
INDI CER EXC	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 CH PC	IIREM RTAIN OLICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORE ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	CT TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE	INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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			
	X HIRED AUTOS						(Per accident)			
	X NON-OWNED AUTOS									
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
	X EXCESS LIAB CLAIMS-MADE			1110 1000000	7/1/2011	7,1,2015	AGGREGATE	\$5,000,000		
	DEDUCTIBLE	†					AGGREGATE	42,000,000		
	RETENTION \$									
							WC STATU- TORY LIMITS ER			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						E. L. EACH ACCIDENT			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A								
	(Mandatory in NH) If yes, describe under						E. L. DISEASE - EA EMPLOYEE			
D		-		CDC 0115225 A	0/1/2014	0/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000		
DE00	CRIPTION OF OPERATIONS / LOCATIONS / VE		0 (44-	ah ACORD 404 Additional Remarks	abadula Karana aras	. i				
Thi	s certificate is issued on behalf o ditional Insured as respects the o	f Mi	chiga	an State Youth Soccer As	sociation & Mi	chigan Youth S	Soccer League. Certificat	te Holder is		
	1									
CE	RTIFICATE HOLDER				CANCELLA	TION				
Lincoln High School Soccer Fields 7425 Willis Rd Ypsilanti, MI 48197					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 Pull					

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DATE (MM/DD/YYYY) 8/19/2014

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	eu of such endorsement(s).	DIICIES	may require an endorsemen	t. A Statement on	tilis certificate o	ioes not conter rights to the	e certificate noider		
PRO	Pullen Insurance Se	ervice	es. Inc.	CONTACT NAME:	CONTACT NAME: Sports Division				
	2560 River Park Pla			PHONE: (8					
	Fort Worth, TX 762	,	Tarte 300	E-MAIL ADDRESS: contact@pullenins.com					
	Toft Worth, 12 70	110		PRODUCER CUSTO	PRODUCER CUSTOMER ID#: MI				
				INSURERS AF	FORDING COVI	FRAGE	NAIC #		
INSU	IRED Michigan State Voyeth	Cooc	nam Association		ational Casualt		11991		
	Michigan State 1 Outil				•	Fire Insurance Company	19445		
	9401 General Drive, S	suite	120		ulonai Omon i	The Hisurance Company	17443		
	Plymouth, MI 48170			Insurer C:					
				Insurer D:					
				Insurer E:					
~~	VEDAGES OF	DTIC	CATE NUMBER: 14005	Insurer F:		SEVICION NUMBER	0		
			CATE NUMBER: 14005			REVISION NUMBER:			
IND CEF EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R XTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	EQUIR PERT H POLI	EMENT, TERM OR CONDITIO AIN, THE INSURANCE AFFOR CIES. LIMITS SHOWN MAY HA	N OF ANY CONTF RDED BY THE PO AVE BEEN REDUCE	RACT OR OTHER LICIES DESCRIE ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	CT TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADD'L SU	JBR POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A	GENERAL LIABILITY	X	KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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			
	X HIRED AUTOS					(Per accident)			
	X NON-OWNED AUTOS								
Α	UMBRELLA LIAB X OCCUR		XKO 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	NI/A				E. L. EACH ACCIDENT			
	OFFICER/MEMBER EXCLUDED?	N/A				E. L. DISEASE - EA EMPLOYEE			
	If yes, describe under					E. L. DISEASE - POLICY LIMIT			
В	PARTICIPANT ACCIDENT MEDICAL		SRG 9115335A	9/1/2014	9/1/2015		\$100,000		
Thi	 CRIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf or ditional Insured as respects the op	f Mich	igan State Youth Soccer A	ssociation & Mi	chigan Youth	Soccer League. Certificate association.	te Holder is		
	-								
CE	RTIFICATE HOLDER			CANCELLA	TION				
Jo	hn Miller Park			SHOULD ANY	OF THE ABOVE	DESCRIBED POLICIES BE CA	NCELLED BEFORE		
	401 Webster Ave outhfield, MI 48076			THE EXPIRATI	ON DATE THEREC LICY PROVISIONS)F, NOTICE WILL BE DELIVERE	D IN ACCORDANCE		
				AUTHORIZED REP	RESENTATIVE	Patik Dull	-		



DATE (MM/DD/YYYY) 8/19/2014

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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 liquid and conditions of the policy, certain policies may require an endorsement.

in li	eu of such endorsement(s).	,,,,,,,	· · · · ·	y roquiro un onuoroomonar	,, отатопноти от	. tino continouto u	is to the comon rights to the		
PROI	Pullen Insurance Se	ervic	ces.	Inc.	CONTACT NAME: Sports Division				
	2560 River Park Pla				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 761		~ ~		E-MAIL ADDRESS: contact@pullenins.com				
	Total World, III vo.				PRODUCER CUSTOMER ID#: MI				
					INSURERS A	FFORDING COVE	RAGE	NAIC #	
INSU	Michigan State Youth	Soc	cer	Association	Insurer A: N	ational Casualty	Company	11991	
	9401 General Drive, S	Suite	12	1 1330C1at1011			ire Insurance Company	19445	
	Plymouth, MI 48170	Juice	. 12	O	Insurer C:				
	1 lymoddi, wii 40170				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTII	FICA	ATE NUMBER: 140057		R	REVISION NUMBER:	0	
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY R ITIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUC	EQUI PEF H PO	REM RTAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORE S. LIMITS SHOWN MAY HAV	OF ANY CONT DED BY THE PO E BEEN REDUC	RACT OR OTHER DLICIES DESCRIB ED BY PAID CLAII	DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	T 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		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(* ** *********************************		
	X non-cimes no se								
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE			1110 1000000	7/1/2011	7,1,2013	AGGREGATE	\$5,000,000	
	DEDUCTIBLE						ACCITECATE	42,000,000	
	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		
	If yes, describe under						E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	Z. Z. DIOLAGE I OLIGI LIVIII	\$100,000	
~						7, 2, 2010		, = = = , = = =	
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLES	S (Atta	ch ACORD 101, Additional Remarks S	chedule, if more spa	ce is required)	I		
Thi	s certificate is issued on behalf or litional Insured as respects the op-	f Mio	chiga	an State Youth Soccer As	sociation & M	lid-Michigan Yo		ificate Holder is	
CE	RTIFICATE HOLDER				CANCELL	ATION			
					CANCELL	ATION			
44	earsley AYSO Complex 37 Muriel Drive Int , MI 48506				THE EXPIRAT	Y OF THE ABOVE I TION DATE THEREO DLICY PROVISIONS	DESCRIBED POLICIES BE CAP F, NOTICE WILL BE DELIVERED	NCELLED BEFORE DIN ACCORDANCE	
	•					AUTHORIZED REPRESENTATIVE 0			



DATE (MM/DD/YYYY) 8/19/2014

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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).

PRODUCER Pullen Insurance Services, Inc.					CONTACT NAME: Sports Division				
	2560 River Park Pl	aza,	Sui	te 300	PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76	116 [°]			E-MAIL ADDRESS: contact@pullenins.com				
	,				PRODUCER CUST	OMER ID#: MI		_	
					INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSURE	Michigan State Youth	ı So	ccei	Association	Insurer A: Na	ational Casualty	Company	11991	
	9401 General Drive, S				Insurer B: Na	ational Union F	ire Insurance Company	19445	
	Plymouth, MI 48170				Insurer C:				
	j				Insurer D:				
					Insurer E:				
					Insurer F:				
COVE	ERAGES CE	RTI	FIC	ATE NUMBER: 140067	30	F	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		
I * * L	ENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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	
GE	EN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000	
	POLICY PROJECT LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000	
A	UTOMOBILE LIABILITY ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	ALL OWNED AUTOS						BODILY INJURY (Per person)		
	SCHEDULED AUTOS						BODILY INJURY (Per accident)		
X	_						PROPERTY DAMAGE (Per accident)		
X							(* 5* 555 551)		
23									
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
X	CLAIMS-MADE						AGGREGATE	\$5,000,000	
	DEDUCTIBLE	1							
	RETENTION \$								
w	ORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER		
A	ND EMPLOYERS' LIABILITY NY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N1/A					E. L. EACH ACCIDENT		
OF	FFICER/MEMBER EXCLUDED?	N/A					E. L. DISEASE - EA EMPLOYEE		
1 1	yes, describe under						E. L. DISEASE - POLICY LIMIT		
В РА	ARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
DESCRI	PTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	ch ACORD 101 Additional Remarks S	chedule if more space	is required)			
1	certificate is issued on behalf o						Soccer League Certifica	te Holder is	
Additi	ional Insured as respects the or	perat	ions	of the Named Insured for	sanctioned act	tivities of the st	ate association.	1101001 10	

CERTIFICATE HOLDER

CANCELLATION

Kelly Middle School Attn: Yvonne Curtis 24701 Kelly Road East Pointe, MI 48021

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

Satik Dull



DATE (MM/DD/YYYY) 8/19/2014

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in li	eu of such endorsement(s).		a	,					
PRO	Pullen Insurance Se	rvio	ces.	Inc.	CONTACT NAME: Sports Division				
	2560 River Park Pla				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76.				E-MAIL ADDRESS: contact@pullenins.com				
					PRODUCER CUST	OMER ID#: MI			
					INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSU	Michigan State Youth	Soc	ccer	Association	Insurer A: Na	ational Casualt	v Company	11991	
	9401 General Drive, S						Fire Insurance Company	19445	
	Plymouth, MI 48170	Juice	. 12	O	Insurer C:				
	Trymouth, wir 10170				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTI	FIC	ATE NUMBER: 1400683		F	REVISION NUMBER:	1	
THIS IND CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	S OF EQU PEF H PO	F INS IREM RTAIN OLICIE	URANCE LISTED BELOW HA ENT, TERM OR CONDITION J. THE INSURANCE AFFORD	VE BEEN ISSUE OF ANY CONTR DED BY THE PO E BEEN REDUCI	ED TO THE INSU RACT OR OTHER ILICIES DESCRIE ED BY PAID CLAI	RED NAMED ABOVE FOR THE R DOCUMENT WITH RESPECT SED HEREIN IS SUBJECT TO	HE POLICY PERIOD 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		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
	X HIRED AUTOS						(Per accident)		
	NON-OWNED AUTOS								
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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?	N/A					E. L. DISEASE - EA EMPLOYEE		
	(Mandatory in NH) If yes, describe under						E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	E. L. DIGEAGE - FOLIGI EIWIT	\$100,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	ch ACORD 101, Additional Remarks S	chedule, if more space	e is required)	•		
	s certificate is issued on behalf o ditional Insured as respects the op-							tificate Holder is	
CF	RTIFICATE HOLDER				CANCELLA	TION			
Lapeer Optimist Fields 880 S. Saginaw St. Lapeer, MI 48446					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 REP	RESENTATIVE	Patik Dull	_	



DATE (MM/DD/YYYY) 8/19/2014

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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

	conditions of the policy, certain policy certain policy of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate o	loes not confer rights to the	e certificate holder		
PROI	Pullen Insurance Se	rvi	200	Inc	CONTACT NAME: Sports Division PHONE: (817) 738-6100 FAX: (817) 738-2993 E-MAIL ADDRESS: contact@pullenins.com					
	2560 River Park Pla									
	Fort Worth, TX 76	,	Sui	10 500						
	Tott Worth, 111 / o.	110			PRODUCER CUSTO	OMER ID#: MI				
					INSURERS AF	FORDING COVE	ERAGE	NAIC #		
INSU	Michigan State Youth	So	ccer	Association	Insurer A: Na	tional Casualty	Company	11991		
	9401 General Drive, S						ire Insurance Company	19445		
	Plymouth, MI 48170	, (11)			Insurer C:		1			
	11/11/04/11, 1/11 1/01/10				Insurer D:					
					Insurer E:					
					Insurer F:					
СО	VERAGES CE	RTI	FIC	ATE NUMBER: 140070		F	REVISION NUMBER:	0		
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R KTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREM RTAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO MS.	CT TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE		SUBR WVD		POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	\$1,000,000		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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	ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000		
	DEDUCTIBLE	1								
	RETENTION \$									
	WORKERS COMPENSATION						WC STATU- TORY LIMITS ER			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N1/A					E. L. EACH ACCIDENT			
	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			SRG 9115335A	9/1/2014	9/1/2015		\$100,000		
Thi	cription of operations/locations/ve s certificate is issued on behalf o ditional Insured as respects the op	f Mi	chiga	an State Youth Soccer Ass	sociation & Mi	chigan Youth S		te Holder is		
CF	RTIFICATE HOLDER				CANCELLATION					
John R Park Attn: Yvonne Curtis 3500 John R					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Tr	oy, MI 48083				AUTHORIZED REPR	RESENTATIVE	\bigcap			
					Jatik Vulle					



DATE (MM/DD/YYYY) 8/19/2014

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.

	conditions of the policy, certain per eu of such endorsement(s).	olicie	s ma	y require an endorsement.	À statement on	this certificate of	loes not confer rights to the	e certificate holder	
PROI	Pullen Insurance So	rvi	ces	Inc	CONTACT NAME: Sports Division PHONE: (817) 738-6100				
	2560 River Park Pl								
	Fort Worth, TX 76	,	Dui	110 300	E-MAIL ADDRESS:	contact@pu	llenins.com		
	Toft Worth, 124 70	110			PRODUCER CUSTO				
					INSURERS AF		FRAGE	NAIC #	
INSU	RED Michigan State Vouth	· Co		Aggaigtion					
	Michigan State 1 out	1 20	- 12	Association			Fire Insurance Company	19445	
	9401 General Drive, S	Suite	e 12	0		ulonai Union r	The misurance Company	19443	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
	VED 4.050			ATE NUMBER 440050	Insurer F:		EVIOLONI NUMBER		
				ATE NUMBER: 140070			REVISION NUMBER:		
INDI CER EXC	S IS TO CERTIFY THAT THE POLICI ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MA' CLUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREM RTAIN DLICIE	IENT, TERM OR CONDITION N, THE INSURANCE AFFORI ES. LIMITS SHOWN MAY HAV	I OF ANY CONTR DED BY THE PO /E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
•	X EXCESS LIAB CLAIMS-MADE			71110 1000000	3/1/2011	7/1/2015	AGGREGATE	\$5,000,000	
	DEDUCTIBLE	1					AGGREGATE	ψ2,000,000	
	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		
D				CDC 0115225 A	0/1/2014	0/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	ch ACORD 101, Additional Remarks S	Schedule, if more space	e is required)	1		
Thi	s certificate is issued on behalf of	f Mi	chiga	an State Youth Soccer As	sociation & Mi	chigan Youth S	Soccer League. Certificat	te Holder is	
	ditional Insured as respects the o								
CF	RTIFICATE HOLDER				CANCELLA	TION			
	ycee Park - Northeast, Sout	hear	et o	nd West					
At	tn: Yvonne Curtis 73 E. Long Lake Road	nea:	si, a	nd west	THE EXPIRATION		DESCRIBED POLICIES BE CA IF, NOTICE WILL BE DELIVERE!		
	oy, MI 48085				AUTHORIZED REP	RESENTATIVE	0-10-0		
					Vatik Pull				



DATE (MM/DD/YYYY) 8/19/2014

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.

	conditions of the policy, certain pole of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate of	loes not confer rights to the	e certificate holder	
PRO	Pullen Insurance Se	rvi	200	Inc	CONTACT NAME: Sports Division PHONE: (817) 738-6100 FAX: (817) 738-2993				
	2560 River Park Pla								
			Sui	ie 300	E-MAIL ADDRESS: contact@pullenins.com				
	Fort Worth, TX 761	110			PRODUCER CUSTO		nemis.com		
						FORDING COVI	EBACE	NAIC #	
INSU	IDED A STATE OF TAXABLE	~			+				
IINOU	Michigan State 1 Outil	So	ccer	Association		tional Casualty		11991	
	9401 General Drive, S	Suite	e 12	0		itional Union F	ire Insurance Company	19445	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTI	FIC/	ATE NUMBER: 140070	48	F	REVISION NUMBER:	0	
IND CEF EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	EQU PEF H PC	IREM RTAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	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		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE			1110 1000000	<i>y</i> , 1, 2011	7,1,2015	AGGREGATE	\$5,000,000	
	DEDUCTIBLE						NOCKEONIE	42,000,000	
	RETENTION \$								
							WC STATU- OTH-		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						TORY LIMITS ER E. L. EACH ACCIDENT		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A							
	(Mandatory in NH) If ves. describe under						E. L. DISEASE - EA EMPLOYEE		
D	DA DELCIDA NEL A COLDENE MEDICA I			SDC 0115225 A	0/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2013		\$100,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VE		C / A#0	ah ACORD 101 Additional Remarks C	shadula if mara angas	io roquirod)			
Thi	s certificate is issued on behalf or ditional Insured as respects the op	f Mi	chiga	an State Youth Soccer Ass	sociation & Mi	chigan Youth		te Holder is	
	RTIFICATE HOLDER				CANCELLA	TION		1	
At 22	rrson Middle School tn: Yvonne Curtis 22 E Long Lake Road oy, MI 48085				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
	1 roy, M1 48085					AUTHORIZED REPRESENTATIVE Satisfull			



DATE (MM/DD/YYYY) 8/19/2014

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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 s	such endorsement(s).						
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division PHONE: (817) 738-6100					
	2560 River Park Plaza, Suite 300						
	Fort Worth, TX 76116						
	,,,						
		INSURERS AFFORDING COVERAGE	NAIC #				
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991				
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445				
	Plymouth, MI 48170	Insurer C:					
	•	Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 1400704	49 REVISION NUMBER: ()				
INDICATE	O CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAD. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION	OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPEC	T TO WHICH THIS				

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

EXC	LUSIONS AND CONDITIONS OF SUC	H PC	LICIE	S. LIMITS SHOWN MAY HA	AVE BEEN REDUCE	ED BY PAID CLAII	MS.	,	
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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A					E. L. EACH ACCIDENT		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	14/7					E. L. DISEASE - EA EMPLOYEE		
	If yes, describe under						E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
Leonard Elementary School Attn: Yvonne Curtis 4401 Tallman	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Troy, MI 48085	AUTHORIZED REPRESENTATIVE Satik Dull



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain policy, cert	olicies	s ma	y require an endorsement. <i>I</i>	4 Statement on 1	inis certificate d	ioes not conter rights to the	e certificate noider	
PROI	Pullen Insurance Se	rvic	-AC	Inc	CONTACT NAME:	Sports Divis	ion		
	2560 River Park Pla				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76.	,	Sui	16 300	E-MAIL ADDRESS: contact@pullenins.com				
	FOIL WOLLII, IA 70	110			PRODUCER CUSTOMER ID#: MI				
						FORDING COVI	EDAGE	NAIC #	
INSU	DED 34.1. G 37 .1								
11430	Michigan State 1 Outil					tional Casualty		11991	
	9401 General Drive, S	Suite	12	0		tional Union F	Fire Insurance Company	19445	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTI	-IC/	ATE NUMBER: 1400727	72	F	REVISION NUMBER:	0	
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	REQUI / PER CH PO	REM TAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	OF ANY CONTR ED BY THE POI E BEEN REDUCE	ACT OR OTHER LICIES DESCRIB D BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	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		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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 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						E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	'	\$100,000	
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLES	S (Atta	ch ACORD 101, Additional Remarks So	chedule, if more space	is required)			
Thi Add	s certificate is issued on behalf o ditional Insured as respects the op-	f Mic perati	higa ons	an State Youth Soccer Ass of the Named Insured for	sociation & Mi sanctioned act	chigan Youth Sivities of the st	Soccer League. Certificat ate association.	e Holder is	
~=	DTIFICATE HOLDED				OANOELLA	TION			
	RTIFICATE HOLDER				CANCELLA	IION			
At 50	unter Community Center tn: Yvonne Curtis 9 Fisher Court				THE EXPIRATION	OF THE ABOVE I ON DATE THEREC ICY PROVISIONS	DESCRIBED POLICIES BE CAP F, NOTICE WILL BE DELIVERED	NCELLED BEFORE DIN ACCORDANCE	
Cl	awson, MI 48017				AUTHORIZED REPR	RESENTATIVE	Patik Dueli		



in lieu of such endorsement(s).

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/19/2014

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.

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PRODUC	Pullen Insurance Se	ervi	ces,	Inc.	CONTACT NAME:	Sports Divis	ion			
	2560 River Park Pl	aza,	Sui	te 300	PHONE: (8	17) 738-6100	FAX: (817) 738-29	993		
	Fort Worth, TX 76	116 [°]			E-MAIL ADDRESS: contact@pullenins.com PRODUCER CUSTOMER ID#: MI					
	,				PRODUCER CUST	_				
					INSURERS AF	NAIC #				
INSURE	Michigan State Youth	ı So	ccei	Association	Insurer A: Na	ational Casualty	Company	11991		
	9401 General Drive, S				Insurer B: Na	ational Union F	ire Insurance Company	19445		
	Plymouth, MI 48170				Insurer C:					
	, ,				Insurer D:					
					Insurer E:					
					Insurer F:					
COVE	ERAGES CE	RTI	FIC/	ATE NUMBER: 140072	94	F	REVISION NUMBER:	0		
INDICA CERTII EXCLU	S TO CERTIFY THAT THE POLICIENTED. NOTWITHSTANDING ANY FICATE MAY BE ISSUED OR MAY ISIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREM RTAIN DLICIE	IENT, TERM OR CONDITION N, THE INSURANCE AFFORI ES. LIMITS SHOWN MAY HAV	OF ANY CONTE DED BY THE PO E BEEN REDUCE	RACT OR OTHER LICIES DESCRIE ED BY PAID CLAI	R DOCUMENT WITH RESPECT TO	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			
I * * L	ENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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		
GE	EN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000		
	POLICY PROJECT LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000		
A	UTOMOBILE LIABILITY ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
	ALL OWNED AUTOS						BODILY INJURY (Per person)			
	SCHEDULED AUTOS						BODILY INJURY (Per accident)			
X	+						PROPERTY DAMAGE (Per accident)			
X							(* 5* 555 551)			
23	. 1									
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
X	CLAIMS-MADE						AGGREGATE	\$5,000,000		
	DEDUCTIBLE	1								
	RETENTION \$									
w	ORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER			
A	ND EMPLOYERS' LIABILITY BY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N1/A					E. L. EACH ACCIDENT			
OF	FICER/MEMBER EXCLUDED?	N/A					E. L. DISEASE - EA EMPLOYEE			
1 1	ves, describe under						E. L. DISEASE - POLICY LIMIT			
В РА	ARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000		
DESCRI	PTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	L Ch ACORD 101, Additional Remarks S	L Schedule, if more space	e is required)				
1	ertificate is issued on behalf o						Soccer League. Certifica	te Holder is		
Additi	ional Insured as respects the or	perat	ions	of the Named Insured for	sanctioned act	tivities of the st	ate association.	1101001 10		
	r in F									

CERTIFICATE HOLDER

Kenwood Elementary Attn: Yvonne Curtis

240 NAHMA

Clawson, MI 48017

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

Satik Dull



DATE (MM/DD/YYYY) 8/19/2014

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PROD	Pullen Insurance Se	ervice	s. Inc.	CONTACT NAME: Sports Division				
	2560 River Park Pla			PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76			E-MAIL ADDRESS: contact@pullenins.com				
	, , , , , , , , , , , , , , , , , , , ,			PRODUCER CUSTOMER ID#: MI				
				INSURERS AF	NAIC #			
INSU	RED Michigan State Youth	Socc	er Association	Insurer A: Na	tional Casualty	Company	11991	
	9401 General Drive, S	Suite 1	20	Insurer B: Na	ational Union F	ire Insurance Company	19445	
	Plymouth, MI 48170			Insurer C:				
	,			Insurer D:				
				Insurer E:				
				Insurer F:				
CO	VERAGES CE	RTIFI	CATE NUMBER: 140072	97	F	REVISION 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	REQUIRE / PERT/ CH POLIC	EMENT, TERM OR CONDITION AIN, THE INSURANCE AFFORI CIES. LIMITS SHOWN MAY HAV	OF ANY CONTE DED BY THE PO E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	DOCUMENT WITH RESPE ED HEREIN IS SUBJECT TO	HE POLICY PERIOD CT TO WHICH THIS O ALL THE TERMS,	
INSR LTR	TYPE OF INSURANCE	ADD'L SU INSRD W	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X	KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO		KRO 4688700	9/1/2014	9/1/2015	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					(i or decidenty		
	A Non SWILD NOTES							
A	UMBRELLA LIAB X OCCUR		XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$5,000,000	
	DEDUCTIBLE	1						
	RETENTION \$							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					WC STATU- TORY LIMITS OTH- 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					E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL		SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLES (A	ttach ACORD 101, Additional Remarks S	chedule, if more space	e is required)	I.		

This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
Hurley Field Attn: Yvonne Curtis 3205 CATALPA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Berkley, MI 48072	AUTHORIZED REPRESENTATIVE Satik Pull



DATE (MM/DD/YYYY) 8/19/2014

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

	I conditions of the policy, certain policy of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate of	loes not confer rights to the	e certificate holder	
PRO	Pullen Insurance Se	rvi	ces	Inc	CONTACT NAME:	Sports Divis	sion		
	2560 River Park Pl				PHONE: (8	17) 738-6100	FAX: (817) 738-29	993	
	Fort Worth, TX 76		, Dui	.tc 300	E-MAIL ADDRESS: contact@pullenins.com				
	101t Wortin, 172 70	110			PRODUCER CUSTOMER ID#: MI				
					INSURERS AFFORDING COVERAGE NAIC #				
INSL	Michigan State Youth	. 50	CCAT	· Association	Insurer A: National Casualty Company 11991				
	9401 General Drive, S	Snit	2 12	Association		19445			
	Plymouth, MI 48170	Juit	C 12	U	Insurer C:	monur emon r	Fire Insurance Company	17113	
	1 1y1110utii, 1v11 +01 / 0				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTI	FIC	ATE NUMBER: 1400778		F	REVISION NUMBER:	0	
THI: IND CEF EXC	S IS TO CERTIFY THAT THE POLICII ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MA' CLUSIONS AND CONDITIONS OF SUC	ES O REQU Y PEI CH PC	F INS IIREM RTAIN OLICIE	URANCE LISTED BELOW HA IENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	VE BEEN ISSUE OF ANY CONTF DED BY THE PO E BEEN REDUCE	D TO THE INSUI RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	RED NAMED ABOVE FOR THE R DOCUMENT WITH RESPECT BED HEREIN IS SUBJECT TO	HE POLICY PERIOD OT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR WVD		POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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	ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000	
	DEDUCTIBLE	1							
	RETENTION \$								
	WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	NI/A					E. L. EACH ACCIDENT		
	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			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
DES	_ CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	L ACORD 101, Additional Remarks S	chedule, if more space	L e is required)			
Thi	is certificate is issued on behalf of ditional Insured as respects the o	f Mi	chiga	an State Youth Soccer Ass	sociation & Mi	d-Michigan Yo		ificate Holder is	
	EDTIFICATE UOI DED				CANCELLA	TION			
	RTIFICATE HOLDER				CANCELLA	IION			
At 90	earsley Park tn: Administrator 10-071 Kearsley Park Blvd.				THE EXPIRATION		DESCRIBED POLICIES BE CAI OF, NOTICE WILL BE DELIVEREI		
F1: 	int, MI 48503				AUTHORIZED REP	RESENTATIVE	Jatik Dull	-	

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DATE (MM/DD/YYYY) 8/19/2014

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and conditions of the policy, certain poin lieu of such endorsement(s).	olicie	s ma	y require an endorsement.	Á statement on	this certificate of	loes not confer rights to th	e certificate holder
PRODUCER Pullen Insurance Se	rvio	200	Inc	CONTACT NAME:	Sports Divis	ion	
2560 River Park Pl				PHONE: (8	17) 738-6100	FAX: (817) 738-29	993
Fort Worth, TX 76		Sui	ie 300	E-MAIL ADDRESS		· /	
Fort Wortin, 124 70.	110			PRODUCER CUST			
				INSURERS AI	FFORDING COVI	ERAGE	NAIC #
INSURED Michigan State Youth	Sa	2001	Association				11991
9401 General Drive, S				Insurer B: National Union Fire Insurance Company			19445
Plymouth, MI 48170				Insurer C:		•	
1 19 1110 0011, 1122 101 10				Insurer D:			
				Insurer E:			
				Insurer F:			
COVERAGES CE	RTI	FIC/	ATE NUMBER: 140075	25	F	REVISION NUMBER:	0
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUC	REQU / PEF :H PC	IREM RTAIN LICIE	ENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONT DED BY THE PO E BEEN REDUC	RACT OR OTHER DLICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECT TO	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	
A GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance)	\$1,000,000 \$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 4688700	9/1/2014	9/1/2015	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	
X HIRED AUTOS						(Per accident)	
X NON-OWNED AUTOS							
A UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000
X EXCESS LIAB CLAIMS-MADE				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,, ,, _, _,	AGGREGATE	\$5,000,000
DEDUCTIBLE	1						. , ,
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			SRG 9115335A	9/1/2014	9/1/2015		\$100,000
This certificate is issued on behalf o Additional Insured as respects the open control of the co	f Mi	chiga	an State Youth Soccer As	sociation & M	id-Michigan Yo		tificate Holder is
OFFICIAL LIGHT				04110=:::			
CERTIFICATE HOLDER				CANCELLA	AIION		
Kearsley High School						DESCRIBED POLICIES BE CA	
Attn: Tom Curatti					ION DATE THEREC LICY PROVISIONS	F, NOTICE WILL BE DELIVERE	DINACCORDANCE
4302 Underhill Dr.							
Flint, MI 48506				AUTHORIZED REF	PRESENTATIVE	0 0	



DATE (MM/DD/YYYY) 8/19/2014

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and co	onditions of the policy, certain policy, certain policy, certain policy, certain policy.	olicies	s ma	y require an endorsement.	A statement on	this certificate of	does not confer rights to th	e certificate holder	
PRODU	Pullen Insurance So	ervic	es.	Inc	CONTACT NAME:	Sports Divis	sion		
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76		Dui	10 300	E-MAIL ADDRESS:				
	1 of t worth, 121 70	110			PRODUCER CUST	OMER ID#: MI			
					INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSURE	Michigan State Youth	Soc	cer	Association	Insurer A: Na	ational Casualt	v Company	11991	
	9401 General Drive, S						Fire Insurance Company	19445	
	Plymouth, MI 48170	Juic	. 12	O	Insurer C:				
	1 1y moddi, 1v11 401 / 0				Insurer D:				
					Insurer E:				
					Insurer F:				
COV	ERAGES CE	RTIE	FIC	ATE NUMBER: 140075		F	REVISION NUMBER:	0	
INDICA CERTI EXCLU	S TO CERTIFY THAT THE POLICI ATED. NOTWITHSTANDING ANY F FICATE MAY BE ISSUED OR MA' USIONS AND CONDITIONS OF SUC	REQUI Y PER CH PO	REM RTAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	OF ANY CONTE DED BY THE PO E BEEN REDUCE	RACT OR OTHER LICIES DESCRIE ED BY PAID CLAI	R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT TO	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		
↑ ↑	ENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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	
G	EN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000	
	POLICY PROJECT LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000	
A	UTOMOBILE LIABILITY ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	ALL OWNED AUTOS						BODILY INJURY (Per person)		
	SCHEDULED AUTOS						BODILY INJURY (Per accident)		
\ \ <u>\</u>	HIRED AUTOS						PROPERTY DAMAGE (Per accident)		
\ \frac{2}{3}	NON-OWNED AUTOS						(
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				7110 1000000	7/1/2011	7/1/2013	AGGREGATE	\$5,000,000	
	DEDUCTIBLE	1					AGGREGATE	42,000,000	
-	RETENTION \$								
	_						WC STATU- OTH-		
A	ORKERS COMPENSATION ND EMPLOYERS' LIABILITY Y/N						E. L. EACH ACCIDENT		
At O	NY PROPRIETOR/PARTNER/EXECUTIVE FFICER/MEMBER EXCLUDED?	N/A							
1 1	landatory in NH) yes, describe under						E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT		
ВР	ADTICIDANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000	
D P	ARTICIPANT ACCIDENT MEDICAL			SKU 7113333A	9/1/2014	9/1/2013		Ψ100,000	
This of Addit	prion of operations/Locations/Vecertificate is issued on behalf of ional Insured as respects the o	f Mic	higa	an State Youth Soccer As	sociation & Mi sanctioned act	d-Michigan Yo tivities of the st		tificate Holder is	
	TIFICATE HOLDER				CANCELLA	IION			
	stone Soccer Complex: Tom Curatti				SHOULD ANY THE EXPIRATI	OF THE ABOVE I	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE D IN ACCORDANCE	

712 N Keystone Rd Traverse City, MI 49686

WITH THE POLICY PROVISIONS.



DATE (MM/DD/YYYY) 8/19/2014

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in li	ieu of such endorsement(s).							
PRO	Pullen Insurance S	Servi	ces,	Inc.	CONTACT NAME:	Sports Divis	ion	
	2560 River Park F	laza.	Sui	te 300	PHONE: (817) 738-6100 FAX: (817) 738-2993			
	Fort Worth, TX 7				E-MAIL ADDRESS: contact@pullenins.com			
	, ,				PRODUCER CUSTOMER ID#: MI			
					INSURERS AF	NAIC #		
INSU	Michigan State You	h So	ccer	Association	Insurer A: N	ational Casualty	Company	11991
	9401 General Drive,	Snit	e 12	0	Insurer B: National Union Fire Insurance Company			19445
	Plymouth, MI 48170		U 1 <u>-</u>		Insurer C:			
	11,11104111,1111 1017				Insurer D:			
					Insurer E:			
					Insurer F:			
CO	VERAGES C	ERT	FIC/	ATE NUMBER: 140076	56	R	REVISION NUMBER:	0
IND CER EXC	S IS TO CERTIFY THAT THE POLIC ICATED. NOTWITHSTANDING ANY RTIFICATE MAY BE ISSUED OR M LUSIONS AND CONDITIONS OF SU	REQL AY PE JCH PO	IIREM RTAIN OLICIE	ENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONTI DED BY THE PO E BEEN REDUC	RACT OR OTHER DLICIES DESCRIB ED BY PAID CLAII	DOCUMENT WITH RESPECT TO	CT TO WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADD'L INSRE	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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							
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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	N/A					E. L. EACH ACCIDENT	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICA	L		SRG 9115335A	9/1/2014	9/1/2015		\$100,000
Thi	CRIPTION OF OPERATIONS / LOCATIONS / ls certificate is issued on behalf ditional Insured as respects the	of Mi	chiga	an State Youth Soccer Ass	sociation & M	ichigan Youth S		te Holder is

CERTIFICATE HOLDER

CANCELLATION

Holmes Middle School Attn: Yvonne Curtis 16200 Newburgh Road Livonia, MI 48154

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

Satik Dieli



DATE (MM/DD/YYYY) 8/19/2014

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	eu of such endorsement(s).	DICIES	may require an endorsemer	it. A Statement on	uns certificate o	ioes not conter rights to th	e certificate noider		
PROI	Pullen Insurance Se	ervice	es. Inc.	CONTACT NAME:	Sports Divis	sion			
	2560 River Park Pla			PHONE: (8					
	Fort Worth, TX 762	,	Julie 300	E-MAIL ADDRESS:					
	Toft Worth, 12 70	110		PRODUCER CUSTOMER ID#: MI					
				INSURERS AF	FORDING COVI	FRAGE	NAIC #		
INSU	IRED Michigan State Voyeth	Coo	an Association		11991				
	Michigan State 1 Outil				Insurer A: National Casualty Company				
	9401 General Drive, S	sune	120		Insurer B: National Union Fire Insurance Company Insurer C:				
	Plymouth, MI 48170								
				Insurer D:					
				Insurer E:					
~~	VEDAGES OF	DTIE	ICATE NUMBER: 1400	Insurer F:		SEVICION NUMBER	0		
			ICATE NUMBER: 1400			REVISION NUMBER:			
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R KTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	EQUIR PERT H POL	REMENT, TERM OR CONDITION TAIN, THE INSURANCE AFFO ICIES. LIMITS SHOWN MAY H	ON OF ANY CONTF PRDED BY THE PO AVE BEEN REDUCE	RACT OR OTHER LICIES DESCRIE ED BY PAID CLAI	R DOCUMENT WITH RESPECT TO	CT TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADD'L S INSRD V	UBR WD POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A	GENERAL LIABILITY	X	KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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			
	X HIRED AUTOS					(Per accident)			
	X NON-OWNED AUTOS								
Α	UMBRELLA LIAB X OCCUR		XKO 4688800	9/1/2014	9/1/2015	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			
В	PARTICIPANT ACCIDENT MEDICAL		SRG 9115335A	9/1/2014	9/1/2015	2. 2. 3.02.7.02 1 32.01 2	\$100,000		
							. ,		
Thi	cription of operations/locations/ve s certificate is issued on behalf or ditional Insured as respects the op	f Mich	nigan State Youth Soccer A	Association & Mi	chigan Youth	Soccer League. Certificatate association.	te Holder is		
CF	RTIFICATE HOLDER			CANCELLA	TION				
HI 83	ERITAGE PARK 99 TEXTILE ROAD PSILANTI , MI 48197			SHOULD ANY THE EXPIRATI	OF THE ABOVE	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE D IN ACCORDANCE		
				AUTHORIZED REP	RESENTATIVE	Patik Dull	-		



DATE (MM/DD/YYYY) 8/19/2014

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

and conditions of the policy, certain point lieu of such endorsement(s).	olicies	s may	y require an endorsement.	A statement of	on this certificate of	loes not confer rights to th	e certificate holder	
PRODUCER Pullen Insurance So	ervic	-AC	Inc	CONTACT NAME	: Sports Divis	ion		
2560 River Park Pl				PHONE:	(817) 738-6100	FAX: (817) 738-29	993	
Fort Worth, TX 76		Sur	ic 300	E-MAIL ADDRESS: contact@pullenins.com				
1 oft worth, 12x 70	110			PRODUCER CU				
				INSURERS	NAIC #			
INSURED Michigan State Youth	Soc	cor	Association		National Casualty		11991	
9401 General Drive,				Insurer B:	19445			
Plymouth, MI 48170				Insurer C:				
, , , , , , , , , , , , , , , , , , , ,				Insurer D:				
				Insurer E:				
				Insurer F:				
COVERAGES CE	RTIF	FICA	ATE NUMBER: 140116	85	F	REVISION NUMBER:	0	
THIS IS TO CERTIFY THAT THE POLICII INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MA EXCLUSIONS AND CONDITIONS OF SUC	REQUII Y PER CH POL	REMI TAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORI S. LIMITS SHOWN MAY HAV	OF ANY CON DED BY THE F 'E BEEN REDU	TRACT OR OTHER POLICIES DESCRIB CED BY PAID CLAI	R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT TO	CT TO WHICH THIS	
INSR LTR TYPE OF INSURANCE	ADD'L INSRD	WVD		POLICY EFFECTIV DATE (MM/DD/YY	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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	\perp					PARTICIPANT LEGAL LIABILITY	\$1,000,000	
A AUTOMOBILE LIABILITY ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000	
DEDUCTIBLE	1							
RETENTION \$								
WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER		
AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE	 NI/A					E. L. EACH ACCIDENT		
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			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
This certificate is issued on behalf of Additional Insured as respects the o	of Mic	higa	n State Youth Soccer As	sociation & I	Mid-Michigan Yo	outh Soccer League. Cer ate association.	tificate Holder is	
CERTIFICATE HOLDER				CANCELL	ATION			
CERTIFICATE HOLDER				CANCELLATION				
Hartker Field Attn: Gary Yunge 5202 E. Maple Rd.				THE EXPIRA	NY OF THE ABOVE INTON DATE THEREOF POLICY PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE D IN ACCORDANCE	
Grand Blanc, MI 48439				AUTHORIZED R	EPRESENTATIVE	<u> </u>		

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DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain pe eu of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate of	loes not confer rights to the	e certificate holder	
PRO	Pullen Insurance Se	ervio	ces.	Inc	CONTACT NAME:	Sports Divis	ion		
	2560 River Park Pl				PHONE: (81	17) 738-6100	FAX: (817) 738-29	993	
	Fort Worth, TX 76		Sui	ic 500	E-MAIL ADDRESS: contact@pullenins.com				
	Toft Worth, 124 70	110			PRODUCER CUSTOMER ID#: MI				
					INSURERS AF	FORDING COVE	FRAGE	NAIC #	
INSU	RED Michigan State Vouth	Co		Association		tional Casualty		11991	
	Michigan State 1 out						ire Insurance Company	19445	
	9401 General Drive, S	Sulte	3 1 2	U		monar Omon r	ne msurance Company	17443	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:				
				ATE NUMBER: 140119			REVISION NUMBER:		
IND CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC T	REQU Y PEF CH PC	IREM RTAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO MS.	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR WVD		POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	*	
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	-						BODILY INJURY (Per person)		
	ALL OWNED AUTOS						BODILY INJURY (Per accident)		
	SCHEDULED AUTOS						PROPERTY DAMAGE		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000	
	DEDUCTIBLE	1					7.00NZOMZ	, - , ,	
	RETENTION \$								
							WC STATU- OTH-		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						TORY LIMITS ER E. L. EACH ACCIDENT		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A							
	(Mandatory in NH) If yes, describe under						E. L. DISEASE - EA EMPLOYEE		
D				CDC 0115225 A	9/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2013		\$100,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VE								
	s certificate is issued on behalf o ditional Insured as respects the or							te Holder is	
Au	ditional insured as respects the of	perai	10115	of the tvailled filsured for	sanctioned act	ivities of the st	ate association.		
CE	RTIFICATE HOLDER				CANCELLA	TION		1	
12	EVEL ELEMENTARY 700 29 MILE RD ASHINGTON , MI 48094				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 REPR	RESENTATIVE	Patik Dull	-	



DATE (MM/DD/YYYY) 8/19/2014

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ın li	ieu of such endorsement(s).									
PRO	Pullen Insurance Se	ervi	ces,	Inc.	CONTACT NAME: Sports Division					
	2560 River Park Pl	aza,	Sui	te 300	PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 76				E-MAIL ADDRESS: contact@pullenins.com					
					PRODUCER CUSTOMER ID#: MI					
					INSURERS AF	NAIC #				
INSU	Michigan State Youth	So	ccer	Association	Insurer A: Na	tional Casualty	v Company	11991		
	9401 General Drive, S	Smit	2 12	1 1330C1at1011			ire Insurance Company	19445		
	Plymouth, MI 48170	Juin	ا 1 ك	O	Insurer C:		in insurance company	171.0		
	1 lyllloutii, W11 481 /0				Insurer D:					
					Insurer E:					
\sim	OVERAGES CE	DTI		ATE NUMBER: 140126	Insurer F:		REVISION NUMBER:	0		
THIS IS TO CERTIFY THAT THE POLICI INDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR MA EXCLUSIONS AND CONDITIONS OF SU			F INSI IREM RTAIN OLICIE	URANCE LISTED BELOW HA ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	VE BEEN ISSUE OF ANY CONTR DED BY THE POI E BEEN REDUCE	D TO THE INSUI RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	RED NAMED ABOVE FOR THE DOCUMENT WITH RESPECT TO	HE POLICY PERIOD 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 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
	ANY AUTO						,			
	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 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000		
	DEDUCTIBLE	1						. , ,		
	RETENTION \$									
							WC STATU- OTH-			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						TORY LIMITS ER 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									
D	DA DEIGIDA NE A COUDENE MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000		
В	PARTICIPANT ACCIDENT MEDICAL			3KU 9113333A	9/1/2014	9/1/2013		\$100,000		
Thi	CRIPTION OF OPERATIONS / LOCATIONS / VE is certificate is issued on behalf o ditional Insured as respects the o	f Mi	chiga	an State Youth Soccer Ass	sociation & Mi	chigan Youth S		te Holder is		
CF	RTIFICATE HOLDER				CANCELLA	TION				
Но 16	olmes Middle School 5200 Newburgh Road				CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE					
L1	vonia, MI 48154				WITH THE POLICY PROVISIONS.					
					AUTHORIZED REPI	RESENTATIVE	Patik Pull	-		



DATE (MM/DD/YYYY) 8/19/2014

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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 neu or s	such endorsement(s).						
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division PHONE: (817) 738-6100 FAX: (817) 738-2993					
	2560 River Park Plaza, Suite 300						
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com					
		PRODUCER CUSTOMER ID#: MI					
		INSURERS AFFORDING COVERAGE	NAIC #				
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991				
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company 19445					
	Plymouth, MI 48170	Insurer C:					
		Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 1401265	REVISION NUMBER: ()				
	O CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA D. NOTWITHSTANDING ANY REQUIREMENT. TERM OR CONDITION						

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	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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
Liberty Park of America 33600 Mound Rd. Sterling Heights, MI 48310	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 Satik Dull



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain policy, cert	olicie	s ma	y require an endorsement. <i>I</i>	A statement on	this certificate o	loes not conter rights to the	e certificate noider
PROI	Pullen Insurance Se	rvic	es	Inc	CONTACT NAME:	Sports Divis	ion	
2560 River Park Plaza, Suite 300					PHONE: (817) 738-6100 FAX: (817) 738-2993 E-MAIL ADDRESS: contact@pullenins.com			
						FORDING COVE		NAIC #
INSU	RED 34: 1: C. 4 37 41			A				11991
	Michigan State 1 Outil					tional Casualty		+
	9401 General Drive, S	Suite	12	U		monai Union F	Fire Insurance Company	19445
	Plymouth, MI 48170				Insurer C:			
					Insurer D:			
					Insurer E:			
	VED 4 0 E 0	- TII	-10	ATE NUMBER 140104	Insurer F:		NEVIOLONI NUMBER	
				ATE NUMBER: 1401267			REVISION NUMBER:	
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	REQUI / PER CH PO	REM RTAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	OF ANY CONTR ED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	CT TO WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADD'L INSRD	SUBR	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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	
	X HIRED AUTOS						(Per accident)	
	X NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000
	X EXCESS LIAB CLAIMS-MADE]					AGGREGATE	\$5,000,000
	DEDUCTIBLE							
	RETENTION \$							
	WORKERS COMPENSATION						WC STATU- OTH- TORY LIMITS ER	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	111/74					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000
	 CRIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf o						Soccer League. Certificat	te Holder is
Ado	ditional Insured as respects the op	perati	ions	of the Named Insured for	sanctioned act	ivities of the st	ate association.	o Holder is
CF	RTIFICATE HOLDER				CANCELLA	TION		
Κε 15	eller Elementary 05 Campbell Rd. 10 Oak, MI 48067				SHOULD ANY THE EXPIRATION	OF THE ABOVE I	DESCRIBED POLICIES BE CAI F, NOTICE WILL BE DELIVEREI	
	•				AUTHORIZED REPI	RESENTATIVE	Patik Dull	



DATE (MM/DD/YYYY) 8/19/2014

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IMPORTANT: If the certificate holder is and conditions of the policy, certain policy in lieu of such endorsement(s).	s an A olicie	ADDITIONAL INSURED, the polic s may require an endorsement.	cy(ies) must be of A statement on	endorsed. If SUI this certificate o	BROGATION IS WAIVED, so loes not confer rights to the	ubject to the terms e certificate holder	
PRODUCER Pullen Insurance So	arvio	pas Inc	CONTACT NAME: Sports Division				
2560 River Park Pl			PHONE: (817) 738-6100 FAX: (817) 738-2993				
Fort Worth, TX 76		Suite 300	E-MAIL ADDRESS:	contact@pul	. ,	,,,	
Fort Worth, 1X 70	110		PRODUCER CUSTO				
			INSURERS AF	FORDING COVE	FRAGE	NAIC #	
INSURED Michigan State Vouth	· Ca	acon Association		tional Casualty		11991	
Michigan State 1 Out					Fire Insurance Company	19445	
9401 General Drive, S	Suite	2120	Insurer C:	monai Omon i	The misurance Company	19443	
Plymouth, MI 48170			Insurer D:				
			Insurer E:				
			Insurer F:				
COVERAGES CE	PTI	FICATE NUMBER: 140131	-		REVISION NUMBER:	<u> </u>	
THIS IS TO CERTIFY THAT THE POLICII INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MA' EXCLUSIONS AND CONDITIONS OF SUC	ES OF REQU Y PEF CH PO	FINSURANCE LISTED BELOW HAIREMENT, TERM OR CONDITION RTAIN, THE INSURANCE AFFORD	AVE BEEN ISSUE OF ANY CONTR DED BY THE POI E BEEN REDUCE	D TO THE INSUI RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	RED NAMED ABOVE FOR THE R DOCUMENT WITH RESPEC SED HERFIN IS SUBJECT TO	HE POLICY PERIOD OT 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		
A GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY	X	KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance)	\$1,000,000 \$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 ANY AUTO		KRO 4688700	9/1/2014	9/1/2015	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					(i or assistant)		
X now consider the rest							
A UMBRELLA LIAB X OCCUR		XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
X EXCESS LIAB CLAIMS-MADE		AKO 4000000	7/1/2014	7/1/2013	AGGREGATE	\$5,000,000	
DEDUCTIBLE	1				AGGREGATE	ψ2,000,000	
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		SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
						,	
DESCRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Attach ACORD 101, Additional Remarks S	Schedule, if more space	is required)	1		
This certificate is issued on behalf of Holder is Additional Insured as resp	of Mio	chigan State Youth Soccer As the operations of the Named I	sociation & MI nsured for sanc	CHIGAN YOU tioned activitie	UTH SOCCER LEAGUE so of the state association.	. Certificate	
CERTIFICATE HOLDER			CANCELLA	TION			
HARBOR SPRINGS OTTAV 170 ZOLL STREET HARBOR SPRINGS , MI 49		STADIUM	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 REPI	RESENTATIVE	Jatik Dull-		

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DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain pole of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate of	loes not confer rights to the	e certificate holder	
PRO	Pullen Insurance Se	.r., i,	200	Inc	CONTACT NAME:	Sports Divis	ion		
	2560 River Park Pla				PHONE: (817) 738-6100 FAX: (817) 738-2993				
			Sui	ie 300	E-MAIL ADDRESS:	contact@pu		75	
	Fort Worth, TX 76	110			PRODUCER CUSTO		nemis.com		
						FORDING COVE	EDACE	NAIC #	
INICI	URED Michigan State Vouth								
IINOU	Michigan State 1 outil	So	ccer	Association		tional Casualty		11991	
	9401 General Drive, S	Suite	e 12	0		itional Union F	Fire Insurance Company	19445	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTI	FIC/	ATE NUMBER: 140137	27	F	REVISION NUMBER:	0	
IND CEF EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	REQU PEI H PC	IREM RTAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	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		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
7.1	X EXCESS LIAB CLAIMS-MADE			7110 1000000	<i>7/1/2011</i>	7/1/2013	AGGREGATE	\$5,000,000	
	DEDUCTIBLE	-					AGGREGATE	Ψ2,000,000	
	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		
	,			CDC 0115225 A	0/1/2014	0/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VE		C / ^ #=	ah ACORD 404 Additional Remarks C	abadula if mana anga	in required)			
Thi	s certificate is issued on behalf or ditional Insured as respects the op	f Mi	chiga	an State Youth Soccer As	sociation & Mi	chigan Youth		e Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
L'. 23	Anse Creuse High School N 700 Twenty One Mile Road acomb, MI 48042		n		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 Pulling		



DATE (MM/DD/YYYY) 8/19/2014

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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

iii iieu oi s	such endorsement(s).						
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division					
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-29	93				
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com					
	,	PRODUCER CUSTOMER ID#: MI					
		INSURERS AFFORDING COVERAGE NAIC					
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991				
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445				
	Plymouth, MI 48170	Insurer C:					
		Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 1401419	99 REVISION NUMBER: ()				
	D CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA D. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION						

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	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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(* 5. 555.55)	
	NON-OWNED ACTOC							
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A					E. L. EACH ACCIDENT	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

OLKIII IOATE HOLDEK	OANOLLLANON
LAPEER COMMUNITY SCHOOL SOCCER FIELD 250 2ND ST. LAPEER, MI 48446	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 Satisfull

CANCELL ATION

CEDTIEICATE HOLDED



DATE (MM/DD/YYYY) 8/19/2014

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PRODUCER Pulle	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division					
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993					
		E-MAIL ADDRESS: contact@pullenins.com					
1 OIL WOLLIN		PRODUCER CUSTOMER ID#: MI					
		INSURERS AFFORDING COVERAGE	NAIC #				
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991				
		Insurer B: National Union Fire Insurance Company	19445				
	· · · · · · · · · · · · · · · · · · ·	Insurer C:					
,,,		Insurer D:					
		Insurer E:					
		Insurer F:					
COVERA	AGES CERTIFICATE NUMBER: 1401420	0 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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(i ei accident)	
	NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
	DEDUCTIBLE	1						
	RETENTION \$							
	WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION

HATHERLY ELEMENTARY WARREN CONS. **SCHOOLS** 35201 DAVISON STERLING HEIGHTS, MI 48310

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



DATE (MM/DD/YYYY) 8/19/2014

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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

	conditions of the policy, certain p eu of such endorsement(s).	olicie	s ma	y require an endorsement.	Á statement on	this certificate of	loes not confer rights to the	e certificate holder		
PRO	Pullen Insurance Se	2rvi	ces	Inc	CONTACT NAME: Sports Division					
	2560 River Park Pl				PHONE: (8	17) 738-6100	FAX: (817) 738-29	993		
	Fort Worth, TX 76	,	Sui	.tc 300	E-MAIL ADDRESS: contact@pullenins.com					
	Toft Worth, 124 70	110			PRODUCER CUSTOMER ID#: MI					
					INSURERS AFFORDING COVERAGE NAIC #					
INSU	RED Michigan State Voyal			Aggariation	+	11991				
	Michigan State 1 out	1 20	- 12	Association		ntional Casualty	Fire Insurance Company	19445		
	9401 General Drive,	Sulu	e 12	U	Insurer C:	ttionai Omon i	The misurance Company	13443		
	Plymouth, MI 48170									
					Insurer D:					
					Insurer E:					
	VERAGES CE	рті	FIC	ATE NUMBER: 140143	Insurer F:		REVISION NUMBER:	0		
THIS IND CER EXC	S IS TO CERTIFY THAT THE POLICI ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MA CLUSIONS AND CONDITIONS OF SUC	ES O REQU Y PEI CH PC	F INS IIREM RTAIN DLICIE	URANCE LISTED BELOW HA ENT, TERM OR CONDITION N, THE INSURANCE AFFORE S. LIMITS SHOWN MAY HAV	AVE BEEN ISSUE OF ANY CONTR DED BY THE PO 'E BEEN REDUCE	D TO THE INSUITED TO THE INSUI	RED NAMED ABOVE FOR TH R DOCUMENT WITH RESPEC ED HEREIN IS SUBJECT TO MS.	HE POLICY PERIOD OT TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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	ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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)			
							(Fer accident)			
	X NON-OWNED AUTOS									
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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	N/A					E. L. EACH ACCIDENT			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	",					E. L. DISEASE - EA EMPLOYEE			
	If yes, describe under						E. L. DISEASE - POLICY LIMIT			
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000		
DES	.I CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	ch ACORD 101, Additional Remarks S	Chedule, if more space	e is required)	1			
Thi	s certificate is issued on behalf of ditional Insured as respects the o	f Mi	chiga	an State Youth Soccer As	sociation & Mi	chigan Youth	Soccer League. Certificate association.	te Holder is		
CE	RTIFICATE HOLDER				CANCELLA	TION				
JE 22	FFERSON ELEMENTAR 011 REPUBLIC AVE AK PARK, MI 48237	Y			SHOULD ANY THE EXPIRATION WITH THE POL	OF THE ABOVE I ON DATE THEREO LICY PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERED			
					AUTHORIZED REPI	RESENTATIVE	Jatik Dull-	-		



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain pe eu of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate of	loes not confer rights to the	e certificate holder	
PRO	Pullen Insurance Se	ervio	ces.	Inc	CONTACT NAME:	Sports Divis	ion		
	2560 River Park Pl				PHONE: (81	17) 738-6100	FAX: (817) 738-29	993	
	Fort Worth, TX 76		Sui	ic 500	E-MAIL ADDRESS: contact@pullenins.com				
	Toft Worth, 124 70	110			PRODUCER CUSTOMER ID#: MI				
					INSURERS AF	FORDING COVE	FRAGE	NAIC #	
INSU	RED Michigan State Vouth	Co		Association	Insurer A: National Casualty Company 11991				
	Michigan State 1 out						ire Insurance Company	19445	
	9401 General Drive, S	Suite	2 1 2	U		19443			
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
	VED 1 0 5 0			TE NUMBER 440450	Insurer F:		EVIOLONI NUMBER		
				ATE NUMBER: 140158			REVISION NUMBER:		
IND CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC T	REQU Y PEF CH PC	IREM RTAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO MS.	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR WVD		POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	*	
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	-						BODILY INJURY (Per person)		
	ALL OWNED AUTOS						BODILY INJURY (Per accident)		
	SCHEDULED AUTOS						PROPERTY DAMAGE		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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?	N/A					E. L. DISEASE - EA EMPLOYEE		
	(Mandatory in NH) If yes, describe under						E. L. DISEASE - POLICY LIMIT		
В	DARTICIDANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000	
ь	PARTICIPANT ACCIDENT MEDICAL			SKG 9113333A	9/1/2014	9/1/2013		Ψ100,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VE						Concer Los esser Continue	to Holder in	
	s certificate is issued on behalf o ditional Insured as respects the o							te Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
16	JTHERAN HIGH SCHOO 824 24 MILE ROAD ACOMB, MI 48042	LN	OR'	ГН	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 REPP	RESENTATIVE	Patik Dueli	-	



DATE (MM/DD/YYYY) 8/19/2014

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 liquid or such and response.

and conditions of the policy, certain p in lieu of such endorsement(s).	olicies	s may require an endorsement	. A statement on	this certificate of	loes not confer rights to the	e certificate holder				
PRODUCER Pullen Insurance S	orvice	as Inc	CONTACT NAME:	CONTACT NAME: Sports Division						
2560 River Park Pl			PHONE: (8	(0.17)						
Fort Worth, TX 76		Suite 300	E-MAIL ADDRESS: contact@pullenins.com							
Fort Worth, 1A 70	110		PRODUCER CUSTOMER ID#: MI							
			INSURERS AF	NAIC #						
INSURED Michigan State Vouth		A		11991						
Michigan State Youth 9401 General Drive,										
	Sune	120	Insurer C:	ational Cinon I	ne mourance company	19445				
Plymouth, MI 48170			Insurer D:							
			Insurer E:							
			Insurer F:							
COVERAGES CE	DTIE	FICATE NUMBER: 14116			REVISION NUMBER:	0				
THIS IS TO CERTIFY THAT THE POLICI INDICATED. NOTWITHSTANDING ANY I CERTIFICATE MAY BE ISSUED OR MA	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 S		POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS					
A GENERAL LIABILITY	X	KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE	\$1,000,000				
X COMMERCIAL GENERAL LIABILITY	1	1000700	7/1/2011	3/1/2013	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 4688700	9/1/2014	9/1/2015	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					
X HIRED AUTOS					(Per accident)					
X NON-OWNED AUTOS										
A UMBRELLA LIAB X OCCUR	+-+	VVO 4600000	0/1/2014	0/1/2015		\$5,000,000				
A UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE		XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000 \$5,000,000				
DEDUCTIBLE CEANWISTWADE	-				AGGREGATE	\$3,000,000				
 										
RETENTION \$	++				WC STATU- TORY LIMITS ER					
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N										
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					
	++	SRG 9115335A	9/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000				
B PARTICIPANT ACCIDENT MEDICAL		SKG 9115335A	9/1/2014	9/1/2015		\$100,000				
DESCRIPTION OF OPERATIONS / LOCATIONS / VA		(Attach ACORD 101 Additional Remarks	Sahadula if mara anaa	no in required)						
This certificate is issued on behalf of	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 & Mid-Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.									
CERTIFICATE HOLDER			CANCELLA	ATION						
Hugh Parker Soccer Comple	X									
1177 Farr Ave. Owosso, MI 48867	Λ		THE EXPIRAT	OF THE ABOVE ION DATE THERECULICY PROVISIONS	DESCRIBED POLICIES BE CA PF, NOTICE WILL BE DELIVERE 	NCELLED BEFORE DINACCORDANCE				
0 3550, 1.11 10007										

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DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain policy certain policy and such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on t	this certificate o	loes not confer rights to the	e certificate holder	
PROI	Pullen Insurance Se	rvi	es	Inc	CONTACT NAME: Sports Division				
	2560 River Park Pl				PHONE: (81	17) 738-6100	FAX: (817) 738-29	993	
	Fort Worth, TX 76	,	Sui	10 300	E-MAIL ADDRESS: contact@pullenins.com				
	Toft Worth, TA 70	110			PRODUCER CUSTOMER ID#: MI				
							=RAGE	NAIC #	
INSU	RED 3.4. 1. C 37 .1	-		A : .:					
11400	Wildingan State Touth					•			
	9401 General Drive, S	Suite	e 12	O		itional Union F	Fire Insurance Company	19445	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTI	FIC/	ATE NUMBER: 141168	58	F	REVISION NUMBER:	0	
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	REQU / PEI :H PC	IREM RTAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	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		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
11	X EXCESS LIAB CLAIMS-MADE			71KO 4000000)/1/201 4	7/1/2013	AGGREGATE	\$5,000,000	
	DEDUCTIBLE	1					AGGREGATE	ψ5,000,000	
	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		
D				CDC 0115225 A	0/1/2014	0/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VE		S (A#2	ch ACOPD 101 Additional Pamarks S	chadula if mara space	is required)			
	s certificate is issued on behalf o						outh Soccar Laggue Cart	ificate Holder is	
	ditional Insured as respects the op-							ineate Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
	aca High School				J = = -				
71	0 N Union St aca, MI 48847				THE EXPIRATION	OF THE ABOVE I ON DATE THEREO LICY PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVEREI	NCELLED BEFORE DINACCORDANCE	
					AUTHORIZED REPR	RESENTATIVE	\bigcap		
						_	Vatil Pull	-	



DATE (MM/DD/YYYY) 8/19/2014

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in li	eu of such endorsement(s).			· ·					
PROI	Pullen Insurance Se	rvio	ces.	Inc.	CONTACT NAME: Sports Division				
	2560 River Park Pla				PHONE: (817) 738-6100	FAX: (817) 738-29	93	
	Fort Worth, TX 761		201		E-MAIL ADDRESS: contact@pullenins.com				
	1011 ((01111, 111 / 01	10			PRODUCER CUSTOMER ID#: MI				
					INSURERS A	AFFORDING COVE	RAGE	NAIC #	
INSU	Michigan State Youth	So	CCAT	Association	Insurer A:	National Casualty	Company	11991	
	9401 General Drive, S					19445			
	Plymouth, MI 48170	uiu	12	U	Insurer C:	tutional Cinon I	ire Insurance Company	17113	
	Flymouni, Wii 48170				Insurer D:				
					Insurer E:				
					Insurer F:				
	VERAGES CE	PTI	FIC/	ATE NUMBER: 1411685			EVISION NUMBER:	<u> </u>	
	S IS TO CERTIFY THAT THE POLICIE								
INDI CER	CATED. NOTWITHSTANDING ANY R ITIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUCI	EQU PEF H PC	IREM RTAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	OF ANY CON DED BY THE P E BEEN REDU	TRACT OR OTHER OLICIES DESCRIB CED BY PAID CLAII	DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	T 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		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
	UMBRELLA LIAB X OCCUR			VIVO 4600000	0/1/2014	0/1/2015		¢£ 000 000	
A				XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000 \$5,000,000	
	71						AGGREGATE	\$3,000,000	
	DEDUCTIBLE								
	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		
				GD G 0115225 A	0/1/2014	0/1/2017	E. L. DISEASE - POLICY LIMIT	¢100.000	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
Thi	CRIPTION OF OPERATIONS / LOCATIONS / VEH s certificate is issued on behalf of ditional Insured as respects the op	Mi	chiga	n State Youth Soccer Ass	sociation & N	Mid-Michigan Yo		ificate Holder is	
CE	DTIEICATE HO! DED				CANCELL	ATION			
	RTIFICATE HOLDER				CANCELL	ATION		1	
	en Hope Soccer Complex						DESCRIBED POLICIES BE CAN		
	01 Aurelius Rd.				THE EXPIRA		F, NOTICE WILL BE DELIVERED		
La	nsing, MI 48910				WITH THE P	CLICI I NOVIGIONS		I	

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in li	eu of such endorsement(s).								
PROI	Pullen Insurance Ser	rvice	es, Inc.	CONTACT NAME: Sports Division					
	2560 River Park Pla			PHONE:	(817) 738-6100	FAX: (817) 738-29	993		
	Fort Worth, TX 761	16		E-MAIL ADDRESS: contact@pullenins.com					
	,			PRODUCER CL	JSTOMER ID#: MI				
				INSURERS	NAIC #				
INSU	Michigan State Youth	Soc	cer Association	Insurer A:	National Casualty	Company	11991		
	9401 General Drive, S	uite	120	Insurer B:	19445				
	Plymouth, MI 48170			Insurer C:					
	,			Insurer D:					
				Insurer E:					
				Insurer F:					
CO	VERAGES CEI	RTIF	ICATE NUMBER: 1411686	50	F	REVISION NUMBER:	0		
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIES ICATED. NOTWITHSTANDING ANY RESTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	EQUIR PERT I POL	REMENT, TERM OR CONDITION FAIN, THE INSURANCE AFFORD ICIES. LIMITS SHOWN MAY HAVI	OF ANY COM DED BY THE E BEEN REDU	NTRACT OR OTHER POLICIES DESCRIB JCED BY PAID CLAII	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT TO	CT TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADD'L S NSRD V	UBR WD POLICY NUMBER	POLICY EFFECTI DATE (MM/DD/Y	VE POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A	GENERAL LIABILITY	X	KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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			
	X HIRED AUTOS X NON-OWNED AUTOS					(Per accident)			
	A NON-OWNED AUTOS								
A	UMBRELLA LIAB X OCCUR		XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
	X EXCESS LIAB CLAIMS-MADE		11110 1000000	,, i, 2 01 .	77172010	AGGREGATE	\$5,000,000		
	DEDUCTIBLE								
	RETENTION \$								
	WORKERS COMPENSATION					WC STATU- TORY LIMITS OTH- ER			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E. L. EACH ACCIDENT			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A				E. L. DISEASE - EA EMPLOYEE			
	If yes, describe under					E. L. DISEASE - POLICY LIMIT			
В	PARTICIPANT ACCIDENT MEDICAL		SRG 9115335A	9/1/2014	9/1/2015		\$100,000		
DEO	DOUBTION OF OBERATIONS // OCATIONS //FI	1101 50	(Attack ACORD 404 Additional Remarks O	-h - d.d					
Thi	cription of operations / Locations / VEH s certificate is issued on behalf of ditional Insured as respects the op	Micl	nigan State Youth Soccer Ass	sociation &	Mid-Michigan Yo		tificate Holder is		
CE	RTIFICATE HOLDER			CANCEL	LATION				
La 12	keville High School 455 Wilson Rd keville, MI 48463			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					

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DATE (MM/DD/YYYY) 8/19/2014

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and co	TIANT: If the certificate holder is anditions of the policy, certain policy of such endorsement (s).	s an <i>F</i> olicie	s ma	y require an endorsement.	A statement on	endorsed. If SUI this certificate o	loes not confer rights to th	e certificate holder	
PRODUC	Pullen Insurance So	ervio	es	Inc	CONTACT NAME: Sports Division				
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76	,	Dui	200	E-MAIL ADDRESS:	contact@pu	llenins.com		
	1011 (101111, 171 70	110			PRODUCER CUSTOMER ID#: MI				
					INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSURE	Michigan State Youth	So	Cet	· Association	Insurer A: Na	ational Casualt	v Company	11991	
	9401 General Drive, S						Fire Insurance Company	19445	
	Plymouth, MI 48170	Juin	. 1 _		Insurer C:		1 7		
	Trymouth, wir 10170				Insurer D:				
					Insurer E:				
					Insurer F:				
COVI	ERAGES CE	RTI	FIC	ATE NUMBER: 141168		F	REVISION NUMBER:	0	
INDICA CERTII EXCLU	S TO CERTIFY THAT THE POLICI TED. NOTWITHSTANDING ANY F FICATE MAY BE ISSUED OR MA' ISIONS AND CONDITIONS OF SUC	REQU Y PEF CH PC	IREM RTAIN LICIE	IENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE PO E BEEN REDUCE	RACT OR OTHER LICIES DESCRIE ED BY PAID CLAI	R DOCUMENT WITH RESPECT TO	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		
A G	ENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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	EN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000	
	POLICY PROJECT LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000	
A	JTOMOBILE LIABILITY ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	ALL OWNED AUTOS						BODILY INJURY (Per person)		
	SCHEDULED AUTOS						BODILY INJURY (Per accident)		
X							PROPERTY DAMAGE (Per accident)		
X	NON-OWNED AUTOS								
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
X	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000	
	DEDUCTIBLE								

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

SRG 9115335A

N/A

This certificate is issued on behalf of Michigan State Youth Soccer Association & Mid-Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

9/1/2014

9/1/2015

CERTIFICATE HOLDER	CANCELLATION
Lapeer East High School (11 v 11) 933 S. Saginaw St. Lapeer, MI 48446	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 Satisfull—

WC STATU-TORY LIMITS

E. L. EACH ACCIDENT

E. L. DISEASE - EA EMPLOYEE

E. L. DISEASE - POLICY LIMIT

\$100,000

RETENTION \$

If yes, describe under

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

PARTICIPANT ACCIDENT MEDICAL



DATE (MM/DD/YYYY) 8/19/2014

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.

	eu of such endorsement(s).	olicies	ma	y require an endorsement. <i>i</i>	4 statement on	ınıs certificatê c	ioes not conter rights to the	e certificate noider	
PROI	Pullen Insurance Se	ervice	es	Inc	CONTACT NAME: Sports Division				
	2560 River Park Pla				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76	,	Jui	300	E-MAIL ADDRESS: contact@pullenins.com				
	Toft Worth, 124 70	110			PRODUCER CUSTOMER ID#: MI				
						FORDING COVI	FRAGE	NAIC #	
INSU	JRED Michigan State Vouth	Coo	224	Association	Insurer A: National Casualty Company 11991				
	Michigan State 1 Outil					•	Fire Insurance Company	19445	
	9401 General Drive, S	Sune	12	U		The misurance Company	17443		
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
~~	VED 4 OF C	DTIE	10.4	ATE MUMDED: 141120	Insurer F:		SEVICION NUMBER	0	
				ATE NUMBER: 1411686			REVISION NUMBER:		
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	REQUIF / PER CH POL	REMI TAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	OF ANY CONTR ED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADD'L S	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000	
	DEDUCTIBLE	1							
	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		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	2. 2. 2.02.402	\$100,000	
								, , , , , , ,	
Thi	CRIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf o ditional Insured as respects the op	f Mic	higa	n State Youth Soccer Ass	sociation & Mi	d-Michigan Yo		ificate Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
La 17	peer West High School 0 Millville Rd. peer, MI 48446				SHOULD ANY THE EXPIRATION	OF THE ABOVE I	DESCRIBED POLICIES BE CAI F, NOTICE WILL BE DELIVERE	NCELLED BEFORE D IN ACCORDANCE	
					AUTHORIZED REPI	RESENTATIVE	Patik Dull	-	



DATE (MM/DD/YYYY) 8/19/2014

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.

	conditions of the policy, certain policy, cert	olicies	s ma	y require an endorsement. <i>I</i>	A statement on	inis certificate d	loes not conter rights to the	e certificate noider	
PROI	Pullen Insurance Se	rvic	es	Inc	CONTACT NAME: Sports Division				
	2560 River Park Pla				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76.		Sui	10 300	E-MAIL ADDRESS: contact@pullenins.com				
	Toft Worth, IA 70.	110			PRODUCER CUSTOMER ID#: MI				
						FORDING COVI		NAIC #	
INSU	DED 34.1. G 37 .1							11991	
11400	Michigan State 1 Outil					tional Casualty	Fire Insurance Company		
	9401 General Drive, S	Suite	12	0		19445			
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTII	-IC/	ATE NUMBER: 1401701	14	F	REVISION NUMBER:	0	
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	REQUI / PER CH PO	REM TAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	OF ANY CONTR DED BY THE POI E BEEN REDUCE	ACT OR OTHER LICIES DESCRIB D BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	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		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000	
	DEDUCTIBLE								
	RETENTION \$								
	WORKERS COMPENSATION						WC STATU- OTH- TORY LIMITS ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE		
	If yes, describe under						E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VE							. 11.11	
	s certificate is issued on behalf o ditional Insured as respects the op-							te Holder is	
CF	RTIFICATE HOLDER				CANCELLA	TION			
					JANULLLA				
75	VENTIVE SPORTS 46 BARON ANTON, MI 48187				THE EXPIRATION	OF THE ABOVE I ON DATE THEREO ICY PROVISIONS	DESCRIBED POLICIES BE CAI IF, NOTICE WILL BE DELIVEREI	NCELLED BEFORE DINACCORDANCE	
					AUTHORIZED REPR	RESENTATIVE	Patik Dueli_	-	



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain p eu of such endorsement(s).	olicie	s ma	y require an endorsement.	Á statement on t	this certificate o	loes not confer rights to the	e certificate holder		
PROI	Pullen Insurance Se	ervi	ces	Inc	CONTACT NAME:	Sports Divis	ion			
	2560 River Park Pl				PHONE: (81	17) 738-6100	FAX: (817) 738-29	993		
	Fort Worth, TX 76	,	Sui	500	E-MAIL ADDRESS: contact@pullenins.com					
	1 of t worth, 121 70	110			PRODUCER CUSTO					
					INSURERS AFFORDING COVERAGE NAIC #					
INSU	Michigan State Youth	. 50	CCOI	Association	1	tional Casualty		11991		
	9401 General Drive,	200	12	ASSOCIATION		Fire Insurance Company	19445			
		Surv	C 12	U	Insurer C:	ttionar Cinon I	ne insurance Company	17443		
	Plymouth, MI 48170				Insurer D:					
					Insurer E:					
	VERAGES CE	DTI	EIC.	ATE NUMBER: 1401703	Insurer F:		REVISION NUMBER:	0		
THIS INDI CER	S IS TO CERTIFY THAT THE POLICI ICATED. NOTWITHSTANDING ANY IS RTIFICATE MAY BE ISSUED OR MA CLUSIONS AND CONDITIONS OF SUC	ES O REQU Y PE	F INS IREM RTAIN	URANCE LISTED BELOW HA ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	VE BEEN ISSUE OF ANY CONTR DED BY THE POI	D TO THE INSUI RACT OR OTHER LICIES DESCRIB	RED NAMED ABOVE FOR THE DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	HE POLICY PERIOD 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			
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY			1110 1000700	<i>y</i> , 1, 2 01 .), 1, 2 010	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 4688700	9/1/2014	9/1/2015	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			
	X HIRED AUTOS						(Per accident)			
	X NON-OWNED AUTOS									
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
	X EXCESS LIAB CLAIMS-MADE				27-7-2-1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AGGREGATE	\$5,000,000		
	DEDUCTIBLE	1						. , ,		
	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			
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	2. 2. 3. 62. 7. 62. 6. 2	\$100,000		
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	L Ch ACORD 101, Additional Remarks S	chedule, if more space	L is required)				
Thi	s certificate is issued on behalf of ditional Insured as respects the o	f Mi	chig	an State Youth Soccer Ass	sociation & Mi	chigan Youth S	Soccer League. Certificate association.	te Holder is		
CF	RTIFICATE HOLDER				CANCELLA	TION				
JE 22	FFERSON ELEMENTAR 011 REPUBLIC AVE AK PARK, MI 48237	Y			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 REPR	RESENTATIVE	Vatik Pull	-		



DATE (MM/DD/YYYY) 8/19/2014

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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).

(-)								
Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division							
2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993							
Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com							
	PRODUCER CUSTOMER ID#: MI							
	INSURERS AFFORDING COVERAGE NAIC #							
Michigan State Youth Soccer Association	Insurer A: National Casualty Company 11991							
9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company 19445							
Plymouth, MI 48170	Insurer C:							
,	Insurer D:							
	Insurer E:							
	Insurer F:							
COVERAGES CERTIFICATE NUMBER: 140172	48 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 LIMITES SHOWN AND ANY MAY PERFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,

_	LUSIONS AND CONDITIONS OF SUC			S. LIMITS SHOWN MAY H			MS.	
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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(i ei accident)	
	A NON-OWNED ACTOS							
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CENTILICATE HOLDEN	CANCELLATION
LAKEVIEW HIGH SCHOOL 21100 11 MILE ROAD ST. CLAIR SHORES, MI 48081	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 Satikbull

CANCELL ATION

CEDTIEICATE HOLDED



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain policy of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate of	loes not confer rights to the	e certificate holder	
PROI	Pullen Insurance Se	-rvi	ces	Inc	CONTACT NAME:	Sports Divis	ion		
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76		Sui	ie 300	E-MAIL ADDRESS:	contact@pu			
	Fort Worth, 1A 70	110			PRODUCER CUSTO		iiciiiiis.com		
						FORDING COVI	EDAGE	NAIC #	
INSU	DED 34.1. C. 57 1			.				11991	
INSU	Michigan State 1 out					tional Casualty			
	9401 General Drive, S	Suit	e 12	0		itional Union F	Fire Insurance Company	19445	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:				
<u>co</u>	VERAGES CE	RTI	FIC	ATE NUMBER: 140172	49	F	REVISION NUMBER:	0	
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY ICLUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IIREM RTAIN OLICIE	ENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE			11120 1000000	<i>y</i> , 1, 2 01 .), 1, 2 010	AGGREGATE	\$5,000,000	
	DEDUCTIBLE	1					AGGREGATE	42,000,000	
	RETENTION \$								
							WC STATU- OTH-		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						TORY LIMITS ER E. L. EACH ACCIDENT		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A							
	(Mandatory in NH) If ves. describe under						E. L. DISEASE - EA EMPLOYEE		
В	DADTICIDANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000	
Ь	PARTICIPANT ACCIDENT MEDICAL			3KU 9113333A	9/1/2014	9/1/2013		\$100,000	
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VE		S (Atto	ch ACOPD 101 Additional Pamarks S	chadula if mara space	is required)			
Thi	s certificate is issued on behalf o	f Mi	chig	an State Youth Soccer Ass	sociation & Mi	chigan Youth S		te Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
LA 81	APEER EAST NORTH FIE 7 SOUTH SAGINAW ST. APEER, MI 48446	ELD			SHOULD ANY THE EXPIRATION	OF THE ABOVE I ON DATE THEREO LICY PROVISIONS	0 0		
					AUTHORIZED REPI	ZESENTATIVE	Jatik Dulle	-	



DATE (MM/DD/YYYY) 8/19/2014

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.

	conditions of the policy, certain per eu of such endorsement(s).	olicie	es ma	y require an endorsement.	A statement on	this certificate o	loes not confer rights to th	e certificate holder
PRO	Pullen Insurance So	-rvi	ces	Inc	CONTACT NAME:	Sports Divis	sion	
	2560 River Park Pl				PHONE: (81	17) 738-6100	FAX: (817) 738-29	993
	Fort Worth, TX 76	,		itc 500	E-MAIL ADDRESS:	contact@pu		
	Fort Worth, 1A 70	110			PRODUCER CUSTO			
					INSURERS AF	FORDING COVI	FRAGE	NAIC #
INSU	RED Michigan State Voyeth	· Co	0001	Aggariation		tional Casualty		11991
	Wildingan State 1 Outi						Fire Insurance Company	19445
	9401 General Drive, S	Sulu	e 12	U		monai Omon i	The misurance Company	13443
	Plymouth, MI 48170				Insurer C:			
					Insurer D:			
					Insurer E:			
\Box	VERAGES CE	DTI	FIC	ATE NUMBER: 140180	Insurer F:		REVISION NUMBER:	0
THIS IND CER EXC	S IS TO CERTIFY THAT THE POLICI CATED. NOTWITHSTANDING ANY F ITIFICATE MAY BE ISSUED OR MA' LUSIONS AND CONDITIONS OF SUC	ES OI REQU Y PEI CH PC	F INS IIREM RTAIN DLICIE	URANCE LISTED BELOW HA IENT, TERM OR CONDITION I, THE INSURANCE AFFORD IS. LIMITS SHOWN MAY HAV	VE BEEN ISSUE OF ANY CONTR DED BY THE POI E BEEN REDUCE	D TO THE INSUI RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	RED NAMED ABOVE FOR TO R DOCUMENT WITH RESPE- BED HEREIN IS SUBJECT TO	HE POLICY PERIOD CT TO WHICH THIS
INSR LTR	TYPE OF INSURANCE		SUBR WVD		POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ALL OWNED AUTOS						BODILY INJURY (Per person)	
	\vdash						BODILY INJURY (Per accident)	
	SCHEDULED AUTOS						PROPERTY DAMAGE	
	X HIRED AUTOS						(Per accident)	
	NON-OWNED AUTOS							
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	NI/A					E. L. EACH ACCIDENT	
	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			SRG 9115335A	9/1/2014	9/1/2015	'	\$100,000
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	ch ACORD 101 Additional Remarks S	chedule if more space	is required)		
Thi	s certificate is issued on behalf of litional Insured as respects the o	f Mi	chig	an State Youth Soccer Ass	sociation & Mi	d-Michigan Yo		tificate Holder is
CF	RTIFICATE HOLDER				CANCELLA	TION		
					JANGLELA			
51	oly Rosary Church 91 Richfield Rd. nt, MI 48506				THE EXPIRATION	OF THE ABOVE I ON DATE THEREO LICY PROVISIONS	DESCRIBED POLICIES BE CA PF, NOTICE WILL BE DELIVERE	NCELLED BEFORE DINACCORDANCE
					AUTHORIZED REPR	RESENTATIVE	Patik Dull	-



DATE (MM/DD/YYYY) 8/19/2014

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)

	out on the order of the order o						
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division					
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com					
	,,,	PRODUCER CUSTOMER ID#: MI					
		INSURERS AFFORDING COVERAGE NAIC #					
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company 11991					
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company 19445					
	Plymouth, MI 48170	Insurer C:					
		Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 1401898	REVISION NUMBER: 0					
T		VE DEEL LOOLED TO THE MIGHES MAKED ADOME FOR THE DOLLOW REDUCT					

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,

EXC	LUSIONS AND CONDITIONS OF SUC	H PO	LICIE	Ś. LIMITS SHOWN MAY H	AVE BEEN REDUCE	ED BY PAID CLAI	MS.	-,
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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A					E. L. EACH ACCIDENT	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	13/7					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000
\vdash			L	l		1	1	

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 & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
LENOX TWP 63775 GRATIOT LENOX, MI 48050	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 Satik Pull



DATE (MM/DD/YYYY) 8/19/2014

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in lieu of s	such endorsement(s).						
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division					
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-29	93				
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com					
	,	PRODUCER CUSTOMER ID#: MI					
		INSURERS AFFORDING COVERAGE	NAIC #				
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991				
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445				
	Plymouth, MI 48170	Insurer C:					
	•	Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 1401939	REVISION NUMBER: ()				
	D CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA D. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION						

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	
Α	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION

KINGSBURY COUNTRY DAY SCHOOL 5000 HOSNER RD ADDISON TOWNSHIP, MI 48370

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



DATE (MM/DD/YYYY) 8/19/2014

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COVERA	AGES CERTIFICATE NUMBER: 1401945	REVISION NUMBER: ()				
		Insurer F:					
		Insurer E:					
		Insurer D:					
	Plymouth, MI 48170	Insurer C:					
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445				
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991				
		INSURERS AFFORDING COVERAGE	NAIC #				
	,	PRODUCER CUSTOMER ID#: MI					
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com					
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-29	93				
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division					
	• • • • • • • • • • • • • • • • • • • •						

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	
Α	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	111/7					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION

LESSINGER ELEMENTARY SCHOOL 30150 N. CAMPBELL MADISON HEIGHTS, MI 48071

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



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain p eu of such endorsement(s).	olicie	s ma	y require an endorsement.	Á statement on	this certificate o	loes not confer rights to the	e certificate holder			
PRODUCER Pullen Insurance Services, Inc.				CONTACT NAME: Sports Division							
		2560 River Park Plaza, Suite 300					PHONE: (817) 738-6100 FAX: (817) 738-2993				
Fort Worth, TX 76116					E-MAIL ADDRESS: contact@pullenins.com						
	1 of t worth, 121 70	110			PRODUCER CUSTOMER ID#: MI						
					INSURERS AF	FORDING COVI	ERAGE	NAIC #			
INSU	Michigan State Youth	. 50	0001	Association	+	11991					
	9401 General Drive,	200	12	ASSOCIATION		<u>itional Casualty</u>	Fire Insurance Company	19445			
		Suit	2 12	U	Insurer C:	17443					
	Plymouth, MI 48170				Insurer D:						
					Insurer E:						
~~	VEDACES CE	DTI		ATE NUMBER: 140105	Insurer F:						
				ATE NUMBER: 1401953			REVISION NUMBER:				
INDI CER EXC	S IS TO CERTIFY THAT THE POLICI ICATED. NOTWITHSTANDING ANY P RTIFICATE MAY BE ISSUED OR MA CLUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREM RTAIN DLICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORE ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	CT TO WHICH THIS			
INSR LTR	TYPE OF INSURANCE	INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS				
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000			
	-						BODILY INJURY (Per person)				
	ALL OWNED AUTOS						BODILY INJURY (Per accident)				
	SCHEDULED AUTOS						PROPERTY DAMAGE				
	X HIRED AUTOS						(Per accident)				
	X NON-OWNED AUTOS										
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000			
	X EXCESS LIAB CLAIMS-MADE						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?	N/A					E. L. DISEASE - EA EMPLOYEE				
	(Mandatory in NH) If yes, describe under						E. L. DISEASE - POLICY LIMIT				
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000			
D	PARTICIPANT ACCIDENT MEDICAL			5KG /113333A)/1/201 4	7/1/2013		Ψ100,000			
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	ch ACORD 101 Additional Remarks S	chedule if more space	is required)					
Thi	s certificate is issued on behalf of ditional Insured as respects the o	f Mi	chig	an State Youth Soccer Ass	sociation & Mi	chigan Youth	Soccer League. Certificate association.	te Holder is			
CF	RTIFICATE HOLDER				CANCELLA	TION					
Kochville Township 5851 MACKINAW ROAD SAGINAW, MI 48604				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 REPI	RESENTATIVE	\cap				
					Jatik Well-						



DATE (MM/DD/YYYY) 8/19/2014

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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).

PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division				
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993				
		E-MAIL ADDRESS: contact@pullenins.com				
		PRODUCER CUSTOMER ID#: MI				
		INSURERS AFFORDING COVERAGE	NAIC #			
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991			
		Insurer B: National Union Fire Insurance Company	19445			
	,	Insurer C:				
	•	Insurer D:				
		Insurer E:				
		Insurer F:				
COVER	AGES CERTIFICATE NUMBER: 1401975	79 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	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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE 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			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER

CANCELLATION

HENRY FORD MACOMB HOSPITAL CORPORATION 30795 23 MILE ROAD CHESTERFIELD, MI 48047

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



 $\begin{array}{c} \text{DATE (MM/DD/YYYY)} \\ 8/19/2014 \end{array}$

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and conditions of the policy, certain p in lieu of such endorsement(s).	olicie	s ma	ny require an endorsement.	A statement on	this certificate of	loes not confer rights to th	e certificate holder	
PRODUCER Pullen Insurance Services, Inc.				CONTACT NAME: Sports Division				
2560 River Park Plaza, Suite 300			PHONE: (817) 738-6100 FAX: (817) 738-2993					
Fort Worth, TX 76116				E-MAIL ADDRESS: contact@pullenins.com				
ron worm, 1x /0			PRODUCER CUSTOMER ID#: MI					
				NAIC #				
INSURED Michigan State Vout		INSURERS AFFORDING COVERAGE Insurer A: National Casualty Company			11991			
Wilchigan State 1 Out						ire Insurance Company		
9401 General Drive,	Suite	e 12	20		19445			
Plymouth, MI 48170				Insurer C:				
				Insurer D:				
				Insurer E:				
			A	Insurer F:				
			ATE NUMBER: 140201			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICI INDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR MA EXCLUSIONS AND CONDITIONS OF SU	REQU Y PEI CH PC	IREM RTAII DLICII	MENT, TERM OR CONDITION N, THE INSURANCE AFFORI ES. LIMITS SHOWN MAY HAV	OF ANY CONTE DED BY THE PO 'E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	R DOCUMENT WITH RESPECT TO	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		
A GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
X HIRED AUTOS						(Per accident)		
X NON-OWNED AUTOS								
A UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
X EXCESS LIAB CLAIMS-MADE			7110 1000000	7/1/2011	7/1/2013	AGGREGATE	\$5,000,000	
DEDUCTIBLE						AGGREGATE	ψ5,000,000	
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		
			CDC 0115225 A	0/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000	
B PARTICIPANT ACCIDENT MEDICAL	'		SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
DESCRIPTION OF OPERATIONS (LOCATIONS (L		0 (1)						
DESCRIPTION OF OPERATIONS / LOCATIONS / VI						C	. II.1.4	
This certificate is issued on behalf of Additional Insured as respects the of)I IVII	cnig	of the Named Insured for	sociation & Mi	cnigan Youth a	soccer League. Cerunca	te Holder is	
Additional insured as respects the c	рста	.10115	of the Named Histied for	salictioned act	irvities of the st	ate association.		
CERTIFICATE HOLDER			CANCELLATION					
Lessenger Elementary School				0110111 5 4411	05 THE ADOME !		NOTI I ED DEFODE	
30150 N. Campbell				THE EXPIRATI	ON DATE THEREO	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE		
MADISON HEIGHTS, MI 4	807	1		WITH THE POI	LICY PROVISIONS			
,				AUTHORIZED REPRESENTATIVE 0				
				AG THORIZED REP	REGENTATIVE	Vatik Pull		
			Yalifellulle-					

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 $\begin{array}{c} \text{DATE (MM/DD/YYYY)} \\ 8/19/2014 \end{array}$

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in lieu of such endorsement(s). '		, , 					
PRODUCER Pullen Insura	nce Serv	ices,	Inc.	CONTACT NAME:	Sports Divis			
2560 River P				PHONE: (8	17) 738-6100	FAX: (817) 738-29	993	
Fort Worth,		,		E-MAIL ADDRESS: contact@pullenins.com				
,				PRODUCER CUSTO	OMER ID#: MI			
				INSURERS AF	FORDING COVE	RAGE	NAIC#	
INSURED Michigan State	Youth S	occer	Association	Insurer A: Na	tional Casualty	Company	11991	
9401 General D	rive. Su	ite 12	0	Insurer B: Na	tional Union F	ire Insurance Company	19445	
Plymouth, MI 4				Insurer C:				
				Insurer D:				
				Insurer E:				
				Insurer F:				
COVERAGES	CER	TIFIC/	ATE NUMBER: 140201	25	F	REVISION NUMBER:	0	
THIS IS TO CERTIFY THAT THE INDICATED. NOTWITHSTANDIN CERTIFICATE MAY BE ISSUED EXCLUSIONS AND CONDITIONS	G ANY REC OR MAY P OF SUCH I	UIREM ERTAIN POLICIE	ENT, TERM OR CONDITION N, THE INSURANCE AFFORI ES. LIMITS SHOWN MAY HAV	OF ANY CONTE DED BY THE PO E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	DOCUMENT WITH RESPECT TO DESCRIPTION OF THE DESCRIPTION OF THE PROPERTY OF THE	CT TO WHICH THIS	
INSR TYPE OF INSURANCE		D'L SUBR RD WVD		POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A GENERAL LIABILITY		X	KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE	\$1,000,000	
X COMMERCIAL GENERAL LIAE						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
CLAIMS MADE X OC	CUR					MED EXP (Any one person)	\$5,000	
						PERSONAL & ADV INJURY	\$1,000,000	
						GENERAL AGGREGATE	UNLIMITED	
GEN'L AGGREGATE LIMIT APPLIES F	¬					PRODUCTS - COMP/OP AGG	\$1,000,000	
POLICY PROJECT	LOC					PARTICIPANT LEGAL LIABILITY	\$1,000,000	
A AUTOMOBILE LIABILITY ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 OCCU	D.		VVO 4600000	9/1/2014	0/1/2015		\$5,000,000	
11 1 1 1 1 1 1 1 1 1	S-MADE		XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
DEDUCTIBLE	O-WADE					AGGREGATE	\$5,000,000	
RETENTION \$								
WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIV	E N	/Λ				E. L. EACH ACCIDENT		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	' '					E. L. DISEASE - EA EMPLOYEE		
If yes, describe under						E. L. DISEASE - POLICY LIMIT		
B PARTICIPANT ACCIDENT M	EDICAL		SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
DESCRIPTION OF OPERATIONS / LOCA	TIONS / VEHIC	LES (Atta	L	L Schedule, if more space	l e is required)			
This certificate is issued on the Additional Insured as respectively	ehalf of N	/lichiga	an State Youth Soccer As	sociation & Mi	chigan Youth S		te Holder is	

CERTIFICATE HOLDER CANCELLATION

Japhet 31201 Dorchester MADISON HEIGHTS, MI 48071

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 Mille



DATE (MM/DD/YYYY) 8/19/2014

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PROI	Pullen Insurance Se	ervi	ces.	Inc.	CONTACT NAME:	Sports Divis	ion		
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76	,			E-MAIL ADDRESS:	contact@pul	llenins.com		
	1 010 11 01011, 111 7 0	110			PRODUCER CUSTO	OMER ID#: MI			
					INSURERS AF	FORDING COVE	RAGE		NAIC #
INSU	RED Michigan State Youth	ı So	ccer	Association	Insurer A: Na	ational Casualty	Company		11991
	9401 General Drive, S				Insurer B: Na	ational Union F	ire Insurance C	ompany	19445
	Plymouth, MI 48170				Insurer C:				
	•				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTI	FIC/	ATE NUMBER: 140205	546	F	REVISION NU	MBER:	0
INDI CER EXC	S IS TO CERTIFY THAT THE POLICII CATED. NOTWITHSTANDING ANY F TIFICATE MAY BE ISSUED OR MA' LUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IIREM RTAIN DLICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFOR	N OF ANY CONTR DED BY THE PO VE BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	DOCUMENT WI'ED HEREIN IS S	TH 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	
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENC		\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance	e)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one p	erson)	\$5,000
							PERSONAL & ADV IN	JURY	\$1,000,000
							GENERAL AGGREGA	ATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP	OP AGG	\$1,000,000
	POLICY PROJECT LOC						PARTICIPANT LEGA		\$1,000,000
A	ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE (Ea accident)	LIMIT	\$1,000,000
	ALL OWNED AUTOS						BODILY INJURY (Per	person)	
	SCHEDULED AUTOS						BODILY INJURY (Per		
	X HIRED AUTOS						PROPERTY DAMAGE (Per accident)		
	X NON-OWNED AUTOS								
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENC	E	\$5,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE		\$5,000,000
	DEDUCTIBLE	1							
	RETENTION \$								
	WORKERS COMPENSATION						WC STATU- TORY LIMITS	OTH- ER	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A					E. L. EACH ACCIDEN	IT	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA E	MPLOYEE	
	If yes, describe under						E. L. DISEASE - POL	CY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015			\$100,000
Thi	CRIPTION OF OPERATIONS/LOCATIONS/VE s certificate is issued on behalf of litional Insured as respects the o	f Mi	chiga	an State Youth Soccer As	ssociation & Mi	chigan Youth S			te Holder is

CENTIFICATE HOLDEN	CANCELLATION
JAMES PARK 400 EAST LINCOLN STREET BIRMINGHAM, MI 48009	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 Satilul

CANCELLATION

CEDTIEICATE HOLDED



DATE (MM/DD/YYYY) 8/19/2014

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in neu or s	such endorsement(s).		
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division	
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-29	93
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com	
	, , , , , , , , , , , , , , , , , , , ,	PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445
	Plymouth, MI 48170	Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	
COVER	AGES CERTIFICATE NUMBER: 1402058	REVISION NUMBER: ()
THIS IS TO	D CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA D. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR TH OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPEC	IE POLICY PERIOD T TO WHICH THIS

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

ECCIONO 7 IND CONDITIONS OF COC	,,,,	LICIL	S. LIMITS SHOWN MAY F	IAVE BEEN REDUCE	D DT PAID CLAI	IVIO.	
TYPE OF INSURANCE	ADD'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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
AUTOMOBILE LIABILITY			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
						BODILY INJURY (Per person)	
						BODILY INJURY (Per accident)	
X HIRED AUTOS						PROPERTY DAMAGE (Per accident)	
X NON-OWNED AUTOS							
UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000
X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
DEDUCTIBLE							
RETENTION \$							
WORKERS COMPENSATION						WC STATU- TORY LIMITS ER	
ANY PROPRIETOR/PARTNER/EXECUTIVE	Ν/Δ					E. L. EACH ACCIDENT	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	14//					E. L. DISEASE - EA EMPLOYEE	
If yes, describe under						E. L. DISEASE - POLICY LIMIT	
PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000
	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DEDUCTIBLE RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR PARTNER EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DEDUCTIBLE RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OMERICANIES (Mandatory in NH) If yes, describe under	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS VIMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DEDUCTIBLE RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) If yes, describe under	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X NON-OWNED AUTOS VIMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DEDUCTIBLE RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) If yes, describe under KRO 4688700 KRO 4688700 X KRO 4688800 X KRO 4688800	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS SCHEDULED AUTOS X HIRED AUTOS NON-OWNED AUTOS VIMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DEDUCTIBLE RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY AND EMPLOYERS' LIABILITY ANY POPRIETORIPARTNER/EXECUTIVE (Mandatory in NH) If yes, describe under	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR GENTL AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS X NON-OWNED AUTOS DEDUCTIBLE RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS LIABILITY N/A WORKERS COMPENSATION N/A NO PROPRIETOR PARTNER EXECUTIVE OFFICER MEMBER EXCLUSED? WIGHARDONY) KRO 4688700 9/1/2014 9/1/2015 KRO 4688800 9/1/2014 9/1/2015 XKO 4688800 9/1/2014 9/1/2015	RECOMPREDICT SOCIETY STATE (MMNDDNY) DATE (MMNDDNY) DATE (MMNDDNY)

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 & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
LADYWOOD HIGH SCHOOL 14680 NEWBURGH ROAD LIVONIA, MI 48154	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 Satik Pull



DATE (MM/DD/YYYY) 8/19/2014

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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

_	eu of such endorsement(s).				1			
PROI	Pullen Insurance Se				CONTACT NAME:	Sports Divis		
	2560 River Park Pla	aza,	Sui	te 300	PHONE: (8	17) 738-6100	FAX: (817) 738-2	993
	Fort Worth, TX 762	116			E-MAIL ADDRESS:	contact@pu	lenins.com	
					PRODUCER CUST	OMER ID#: MI		
					INSURERS AF	FORDING COVE	RAGE	NAIC #
INSU	RED Michigan State Youth	Soc	ccer	Association	Insurer A: N	ational Casualty	Company	11991
	9401 General Drive, S				Insurer B: N	ational Union F	ire Insurance Company	19445
	Plymouth, MI 48170				Insurer C:			
	,				Insurer D:			
					Insurer E:			
					Insurer F:			
CO	VERAGES CE	RTII	FIC/	ATE NUMBER: 140205	86	F	REVISION 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	EQUI PEF H PO	IREM RTAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORE ES. LIMITS SHOWN MAY HAV	OF ANY CONTI DED BY THE PC E BEEN REDUC	RACT OR OTHER DLICIES DESCRIB ED BY PAID CLAII	DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T MS.	CT TO WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADD'L INSRD	SUBR	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance)	\$1,000,000 \$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 4688700	9/1/2014	9/1/2015	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	
	X HIRED AUTOS						(Per accident)	
	X NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	2-10-10-10-10-10-10-10-10-10-10-10-10-10-	\$100,000
DESC	RIPTION OF OPERATIONS / LOCATIONS / VE	HICLES	S (Atta	ch ACORD 101, Additional Remarks S	chedule, if more spac	e is required)		
Thi	s certificate is issued on behalf or	f Mic	chiga	an State Youth Soccer As	sociation & M	ichigan Youth S	Soccer League. Certifica	te Holder is

Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
LIVONIA PUBLIC SCHOOL 15125 FARMINGTON ROAD LIVONIA, MI 48154	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 Satilule



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain policy, cert	olicies	s ma	y require an endorsement. <i>I</i>	A statement on t	inis certificate d	loes not conter rights to the	e certificate noider	
PROI	Pullen Insurance Se	rvic	es	Inc	CONTACT NAME:	Sports Divis	ion		
	2560 River Park Pla				PHONE: (817) 738-6100 FAX: (817) 738-2993 E-MAIL ADDRESS: contact@pullenins.com				
	Fort Worth, TX 76.	,	Sui	ic 300					
	Toft Worth, IA 70.	110			PRODUCER CUSTOMER ID#: MI				
						FORDING COVI		NAIC #	
INSU	RED 34: 1: C. 4 37 41	<u> </u>		A				11991	
	Michigan State 1 Outil					tional Casualty			
	9401 General Drive, S	suite	12	0		ulonai Union F	Fire Insurance Company	19445	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
	VED 4 0 E 0	DTI	-10	ATE MUMBER 140011:	Insurer F:		NEVIOLONI NUMBER		
				ATE NUMBER: 1400111			REVISION NUMBER:		
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	REQUI / PER CH PO	REM TAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	OF ANY CONTR ED BY THE POI E BEEN REDUCE	ACT OR OTHER LICIES DESCRIB D BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	T TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADD'L INSRD	SUBR	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
	X HIRED AUTOS						(Per accident)		
	NON-OWNED AUTOS								
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE		
	If yes, describe under						E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VE								
Thi Ado	s certificate is issued on behalf o ditional Insured as respects the op-	f Mic perati	chiga ons	of the Named Insured for	sanction & Mi	chigan Youth Sivities of the st	Soccer League. Certificat atteate association.	e Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
10	ttheran High School Northv 00 Bagley ochester Hills, MI 48309	vest			THE EXPIRATION	OF THE ABOVE I ON DATE THEREC ICY PROVISIONS	DESCRIBED POLICIES BE CAI F, NOTICE WILL BE DELIVERED	NCELLED BEFORE DIN ACCORDANCE	
					AUTHORIZED REPR	RESENTATIVE	Patik Dueli		



DATE (MM/DD/YYYY) 8/19/2014

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	I conditions of the policy, certain policy of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate of	loes not confer rights to the	e certificate holder		
PRO	Pullen Insurance Se	.r. 7i	200	Inc	CONTACT NAME:	Sports Divis	sion			
	2560 River Park Pla				PHONE: (81	17) 738-6100	FAX: (817) 738-29	193		
			Sui	ie 300	E-MAIL ADDRESS: contact@pullenins.com					
	Fort Worth, TX 76	110			PRODUCER CUSTOMER ID#: MI					
						FORDING COVE	EDACE	NAIC #		
INICI	JRED Michigan State Vouth									
INSU	Michigan State 1 Outil	So	ccer	Association		tional Casualty		11991		
	9401 General Drive, S	Suite	e 12	0		itional Union F	Fire Insurance Company	19445		
	Plymouth, MI 48170				Insurer C:					
					Insurer D:					
					Insurer E:					
					Insurer F:					
CO	VERAGES CE	RTI	FIC	ATE NUMBER: 140011	15	F	REVISION NUMBER:	0		
IND CEF EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	EQU PEI H PC	IREM RTAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	T 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			
A		X		KRO 4688700	9/1/2014	9/1/2015	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				KRO 4688700	9/1/2014	9/1/2015	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			
	X HIRED AUTOS						(Per accident)			
	X NON-OWNED AUTOS									
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
А	X EXCESS LIAB CLAIMS-MADE			AKO 4000000)/1/201 4	7/1/2013	AGGREGATE	\$5,000,000		
	DEDUCTIBLE						AGGREGATE	Ψ5,000,000		
	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			
	,.,			GD G 0115005 A	0/1/0014	0/1/2017	E. L. DISEASE - POLICY LIMIT	¢100.000		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000		
				LACORD 404 ALIVE AD A CO						
Thi	cription of operations/locations/ve is certificate is issued on behalf or ditional Insured as respects the operations of the control of the c	f Mi	chiga	an State Youth Soccer Ass	sociation & Mi	chigan Youth		e Holder is		
CF	RTIFICATE HOLDER				CANCELLA	TION				
	theran Social Services of M	lich	ioor	1	5,					
81	31 East Jefferson etroit, MI 48214	псп	ngai	1	THE EXPIRATION WITH THE POL	ON DATE THEREC LICY PROVISIONS	DESCRIBED POLICIES BE CAI PF, NOTICE WILL BE DELIVEREI			
					AUTHORIZED REPR	RESENTATIVE	Jatik Dull			



DATE (MM/DD/YYYY) 8/19/2014

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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 liquid of such endorsement(s)

iii iica oi c	suon enuoroement(o).						
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division					
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-29	93				
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com					
		PRODUCER CUSTOMER ID#: MI					
		INSURERS AFFORDING COVERAGE	NAIC #				
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991				
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445				
	Plymouth, MI 48170	Insurer C:					
	,	Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 1400128	REVISION NUMBER: ()				
THIS IS TO	CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR TH	E POLICY PERIOD				

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 CLAIM.

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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(* 5. 555.55)	
	NON-OWNED AUTOC							
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A					E. L. EACH ACCIDENT	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION

Macomb County Parks & Rec (Macomb Corners & Town Center)

Attention: Jason Spiller

Attention: Jason Spiller 20699 Macomb Street Macomb, MI 48042

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

Satik Duel ____



DATE (MM/DD/YYYY) 8/19/2014

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in li	eu of such endorsement(s).	00.0	.5 ma	y require an endorsement.	A Statement on	tino dei tinodie e	ioco not comer rigitto to tr	ic oci illioute fiolaci
PRODUCER Pullen Insurance Services, Inc.					CONTACT NAME: Sports Division			
	2560 River Park Pl				PHONE: (8	17) 738-6100	FAX: (817) 738-2	993
	Fort Worth, TX 76		•		E-MAIL ADDRESS:	contact@pu	llenins.com	
	,				PRODUCER CUST	OMER ID#: MI		
					INSURERS AF	FFORDING COVI	ERAGE	NAIC #
INSL	Michigan State Youth	ı So	ccer	- Association	Insurer A: N	ational Casualty	y Company	11991
	9401 General Drive,	Suit	e 12	0	Insurer B: N	ational Union F	Fire Insurance Company	19445
	Plymouth, MI 48170	5 6,21		•	Insurer C:		•	
	11/11100011, 1/11 101/0				Insurer D:			
					Insurer E:			
					Insurer F:			
CC	VERAGES CE	RTI	FIC/	ATE NUMBER: 1400346	62	F	REVISION NUMBER:	0
IND CEF EXC	S IS TO CERTIFY THAT THE POLICI ICATED. NOTWITHSTANDING ANY I RTIFICATE MAY BE ISSUED OR MA CLUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	JIREM RTAIN DLICIE	IENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONT DED BY THE PC E BEEN REDUC	RACT OR OTHER DLICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT T MS.	CT TO WHICH THIS
INSR LTR			SUBR WVD		POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	ф1 000 000
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ALL OWNED AUTOS						BODILY INJURY (Per person)	
	SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	\vdash						PROPERTY DAMAGE	
	X HIRED AUTOS						(Per accident)	
	X NON-OWNED AUTOS							
_	UMBRELLA LIAB X OCCUR		+	XKO 4688800	9/1/2014	9/1/2015		\$5,000,000
A	X EXCESS LIAB CLAIMS-MADE			AKU 40000U	9/1/2014	9/1/2013	EACH OCCURRENCE	\$5,000,000
	DEDUCTIBLE OLA INIO-INIADE	+					AGGREGATE	\$3,000,000
	\vdash							
	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	
_		-	₩	GD G 01172271	0/1/2011	0/1/2017	E. L. DISEASE - POLICY LIMIT	ф100 000
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000
		<u> </u>	<u> </u>			1		
l	CRIPTION OF OPERATIONS / LOCATIONS / VE						Conson Language Continue	to Holdor in
	s certificate is issued on behalf of ditional Insured as respects the o							tte Holder is
CE	RTIFICATE HOLDER				CANCELLA	ATION		
Northwood University Attn: Yvonne Curtis 400 Whiting Dr.			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
M	Midland MI 48640				AUTHORIZED REF	PRESENTATIVE	Patik Dull	_



DATE (MM/DD/YYYY) 8/19/2014

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.

	conditions of the policy, certain pole of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on t	this certificate o	loes not confer rights to the	e certificate holder	
PRODUCER Pullen Insurance Services, Inc.					CONTACT NAME:	Sports Divis	ion		
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76	,	Sui	110 300	E-MAIL ADDRESS: contact@pullenins.com				
	Toft Worth, 124 70	110			PRODUCER CUSTO				
					INSURERS AF	FORDING COVE	FRAGE	NAIC #	
INSU	RED Michigan State Vouth	So	2221	Association	1	tional Casualty		11991	
	Wildingan State Touth						Fire Insurance Company	19445	
	9401 General Drive, S	Suite	3 12	U	Insurer C:	monai Omon i	The misurance Company	17443	
	Plymouth, MI 48170								
					Insurer D:				
					Insurer E:				
	VEDACES CE	DTI		ATE NIIIMDED: 140024	Insurer F:		EVICION NUMBED.	0	
				ATE NUMBER: 140034			REVISION NUMBER:		
IND CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUC	REQU / PEF :H PC	IREM RTAIN DLICIE	IENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POL E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	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		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	E. E. BIOLAGE T GLIGT LIMIT	\$100,000	
_				5110 711000011	<i>>,1,2</i> 01.), 1, 2 010		,,	
DES	L CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	ch ACORD 101, Additional Remarks S	chedule, if more space	is required)			
Thi	s certificate is issued on behalf o	f Mi	chiga	an State Youth Soccer Ass	sociation & Mi	chigan Youth S	Soccer League. Certificat	te Holder is	
Ado	ditional Insured as respects the op-	perat	ions	of the Named Insured for	sanctioned act	ivities of the st	ate association.		
CF	RTIFICATE HOLDER				CANCELLA	TION			
	idland Public Schools				JANUELLA				
	tn: Yvonne Curtis				SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA	NCELLED BEFORE	
						ICY PROVISIONS	F, NOTICE WILL BE DELIVERE	D IN ACCORDANCE	
	0 E. Carpenter St.								
IVI	idland, MI 48640				AUTHORIZED REPR	RESENTATIVE	Ω		
						,	Jatik Pulling	-	



DATE (MM/DD/YYYY) 8/19/2014

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

iii iieu oi s	such endorsement(s).					
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division				
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com				
	1 010 11 01011, 111 7 0110	PRODUCER CUSTOMER ID#: MI				
		INSURERS AFFORDING COVERAGE	NAIC #			
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991			
		Insurer B: National Union Fire Insurance Company	19445			
	*	Insurer C:				
	•	Insurer D:				
		Insurer E:				
		Insurer F:				
COVER	AGES CERTIFICATE NUMBER: 1400424	5 REVISION NUMBER: ()			
THIS IS TO	CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR TH	F 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	
Α	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(i ei accident)	
	A NON-OWNED ACTOS							
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
-	

MARINE CITY MIDDLE SCHOOL Attn: YVONNE CURTIS **6373 KING RD**

MARINE CITY, MI 48039

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



DATE (MM/DD/YYYY) 8/19/2014

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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

iii iieu oi s	such endorsement(s).				
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division			
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-29	93		
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com			
	1 010 11 01011, 111 7 0110	PRODUCER CUSTOMER ID#: MI			
		INSURERS AFFORDING COVERAGE	NAIC #		
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991		
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445		
	Plymouth, MI 48170	Insurer C:			
	, ,	Insurer D:			
		Insurer E:			
		Insurer F:			
COVER	AGES CERTIFICATE NUMBER: 1400510	00 REVISION NUMBER: ()		
THIS IS TO	CERTIEY THAT THE POLICIES OF INSURANCE LISTED BELOW HA	VE REEN ISSUED TO THE INSURED NAMED ABOVE FOR TH	IE 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	
Α	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Mid-Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
Mt. Pleasant Christian Academy Attn: Tom Curatti 1802 E. High St.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Mt. Pleasant, MI 48858	AUTHORIZED REPRESENTATIVE Satikbull



DATE (MM/DD/YYYY) 8/19/2014

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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).

	such chaorsement(s).								
PRODUCER	Fullell Hisurance Services, Inc.				CONTACT NAME: Sports Division				
	2560 River Park Pla	<u> </u>	(01), 100 0100						
	Fort Worth, TX 762	E-MAIL ADDRESS: contact@pullenins.com							
	,			PRODUCER CUST					
				INSURERS AF	FORDING COVI	ERAGE		NAIC #	
INSURED	Michigan State Youth	Socce	r Association	Insurer A: Na	ational Casualty	y Company		11991	
	9401 General Drive, S			Insurer B: Na	ational Union F	Fire Insurance Co	mpany	19445	
	Plymouth, MI 48170			Insurer C:					
	j			Insurer D:					
				Insurer E:					
				Insurer F:					
COVER	AGES CE	RTIFIC	ATE NUMBER: 140056	69	F	REVISION NUM	IBER:	0	
INDICATE CERTIFICATE	O CERTIFY THAT THE POLICIE D. NOTWITHSTANDING ANY R ATE MAY BE ISSUED OR MAY DNS AND CONDITIONS OF SUC	REQUIREN 7 PERTAI 3H POLICI	MENT, TERM OR CONDITION N, THE INSURANCE AFFORI ES. LIMITS SHOWN MAY HAV	I OF ANY CONTE DED BY THE PO	RACT OR OTHER LICIES DESCRIB	R DOCUMENT WITH BED HEREIN IS SU	H RESPE	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADD'L SUBRINSRD WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)		LIMITS		
	RAL LIABILITY	X	KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE		\$1,000,000	
X co	OMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurance)		\$300,000	
	CLAIMS MADE X OCCUR					MED EXP (Any one per	son)	\$5,000	
						PERSONAL & ADV INJ	URY	\$1,000,000	
l 🔲						GENERAL AGGREGAT	E	UNLIMITED	
GEN'L	AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/O	P AGG	\$1,000,000	
PC	OLICY PROJECT LOC					PARTICIPANT LEGAL	LIABILITY	\$1,000,000	
I * * ►	MOBILE LIABILITY NY AUTO		KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LI (Ea accident)	MIT	\$1,000,000	
AL	LL OWNED AUTOS					BODILY INJURY (Per p	erson)		
so	CHEDULED AUTOS					BODILY INJURY (Per a	ccident)		
X HI	RED AUTOS					PROPERTY DAMAGE (Per accident)			
X	ON-OWNED AUTOS								
A UI	MBRELLA LIAB X OCCUR		XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE		\$5,000,000	
XE	CLAIMS-MADE					AGGREGATE		\$5,000,000	
DE	EDUCTIBLE	1							
RE	ETENTION \$								
WORK	(ERS COMPENSATION					WC STATU- TORY LIMITS	OTH- ER		
AND E	EMPLOYERS' LIABILITY Y/N ROPRIETOR/PARTNER/EXECUTIVE	N/A				E. L. EACH ACCIDENT			
OFFICE	ER/MEMBER EXCLUDED?	N/A				E. L. DISEASE - EA EM	IPLOYEE		
If yes, d	lescribe under					E. L. DISEASE - POLIC	Y LIMIT		
B PART	TICIPANT ACCIDENT MEDICAL		SRG 9115335A	9/1/2014	9/1/2015		•	\$100,000	
This cert Addition	on of operations/locations/ve ificate is issued on behalf o al Insured as respects the op	f Michig	an State Youth Soccer As	sociation & M r sanctioned ac	ichigan Youth Stivities of the st	Soccer League. Cate association.	Certifica	te Holder is	
しヒドロト	ICATE HOLDER			CANCELLA	NIION				

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

Mohawk Elementary

48101 Romeo Plank Rd Macomb, MI 48044



DATE (MM/DD/YYYY) 8/19/2014

\$100,000

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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

PRODUCER	such endorsement(s).	<u> </u>		T	CONTACT NAME:	Sports Divis	ion	
PRODUCER	Fullen hisurance Services, file.			PHONE: (817) 738-6100 FAX: (817) 738-2993				
	2560 River Park Pl		Sui	te 300	E-MAIL ADDRESS:			.,,,,,
	Fort Worth, TX 76	116			PRODUCER CUSTO		iiciiiis.coiii	
						FORDING COVE		NAIC #
INSURED	M: -1-: Ct -t - X7 41			A:-4:		ational Casualty		11991
INTOGRED	Michigan State Youth						ire Insurance Company	19445
	9401 General Drive, S	Suite	12	U	Insurer B: Na	ational Union F	ne msurance Company	19443
	Plymouth, MI 48170							
					Insurer D:			
					Insurer E:			
COVER	ACES CE	DTI		ATE NUMBER: 140057	Insurer F:		REVISION NUMBER:	
INDICATE CERTIFICA EXCLUSION	O CERTIFY THAT THE POLICI D. NOTWITHSTANDING ANY F ATE MAY BE ISSUED OR MA' DNS AND CONDITIONS OF SUC	REQUI Y PEF CH PO	REM RTAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORI S. LIMITS SHOWN MAY HAV	OF ANY CONTE DED BY THE PO E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	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	
A GENE	RAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE	\$1,000,000
X co	OMMERCIAL 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
l 🔲							GENERAL AGGREGATE	UNLIMITED
GEN'L	AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000
PC	OLICY PROJECT LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000
I * * I ─	MOBILE LIABILITY NY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
l 	LL OWNED AUTOS						BODILY INJURY (Per person)	
l 	CHEDULED AUTOS						BODILY INJURY (Per accident)	
l 	IRED AUTOS						PROPERTY DAMAGE (Per accident)	
X	ON-OWNED AUTOS							
A U	MBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000
XEX	XCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
DE	EDUCTIBLE							
RE	ETENTION \$							
	KERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER	
	EMPLOYERS' LIABILITY Y/N ROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
OFFICE (Manda	ROPRIETOR/PARTNER/EXECUTIVE ER/MEMBER EXCLUDED? atory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	describe under	1			1			

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

SRG 9115335A

This certificate is issued on behalf of Michigan State Youth Soccer Association & Mid-Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

9/1/2014

9/1/2015

CERTIFICATE HOLDER	CANCELLATION
Mark Stevens' Soccer Field Attn: Dan Raben 1835 Epley Rd	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Williamston, MI 48895	AUTHORIZED REPRESENTATIVE Jatik Delle

CERTIFICATE HOLDER

PARTICIPANT ACCIDENT MEDICAL



DATE (MM/DD/YYYY) 8/19/2014

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 liqu of such endorsement(s)

	conditions of the policy, certain p ou of such endorsement(s).	olicies r	may require an endorsement.	A statement on	this certificate d	loes not confer rights to t	he certificate holder
PROD	Pullen Insurance S	ervice	s. Inc.	CONTACT NAME: Sports Division			
	2560 River Park Pl			PHONE: (8)	17) 738-6100	FAX: (817) 738-2	2993
	Fort Worth, TX 76			E-MAIL ADDRESS:	contact@pul	lenins.com	
	,			PRODUCER CUSTO	OMER ID#: MI		
				INSURERS AF	FORDING COVE	RAGE	NAIC #
INSUR	Michigan State Youth Soccer Association				tional Casualty	Company	11991
	9401 General Drive,			Insurer B: Na	tional Union F	ire Insurance Company	19445
	Plymouth, MI 48170			Insurer C:			
	,			Insurer D:			
				Insurer E:			
				Insurer F:			
CO	/ERAGES CE	ERTIFI	CATE NUMBER: 140063	72	R	REVISION NUMBER:	0
INDIC CERT	IS TO CERTIFY THAT THE POLICI CATED. NOTWITHSTANDING ANY I FIFICATE MAY BE ISSUED OR MA LUSIONS AND CONDITIONS OF SUC	REQUIRI Y PERT	EMENT, TERM OR CONDITION AIN, THE INSURANCE AFFORD	OF ANY CONTR DED BY THE PO	RACT OR OTHER LICIES DESCRIB	DOCUMENT WITH RESPECT TO THE SECTION OF THE SECTION	ECT TO WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADD'L SU INSRD W	BR POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	X	KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE	\$1,000,000
	V COMMEDOIAL CENEDAL LIABILITY					DAMAGE TO RENTED	\$200,000

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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(Fer accident)	
	NON-OWNED AUTOS							
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
Messmore Elementary School Attn: Yvonne Curtis 8742 Dill Drive	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Sterling Heights, MI 48312	AUTHORIZED REPRESENTATIVE Satisfull



DATE (MM/DD/YYYY) 8/19/2014

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.

Pullen Insurance S			CONTACT NAME:	F					
2560 River Park P	laza, Sui	ite 300	`	PHONE: (817) 738-6100 FAX: (817) 738-2993 E-MAIL ADDRESS: contact@pullenins.com					
Fort Worth, TX 76	5116		E-MAIL ADDRESS:						
			PRODUCER CUSTO	PRODUCER CUSTOMER ID#: MI					
			INSURERS AF	FORDING COVI	ERAGE	NAIC #			
SURED Michigan State Yout	h Soccei	Association	Insurer A: Na	ational Casualty	/ Company	11991			
9401 General Drive,			Insurer B: Na	ational Union F	ire Insurance Company	19445			
Plymouth, MI 48170			Insurer C:						
•			Insurer D:						
			Insurer E:						
			Insurer F:						
OVERAGES C	ERTIFIC	ATE NUMBER: 14007	7050	F	REVISION NUMBER:	0			
HIS IS TO CERTIFY THAT THE POLIC IDICATED. NOTWITHSTANDING ANY ERTIFICATE MAY BE ISSUED OR MA XCLUSIONS AND CONDITIONS OF SU	REQUIREM AY PERTAII CH POLICII	IENT, TERM OR CONDITIC N, THE INSURANCE AFFO ES. LIMITS SHOWN MAY HA	ON OF ANY CONTF RDED BY THE PO AVE BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPE JED HEREIN IS SUBJECT TO	CT TO WHICH THIS			
SR TYPE OF INSURANCE	ADD'L SUBR INSRD WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS				
A GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY	X	KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance)	\$1,000,000 \$300,000			
CLAIMS MADE X OCCUR						\$5,000			
To be time to the Late of the					MED EXP (Any one person)	\$1,000,000			
					PERSONAL & ADV INJURY	UNLIMITE			
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 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000			
ANY AUTO					BODILY INJURY (Per person)				
ALL OWNED AUTOS					BODILY INJURY (Per accident)				
SCHEDULED AUTOS X HIRED AUTOS					PROPERTY DAMAGE (Per accident)				
X NON-OWNED AUTOS									
A UMBRELLA LIAB X OCCUR		XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000			
X EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$5,000,000			
DEDUCTIBLE	7								
RETENTION \$									
WORKERS COMPENSATION					WC STATU- TORY LIMITS OTH- ER				
AND EMPLOYERS' LIABILITY Y/N	N/A				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				
1		GD G 0115005 A	0/1/2014	9/1/2015		\$100.000			
B PARTICIPANT ACCIDENT MEDICAL		SRG 9115335A	9/1/2014	9/1/2013		\$100,000			

CERTIFICATE HOLDER	CANCELLATION
Martell Elementary School Attn: Yvonne Curtis 5666 Livernois Road	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Troy, MI 48098	AUTHORIZED REPRESENTATIVE Jatik Pull



in lieu of such endorsement(s).

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/19/2014

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.

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Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division							
2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993							
Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com							
, ,	PRODUCER CUSTOMER ID#: MI							
	INSURERS AFFORDING COVERAGE NAIC #							
Michigan State Youth Soccer Association	Insurer A: National Casualty Company 11991							
9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company 19445							
Plymouth, MI 48170	Insurer C:							
,	Insurer D:							
	Insurer E:							
	Insurer F:							
COVERAGES CERTIFICATE NUMBER: 1400703	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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
Morse Elementary School Attn: Yvonne Curtis 475 Cherry	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Troy, MI 48083	AUTHORIZED REPRESENTATIVE Satisfull

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DATE (MM/DD/YYYY) 8/19/2014

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in lieu of such endorsement(s).								
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division						
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-29	93					
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com						
		PRODUCER CUSTOMER ID#: MI						
		INSURERS AFFORDING COVERAGE	NAIC #					
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991					
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445					
	Plymouth, MI 48170	Insurer C:						
		Insurer D:						
		Insurer E:						
		Insurer F:						
COVER	AGES CERTIFICATE NUMBER: 1400705	REVISION NUMBER: 0)					
INDICATE! CERTIFICA	D CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAD NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION ATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD OR MAY PERTAIN, THE INSURANCE AFFORD AND A CONDITIONS OF SHOULD REVEAL HAVE SHOWN AND AND A CONDITIONS OF SHOULD REVEAL THAT TO SHOW AND AND A CONDITIONS OF SHOULD REVEAL THAT TO SHOW AND A CONDITIONS OF SHOULD REVEAL THAT TO SHOW AND A CONDITIONS OF SHOULD REVEAL THAT THE PROPERTY OF THE PROPERTY	OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPEC ED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO	T 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	
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(i ei accident)	
	NON-OWNED AUTOS							
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
	DEDUCTIBLE	1						
	RETENTION \$							
	WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CENTILICATE HOLDEN	CANCELLATION				
Niles Center Attn: Yvonne Curtis 201 W. Square Lake Road	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFOR THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANC WITH THE POLICY PROVISIONS.				
Troy, MI 48098	AUTHORIZED REPRESENTATIVE Satisfull				

CANCELL ATION

CERTIFICATE HOLDER



DATE (MM/DD/YYYY) 8/19/2014

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.

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PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division						
	· · · · · · · · · · · · · · · · · · ·	PHONE: (817) 738-6100 FAX: (817) 738-299	93					
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com						
		PRODUCER CUSTOMER ID#: MI						
		INSURERS AFFORDING COVERAGE	NAIC #					
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991					
		Insurer B: National Union Fire Insurance Company	19445					
	,	Insurer C:						
	•	Insurer D:						
		Insurer E:						
		Insurer F:						
COVERA	OVERAGES CERTIFICATE NUMBER: 14009116 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	
Α	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	111/7					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION

MACOMB INTERMEDIATE SCHOOLS/NORMAN ROCKWELL JR. HIGH 12225 MASONIC **WARREN**, MI 48093

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



DATE (MM/DD/YYYY) 8/19/2014

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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 point in lieu of such endorsement(s).		Jilla	, roquire an endorsement.	A Statement On			o osi unicate notuei	
Producer Pullen Insurance Se	ervi	ces,	Inc.	CONTACT NAME: Sports Division				
2560 River Park Pl				PHONE: (8	317) 738-6100	FAX: (817) 738-29	993	
Fort Worth, TX 76		~ ~		E-MAIL ADDRESS	contact@pu	llenins.com		
1 010 11 01011, 111 7 0				PRODUCER CUST	OMER ID#: MI			
				INSURERS AFFORDING COVERAGE NAIC #				
NSURED Michigan State Youth	So	ccet	· Association	Insurer A: N	ational Casualty	Company	11991	
9401 General Drive, S						ire Insurance Company	19445	
Plymouth, MI 48170				Insurer C:				
1 1/ 1110 00011, 1.11 1.01 7.0				Insurer D:				
				Insurer E:				
				Insurer F:				
COVERAGES CE	RTI	FIC	ATE NUMBER: 140091		F	REVISION NUMBER:	0	
THIS IS TO CERTIFY THAT THE POLICII NDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUC	REQU Y PEF CH PC	IREM RTAIN LICIE	IENT, TERM OR CONDITION N, THE INSURANCE AFFORI ES. LIMITS SHOWN MAY HAV	OF ANY CONT DED BY THE PO E BEEN REDUC	RACT OR OTHER DLICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	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		
A GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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	UNLIMITEI	
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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,00	
X EXCESS LIAB CLAIMS-MADE	1					AGGREGATE	\$5,000,00	
DEDUCTIBLE								
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)						E. L. DISEASE - EA EMPLOYEE		
If yes, describe under			~~~~	0/4/204	0.44.504.5	E. L. DISEASE - POLICY LIMIT	φ100 00s	
B PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VE This certificate is issued on behalf o Additional Insured as respects the o	f Mi	chiga	an State Youth Soccer As	sociation & M	ichigan Youth		te Holder is	
CERTIFICATE HOLDER				CANCELL	ATION			
NEW LIFE CHRISTIAN ACADEMY 5515 GRISWOLD RD SMITH CREEK, MI 48074				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 Patric Pull				

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in lieu of such endorsement(s)

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/19/2014

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

PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division					
		PHONE: (817) 738-6100 FAX: (817) 738-299	93				
		E-MAIL ADDRESS: contact@pullenins.com					
		PRODUCER CUSTOMER ID#: MI					
		INSURERS AFFORDING COVERAGE	NAIC #				
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company 11991					
		Insurer B: National Union Fire Insurance Company	19445				
	,	Insurer C:					
	•	Insurer D:					
		Insurer E:					
		Insurer F:					
COVERA	AGES CERTIFICATE NUMBER: 1400919	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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
OAKLAND YARD 5328 HIGHLAND ROAD WATERFORD , MI 48329	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 Pull



DATE (MM/DD/YYYY) 8/19/2014

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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 cuch endorsement(s)

III lica oi s	suon endorsement(s).						
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division					
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com					
		PRODUCER CUSTOMER ID#: MI					
		INSURERS AFFORDING COVERAGE	NAIC #				
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991				
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445				
	Plymouth, MI 48170	Insurer C:					
		Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 1400939	REVISION NUMBER: 0	1				
	CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA						

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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
MIDVALE LEARNING CENTER 2121 MIDVALE STREET BIRMINGHAM , MI 48009	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 Satisfulli



DATE (MM/DD/YYYY) 8/19/2014

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.

	I conditions of the policy, certain policy of such endorsement(s).	olicie	s ma	y require an endorsement.	Á statement on	this certificate of	loes not confer rights to the	e certificate holder		
PRO	Pullen Insurance Se	-rvi	ces	Inc	CONTACT NAME:	Sports Divis	ion			
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 76	,	Sui	.tc 300	E-MAIL ADDRESS:					
	Tort Worth, 124 70	110			PRODUCER CUSTO					
					INSURERS AF	FORDING COVI	FRAGE	NAIC #		
INSU	IRED Mishimor Ctata Variation	Co		. A association		tional Casualty		11991		
	whenigan state 1 out						Fire Insurance Company	19445		
	9401 General Drive, S	Suit	e 12	.0		ulonai Union F	The insurance Company	19443		
	Plymouth, MI 48170				Insurer C:					
					Insurer D:					
					Insurer E:					
					Insurer F:					
				ATE NUMBER: 140107			REVISION NUMBER:			
IND CEF EXC	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 CH PC	IREM RTAIN DLICIE	IENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE PO E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPEC ED HEREIN IS SUBJECT TO MS.	CT TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE	INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
	\vdash						BODILY INJURY (Per person)			
	ALL OWNED AUTOS						BODILY INJURY (Per accident)			
	SCHEDULED AUTOS						PROPERTY DAMAGE			
	X HIRED AUTOS						(Per accident)			
	X NON-OWNED AUTOS									
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
11	X EXCESS LIAB CLAIMS-MADE			7110 1000000	7/1/2011	7/1/2013	AGGREGATE	\$5,000,000		
	DEDUCTIBLE	1					AGGREGATE	φ2,000,000		
	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			
_				GD C 0115005 A	0/1/2014	0/1/2017	E. L. DISEASE - POLICY LIMIT	¢100,000		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000		
	CRIPTION OF OPERATIONS / LOCATIONS / VE						di Carrieri Carr	:C		
Ade	s certificate is issued on behalf o ditional Insured as respects the o	perat	cions	of the Named Insured for	sanctioned act	ivities of the st	ate association.	incate Holder is		
	DTIFICATE HOLDED				CANCELLA	TION				
	RTIFICATE HOLDER		т.	1.1	CANCELLA	IION				
65	orth Branch High School So 198 Brush Street orth Branch, MI 48461	occe	r Fi	elds	THE EXPIRATION		DESCRIBED POLICIES BE CAI IF, NOTICE WILL BE DELIVEREI			
					AUTHORIZED REP	RESENTATIVE	0 0			
					Jatik William					



DATE (MM/DD/YYYY) 8/19/2014

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 p in lieu of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate d	oes not confer rights to the	e certificate holder	
PRODUCER Pullen Insurance Se	ervi	ces	Inc	CONTACT NAME:	Sports Divis	ion		
2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993				
Fort Worth, TX 76		Sui	tc 300	E-MAIL ADDRESS:	contact@pul	lenins.com		
Toft Worth, 124 70	110			PRODUCER CUSTO				
				INSURERS AF	FORDING COVE	RAGE	NAIC #	
INSURED Michigan State Youth	So	ccer	Association	Insurer A: Na	ntional Casualty	Company	11991	
9401 General Drive,						ire Insurance Company	19445	
Plymouth, MI 48170	Juin	. 12	O	Insurer C:		, , , , , , , , , , , , , , , , , , ,		
Trymouth, wir 10170				Insurer D:				
				Insurer E:				
				Insurer F:				
COVERAGES CE	RTI	FIC/	ATE NUMBER: 140116	-	F	REVISION NUMBER:	0	
THIS IS TO CERTIFY THAT THE POLICI INDICATED. NOTWITHSTANDING ANY I CERTIFICATE MAY BE ISSUED OR MA EXCLUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREM RTAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE PO E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	DOCUMENT WITH RESPECT TO THE SECTION OF THE SECTION	CT TO WHICH THIS	
INSR LTR TYPE OF INSURANCE		SUBR WVD		POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000	
DEDUCTIBLE								
RETENTION \$						WO STATU		
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	-					E. L. DISEASE - POLICY LIMIT	****	
B PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (A#0	ch ACORD 101 Additional Pamarka S	chedule if more spece	is required)			
This certificate is issued on behalf of Additional Insured as respects the o	f Mi	chiga	an State Youth Soccer Ass	sociation & Mi	d-Michigan Yo		ificate Holder is	
CERTIFICATE HOLDER				CANCELLA	TION			

ERTIFICATE HOLDER

New Life Wesleyan Church Attn: Gary Yunge 5116 S. Linden Road Swartz Creek, MI 48473

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



DATE (MM/DD/YYYY) 8/19/2014

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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

in lieu of	such endorsement(s).			•	_				
PRODUCER	runen msurance se				CONTACT NAME: Sports Division PHONE: (817) 738-6100 FAX: (817) 738-2993				
	2560 River Park Pl	,	Sui	te 300					
	Fort Worth, TX 76	116			E-MAIL ADDRESS:	contact@pul	llenins.com		
					PRODUCER CUSTO				
					INSURERS AF	FORDING COVE	ERAGE	NAIC #	
INSURED	Michigan State Youth	ı So	ccer	Association	Insurer A: Na	tional Casualty	/ Company	11991	
	9401 General Drive, S				Insurer B: Na	tional Union F	ire Insurance Company	19445	
	Plymouth, MI 48170				Insurer C:				
	•				Insurer D:				
					Insurer E:				
					Insurer F:				
COVER	AGES CE	RTI	FIC/	ATE NUMBER: 140119	84	F	REVISION NUMBER:	0	
INDICATE CERTIFIC EXCLUSION	O CERTIFY THAT THE POLICIED. NOTWITHSTANDING ANY FATE MAY BE ISSUED OR MAYONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREM RTAIN OLICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	DOCUMENT WITH RESPECT TO	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A GENE	RAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE	\$1,000,000	
Xc	OMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
L	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
I Ш-							PERSONAL & ADV INJURY	\$1,000,000	
<u> </u> _							GENERAL AGGREGATE	UNLIMITED	
GEN'L	AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000	
P	OLICY PROJECT LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000	
^ ^ ├ ─	MOBILE LIABILITY NY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
l H _{AL}	LL OWNED AUTOS						BODILY INJURY (Per person)		
so	CHEDULED AUTOS						BODILY INJURY (Per accident)		
X HI	IRED AUTOS						PROPERTY DAMAGE (Per accident)		
X	ON-OWNED AUTOS						,		
11									
_	MBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
XE	CLAIMS-MADE	1					AGGREGATE	\$5,000,000	
 	EDUCTIBLE								
	ETENTION \$ KERS COMPENSATION						WC STATU- OTH-		
AND E	EMPLOYERS' LIABILITY Y/N						TORY LIMITS ER E. L. EACH ACCIDENT		
I OFFICE	ROPRIETOR/PARTNER/EXECUTIVE ER/MEMBER EXCLUDED?	N/A					E. L. DISEASE - EA EMPLOYEE		
	lescribe under								
B PART	FICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000	
LAKI	TICH ANT ACCIDENT MEDICAL			5KG /113333K	J/1/2014	7/1/2013		Ψ100,000	
This cert	on of operations/locations/ve ificate is issued on behalf of al Insured as respects the operations.	f Mi	chiga	an State Youth Soccer As	sociation & Mi	chigan Youth S		te Holder is	
CERTIE	ICATE HOLDER				CANCELLA	TION			

NEW LIFE CHRISTIAN ACADEMY 5515 GRISWOLD ROAD KIMBALL, MI 48074

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



DATE (MM/DD/YYYY) 8/19/2014

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 liquid and conditions of the policy, certain policies may require an endorsement.

in li	eu of such endorsement(s).								
PROI	Pullen Insurance Se	ervi	ces.	Inc.	CONTACT NAME: Sports Division				
	2560 River Park Pla				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 761		~ ~		E-MAIL ADDRESS: contact@pullenins.com				
	1010 ((01011, 111 / 0)				PRODUCER CUSTOMER ID#: MI				
					INSURERS AF	NAIC #			
INSU	Michigan State Youth	So	ccer	Association	Insurer A: National Casualty Company 1199			11991	
	9401 General Drive, S	Smite	e 12	0			Fire Insurance Company	19445	
	Plymouth, MI 48170	, 6,10			Insurer C:		1 7		
	11/11100011, 1/11 101 / 0				Insurer D:				
					Insurer E:				
					Insurer F:				
СО	VERAGES CE	RTI	FIC	ATE NUMBER: 1401262	26	F	REVISION NUMBER:	0	
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY R ITIFICATE MAY BE ISSUED OR MAY SUSIONS AND CONDITIONS OF SUC	EQU PEI H PC	IREM RTAIN DLICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	OF ANY CONTR DED BY THE PO E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	T TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
_	UMBRELLA LIAB X OCCUR			VIVO 4600000	0/1/2014	0/1/2015		\$5,000,000	
A	<u> </u>			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000 \$5,000,000	
	X EXCESS LIAB CLAIMS-MADE DEDUCTIBLE						AGGREGATE	\$3,000,000	
	RETENTION \$								
							WC STATU- OTH-		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						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			SRG 9115335A	9/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000	
ъ	PARTICIPANT ACCIDENT MEDICAL			3KG 7113333K	9/1/2014	9/1/2013		Ψ100,000	
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VE	L HICLF	L S (Atta	L	chedule, if more space	L e is required)			
Thi	s certificate is issued on behalf o ditional Insured as respects the op-	f Mi	chiga	an State Youth Soccer Ass	sociation & Mi	chigan Youth		e Holder is	
CE	BTIEICATE HO! DED				CANCELLA	TION			
	RTIFICATE HOLDER	• ,			CANCELLA	IION			
	ovi Community School Dist	rıct			SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CAN	CELLED BEFORE	
	345 Taft Road				THE EXPIRATION	ON DATE THEREC LICY PROVISIONS	F, NOTICE WILL BE DELIVERED	DINACCORDANCE	
INC	ovi, MI 48374				1				

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in lieu of such endorsement(s).

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/19/2014

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

PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division						
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993						
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com						
	1 010 11 01110	PRODUCER CUSTOMER ID#: MI						
		INSURERS AFFORDING COVERAGE	NAIC #					
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991					
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445					
	Plymouth, MI 48170	Insurer C:						
	•	Insurer D:						
		Insurer E:						
		Insurer F:						
COVER	AGES CERTIFICATE NUMBER: 140126	65 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	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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(i ei accident)	
	NON-OWNED AUTOS							
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
	DEDUCTIBLE	1						
	RETENTION \$							
	WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
Meadows Upper Elementary School 1435 W Auburn Rd. Rochester Hills, MI 48309	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 Pull



DATE (MM/DD/YYYY) 8/19/2014

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.

	conditions of the policy, certain policy, cert	olicies	s ma	y require an endorsement. <i>I</i>	A statement on	inis certificate d	loes not conter rights to the	e certificate noider		
PROI	Pullen Insurance Se	rvic	es	Inc	CONTACT NAME: Sports Division					
	2560 River Park Pla				PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 76.		Sui	ic 300	E-MAIL ADDRESS: contact@pullenins.com					
	Toft Worth, IA 70.	110			PRODUCER CUSTOMER ID#: MI					
						FORDING COVI		NAIC #		
INSU	DED 34.1. G. 37 1							11991		
11400	Michigan State 1 Outil				Insurer A: National Casualty Company Insurer B: National Union Fire Insurance Company			+		
	9401 General Drive, S	Suite	12	0		19445				
	Plymouth, MI 48170				Insurer C:					
					Insurer D:					
					Insurer E:					
					Insurer F:					
CO	VERAGES CE	RTII	FICA	ATE NUMBER: 1401267	79	F	REVISION NUMBER:	0		
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUC	REQUI / PER CH PO	REM TAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	OF ANY CONTR ED BY THE POI E BEEN REDUCE	ACT OR OTHER LICIES DESCRIB D BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	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			
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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			
	X HIRED AUTOS						(Per accident)			
	X NON-OWNED AUTOS									
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EAGU GOOLIDDENGE	\$5,000,000		
A	X EXCESS LIAB CLAIMS-MADE			AKO 4000000	9/1/2014	9/1/2013	EACH OCCURRENCE	\$5,000,000		
	DEDUCTIBLE DEDUCTIBLE	1					AGGREGATE	\$5,000,000		
	H									
	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)						E. L. DISEASE - EA EMPLOYEE			
_	If yes, describe under						E. L. DISEASE - POLICY LIMIT	# 100.000		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000		
Thi	CRIPTION OF OPERATIONS/LOCATIONS/VE s certificate is issued on behalf o ditional Insured as respects the op	f Mic	higa	n State Youth Soccer Ass	sociation & Mi	chigan Youth S	Soccer League. Certificat ate association.	te Holder is		
CE	RTIFICATE HOLDER				CANCELLA	TION				
92	orthwood Elementary 6 W. 12 Mile Rd. oyal Oak, MI 48073				THE EXPIRATION	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 REPR	RESENTATIVE	Patik Dull	-		



DATE (MM/DD/YYYY) 8/19/2014

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	eu of such endorsement(s).	UIIUIE	:3 IIId	y require an endorsement.	A Statement On	iins cerimoale (ioes not comer ngms to th	e certificate fiolitier	
PRO	Pullen Insurance Se	ervi	ces.	Inc	CONTACT NAME: Sports Division				
	2560 River Park Pl	ลรล	Sui	ite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76				E-MAIL ADDRESS: contact@pullenins.com				
	1010 (10111, 111 70	110			PRODUCER CUSTOMER ID#: MI				
					INSURERS AF	FORDING COVE	ERAGE	NAIC #	
INSU	Michigan State Youth	So	CCEI	· Association	Insurer A: Na	tional Casualty	v Company	11991	
	9401 General Drive,	Snit	a 12	Association			Fire Insurance Company	19445	
	Plymouth, MI 48170	Juit	C 12	U	Insurer C:	monur emon r	ne insurance company	15110	
	1 lyllloutii, Wii 481 /0				Insurer D:				
					Insurer E:				
					Insurer F:				
\Box	VERAGES CE	RTI	FIC	ATE NUMBER: 1401268		F	REVISION NUMBER:	0	
THIS IND CER EXC	S IS TO CERTIFY THAT THE POLICI CATED. NOTWITHSTANDING ANY I TIFICATE MAY BE ISSUED OR MA LUSIONS AND CONDITIONS OF SUC	ES O REQU Y PE CH PC	F INS IIREM RTAIN DLICIE	URANCE LISTED BELOW HA IENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	VE BEEN ISSUE OF ANY CONTR DED BY THE POI E BEEN REDUCE	D TO THE INSUI LACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT T	HE POLICY PERIOD CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
							BODILY INJURY (Per person)		
	ALL OWNED AUTOS						BODILY INJURY (Per accident)		
	SCHEDULED AUTOS						PROPERTY DAMAGE		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000	
	DEDUCTIBLE	1							
	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		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	2. 2. 3.02.102	\$100,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VE		,						
Thi	s certificate is issued on behalf of	f Mi	chig	an State Youth Soccer Ass	sociation & Mi	chigan Youth	Soccer League. Certifica	te Holder is	
Ado	litional Insured as respects the o	perai	nons	of the Named Insured for	sanctioned act	ivities of the si	tate association.		
CE	RTIFICATE HOLDER				CANCELLA	TION			
Νe	ext Level Training Center								
	9 Dennison Ct.				THE EXPIRATION	ON DATE THEREO	DESCRIBED POLICIES BE CA PF, NOTICE WILL BE DELIVERE	D IN ACCORDANCE	
	poomfield Hills, MI 48302				WITH THE POL	ICY PROVISIONS			
	,				AUTHORIZED REP	RESENTATIVE	0 0		
					, STIONIZED KEPI	COLINIATIVE	Vatik Ovel		
							Xall Chille	-	



DATE (MM/DD/YYYY) 8/19/2014

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.

	conditions of the policy, certain policy conditions of the policy, certain policy conditions of the policy certain policy cert	olicie	s ma	y require an endorsement.	A statement on	this certificate of	loes not confer rights to the	e certificate holder		
PRO	Pullen Insurance Se	-rvi	ces	Inc	CONTACT NAME:	Sports Divis	ion			
	2560 River Park Pl				PHONE: (81	17) 738-6100	FAX: (817) 738-29	993		
	Fort Worth, TX 76		Sui	ie 300	E-MAIL ADDRESS: contact@pullenins.com					
	Fort Worth, 1A 70	110			PRODUCER CUSTOMER ID#: MI					
					INSURERS AF	ERACE	NAIC #			
INSU	DED 34.1. C. 57 1			.		tional Casualty		1		
IIVOU	Michigan State 1 out					11991				
	9401 General Drive, S	Suit	e 12	0		itional Union F	Fire Insurance Company	19445		
	Plymouth, MI 48170				Insurer C:					
					Insurer D:					
					Insurer E:					
					Insurer F:					
CO	VERAGES CE	RTI	FIC/	ATE NUMBER: 140131	36	F	REVISION NUMBER:	0		
IND CEF EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IIREM RTAIN DLICIE	ENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	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			
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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			
	X HIRED AUTOS						(Per accident)			
	X NON-OWNED AUTOS									
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
	X EXCESS LIAB CLAIMS-MADE				.,.,.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AGGREGATE	\$5,000,000		
	DEDUCTIBLE	1					7.00.120.112	1- 1		
	RETENTION \$									
	WORKERS COMPENSATION						WC STATU- TORY LIMITS ER			
	AND EMPLOYERS' LIABILITY Y/N						TORY LIMITS ER 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									
В	DADTICIDANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000		
D	PARTICIPANT ACCIDENT MEDICAL			3KU 9113333A	9/1/2014	9/1/2013		\$100,000		
DES	L CRIPTION OF OPERATIONS / LOCATIONS / VE		S (A#0	ah ACORD 101 Additional Remarks S	shadula if mara anasa	io roquirod)				
Thi	s certificate is issued on behalf o der is Additional Insured as resp	f Mi	chiga	an State Youth Soccer Ass	sociation & MI	CHIGAN YO				
CF	RTIFICATE HOLDER				CANCELLA	TION				
NO 40	ORTHWOOD UNIVERSIT 00 WHITING DRIVE IDLAND , MI 48640	ΓΥ			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
						,	Jatik Pulling	-		



DATE (MM/DD/YYYY) 8/19/2014

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

and conditions of the policy, certain pin lieu of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate of	loes not confer rights to the	e certificate holder	
PRODUCER Pullen Insurance S	ervi	ces	Inc	CONTACT NAME: Sports Division				
2560 River Park P				PHONE: (8	17) 738-6100	FAX: (817) 738-29	993	
Fort Worth, TX 76		, Dui	500	E-MAIL ADDRESS: contact@pullenins.com				
1010 1101111, 121 /	,110			PRODUCER CUST	OMER ID#: MI			
				INSURERS AF	NAIC #			
INSURED Michigan State Yout	h So	ccer	Association	Insurer A: Na	11991			
9401 General Drive,				Insurer B: Na	19445			
Plymouth, MI 48170				Insurer C:		•		
				Insurer D:				
				Insurer E:				
				Insurer F:				
COVERAGES C	<u>ERTI</u>	FIC/	ATE NUMBER: 140149	81	F	REVISION NUMBER:	0	
THIS IS TO CERTIFY THAT THE POLICINDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR MATCH EXCLUSIONS AND CONDITIONS OF SU	REQU AY PEI ICH PC	IIREM RTAIN OLICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONTE DED BY THE PO E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	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		
A GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000	
DEDUCTIBLE	7							
RETENTION \$								
WORKERS COMPENSATION						WC STATU- TORY LIMITS ER		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	NI/A					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	_		SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / V This certificate is issued on behalf Additional Insured as respects the o	of Mi	chiga	an State Youth Soccer As	sociation & Mi sanctioned act	chigan Youth Stivities of the st		te Holder is	
CERTIFICATE HOLDER				CANCELLA	TION			
OAKLAND UNIVERSITY	SOC	CEI	R BUBBLE	SHOULD ANY	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE			

OAKLAND UNIVERSITY SOCCER BUBBLE 2200 N. Squirrel Road ROCHESTER, MI 48309

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 Pulli



DATE (MM/DD/YYYY) 8/19/2014

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.

	conditions of the policy, certain peeu of such endorsement(s).	olicie	s ma	y require an endorsement.	Á statement on t	this certificate o	loes not confer rights to the	e certificate holder		
PROI	Pullen Insurance So	ervi	ces	Inc	CONTACT NAME:	Sports Divis	ion			
	2560 River Park Pl				PHONE: (81	17) 738-6100	FAX: (817) 738-29	993		
	Fort Worth, TX 76	,	Sui	500	E-MAIL ADDRESS: contact@pullenins.com					
	1 of t worth, 12t 70	110			PRODUCER CUSTOMER ID#: MI					
					INSURERS AFFORDING COVERAGE NAIC #					
INSU	Michigan State Youth	. 50	CCOT	Association	Insurer A: National Casualty Company 11991					
	9401 General Drive, S	200	12	ASSOCIATION			Fire Insurance Company	19445		
	Plymouth, MI 48170	Sulu	C 12	U	Insurer C:	monar Cmon r	ne insurance company	17443		
	Flyilloutii, Mii 46170				Insurer D:					
					Insurer E:					
					Insurer F:					
	VERAGES CE	DTI	FIC	ATE NUMBER: 140150			REVISION NUMBER:	0		
THIS INDI CER EXC	S IS TO CERTIFY THAT THE POLICI ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MA' LUSIONS AND CONDITIONS OF SUC	ES O REQU Y PEI CH PC	F INS IREM RTAIN OLICIE	URANCE LISTED BELOW HA ENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAV	VE BEEN ISSUE OF ANY CONTR DED BY THE POI E BEEN REDUCE	D TO THE INSUI RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	RED NAMED ABOVE FOR TH R DOCUMENT WITH RESPEC ED HEREIN IS SUBJECT TO MS.	HE POLICY PERIOD CT TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	*******		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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	ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(i ei accident)			
	A NON-OWNED ACTOS									
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
11	X EXCESS LIAB CLAIMS-MADE			7110 1000000	<i>7/1/2011</i>	7/1/2013	AGGREGATE	\$5,000,000		
	DEDUCTIBLE	1					AGGREGATE	ψ2,000,000		
	RETENTION \$									
	WORKERS COMPENSATION						WC STATU- TORY LIMITS ER			
	AND EMPLOYERS' LIABILITY Y/N						TORY LIMITS ER E. L. EACH ACCIDENT			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	MBER EXCLUDED?					E. L. DISEASE - EA EMPLOYEE			
	(Mandatory in NH) If yes, describe under						E. L. DISEASE - POLICY LIMIT			
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000		
D	TAKTICII ANT ACCIDENT MEDICAE			SKG 711333311)/1/201 4	7/1/2013		Ψ100,000		
DESC	.I CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	L ch ACORD 101, Additional Remarks S	chedule, if more space	l e is required)				
Thi	s certificate is issued on behalf oditional Insured as respects the o	f Mi	chiga	an State Youth Soccer Ass	sociation & Mi	chigan Youth S	Soccer League. Certificate association.	te Holder is		
CE	RTIFICATE HOLDER				CANCELLA	TION				
M0 52	CGRATH ELEMENTARY 88 TODD ST. RAND BLANC, MI 48439	7			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 REP	RESENTATIVE	Patik Oull	-		



DATE (MM/DD/YYYY) 8/19/2014

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and conditions of the policy, certain print lieu of such endorsement(s).	olicie	s ma	ay require an endorsement.	A statement on	this certificate of	loes not confer rights to th	e certificate holder		
PRODUCER Pullen Insurance S	ervi	ces	Inc	CONTACT NAME: Sports Division					
2560 River Park P				PHONE: (8	17) 738-6100	FAX: (817) 738-29	993		
Fort Worth, TX 76			IIC 300	E-MAIL ADDRESS: contact@pullenins.com					
Tolt Worth, 1A /)110			PRODUCER CUSTOMER ID#: MI					
				INSURERS AFFORDING COVERAGE NAIC #					
INSURED Michigan State Vout	1. C -						11991		
Michigan State 1 Out					ational Casualty				
9401 General Drive,		e 12	20		ational Union F	Fire Insurance Company	19445		
Plymouth, MI 48170				Insurer C:					
				Insurer D:					
				Insurer E:					
				Insurer F:					
			ATE NUMBER: 140157			REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLIC INDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR MATCH EXCLUSIONS AND CONDITIONS OF SU	REQU Y PE CH PC	IIREM RTAII DLICII	MENT, TERM OR CONDITION N, THE INSURANCE AFFORI ES. LIMITS SHOWN MAY HAV	I OF ANY CONTF DED BY THE PO /E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECT TO	CT TO WHICH THIS		
INSR LTR TYPE OF INSURANCE	ADD'L INSRD	SUBR	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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			
X HIRED AUTOS						(Per accident)			
X NON-OWNED AUTOS									
A UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
X EXCESS LIAB CLAIMS-MADE			12220 1000000	7/1/2011	7,1,2010	AGGREGATE	\$5,000,000		
DEDUCTIBLE						NOOKEONIE	++,,,,,,,,,		
RETENTION \$									
WORKERS COMPENSATION						WC STATU- OTH-			
AND EMPLOYERS' LIABILITY Y/N						E. L. EACH ACCIDENT			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A								
(Mandatory in NH) If yes, describe under						E. L. DISEASE - EA EMPLOYEE			
			SRG 9115335A	9/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000		
B PARTICIPANT ACCIDENT MEDICAL	-		3KU 9113333A	9/1/2014	9/1/2013		\$100,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / V	FUIOLE	0 (0 4	and ACORD 404. Additional Research)	- ii				
This certificate is issued on behalf Additional Insured as respects the	of Mi	chig	an State Youth Soccer As	sociation & Mi	ichigan Youth		te Holder is		
CERTIFICATE HOLDER				CANCELLA	TION				
MT. CLEMENS HIGH									
155 CASS AVE				SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA	NCELLED BEFORE		
MT. CLEMENS, MI 48043				WITH THE POI	LICY PROVISIONS	PF, NOTICE WILL BE DELIVERE i.	D IN ACCURDANCE		
WII. CLEWIEINS, WII 40043									
				AUTHORIZED REP	RESENTATIVE	Ω			
					_	Vatile Reli	-		

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DATE (MM/DD/YYYY) 8/19/2014

\$5,000,000

\$100,000

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	itions of the policy, certain possible such endorsement(s).	olicies	may	require an endorsement.	A statement on	this certificate of	loes not confer rights to th	e certificate holder		
PRODUCER	Pullen Insurance Se	ervice	·S	Inc	CONTACT NAME: Sports Division					
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 76			200	E-MAIL ADDRESS:	contact@pu	llenins.com			
	1 010 11 01011, 111 70	110			PRODUCER CUSTO	OMER ID#: MI				
					INSURERS AF	FORDING COVI	ERAGE	NAIC #		
INSURED	Michigan State Youth	Soco	er	Association	Insurer A: Na	ational Casualty	Company	11991		
	9401 General Drive, S				Insurer B: Na	ational Union F	ire Insurance Company	19445		
	Plymouth, MI 48170			~	Insurer C:		•			
	11,1110,0011,1111 101,0				Insurer D:					
					Insurer E:					
					Insurer F:					
COVER	AGES CE	RTIF	CA	TE NUMBER: 140159	42	F	REVISION NUMBER:	0		
EXCLUSION INSR	ATE MAY BE ISSUED OR MA'DNS AND CONDITIONS OF SUC	ADD'L SU	CIE	S. LIMITS SHOWN MAY HAV	E BEEN REDUCE POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	MS.	——————————————————————————————————————		
			/VD					\$1,000,000		
I ** ├──	RAL LIABILITY DMMERCIAL GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR							\$5,000		
▎▕─┐└	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$1,000,000		
 	······						PERSONAL & ADV INJURY	UNLIMITED		
GEN!	AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$1,000,000		
I —	DLICY PROJECT LOC						PRODUCTS - COMP/OP AGG	\$1,000,000		
	MOBILE LIABILITY			KRO 4688700	9/1/2014	9/1/2015	PARTICIPANT LEGAL LIABILITY COMBINED SINGLE LIMIT	\$1,000,000		
AN	NY AUTO				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(Ea accident)			
AL	LL OWNED AUTOS						BODILY INJURY (Per person)			
so	CHEDULED AUTOS						BODILY INJURY (Per accident)			
X HI	RED AUTOS						PROPERTY DAMAGE (Per accident)			
X	ON-OWNED AUTOS									
A UI	MBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCUPPENCE	\$5,000,000		

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

SRG 9115335A

N/A

CLAIMS-MADE

This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

9/1/2014

9/1/2015

CERTIFICATE HOLDER	CANCELLATION
MADONNA UNIVERSITY 36600 SCHOOLCRAFT RD LIVONIA, MI 48150	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 Satik Pull

AGGREGATE

WC STATU-TORY LIMITS

E. L. EACH ACCIDENT

E. L. DISEASE - EA EMPLOYEE

E. L. DISEASE - POLICY LIMIT

EXCESS LIAB

DEDUCTIBLE RETENTION \$

If yes, describe under

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

PARTICIPANT ACCIDENT MEDICAL



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain p eu of such endorsement(s).	olicie	s ma	y require an endorsement.	À statement on	this certificate o	loes not confer rights to the	e certificate holder	
PROI	Pullen Insurance Se	ervi	ces	Inc	CONTACT NAME: Sports Division				
2560 River Park Plaza, Suite 300					PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76	,	Dui	110 300	E-MAIL ADDRESS: contact@pullenins.com				
	1 of t worth, 121 70	110			PRODUCER CUSTO				
					INSURERS AF	FORDING COVE	ERAGE	NAIC #	
INSU	Michigan State Youth	. 50	0001	· Association		11991			
	9401 General Drive,	200	12	ASSOCIATION		tional Casualty	Fire Insurance Company	19445	
		Suit	2 12	U	Insurer C:	17443			
	Plymouth, MI 48170				Insurer D:				
					Insurer E:				
~~	VEDACES CE	DTI		ATE MUMDED: 140150	Insurer F:		CVICION NUMBER.		
				ATE NUMBER: 140159			REVISION NUMBER:		
INDI CER EXC	S IS TO CERTIFY THAT THE POLICI ICATED. NOTWITHSTANDING ANY P RTIFICATE MAY BE ISSUED OR MA CLUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREM RTAIN DLICIE	IENT, TERM OR CONDITION N, THE INSURANCE AFFORI ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR WVD		POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	*	
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	ALL OWNED AUTOS						BODILY INJURY (Per person)		
	-						BODILY INJURY (Per accident)		
	SCHEDULED AUTOS						PROPERTY DAMAGE		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE						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			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
DESC		HICLE	S (Atta	L	Chedule, if more space	i is required)	1		
Thi	s certificate is issued on behalf of ditional Insured as respects the o	f Mi	chig	an State Youth Soccer As	sociation & Mi	chigan Youth S	Soccer League. Certificate association.	te Holder is	
CF	RTIFICATE HOLDER				CANCELLATION				
MADONNA 36600 SCHOOLCRAFT RD LIVONIA, MI 48150					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 REPI	RESENTATIVE	\bigcap		
					Vatik beli				



DATE (MM/DD/YYYY) 8/19/2014

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PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division				
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993 E-MAIL ADDRESS: contact@pullenins.com PRODUCER CUSTOMER ID#: MI				
	Fort Worth, TX 76116					
	1 010 11 01110					
		INSURERS AFFORDING COVERAGE	NAIC #			
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991			
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company 19445				
	Plymouth, MI 48170	Insurer C:				
	3	Insurer D:				
		Insurer E:				
		Insurer F:				
COVER	AGES CERTIFICATE NUMBER: 14016	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	
Α	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE						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			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
MACOMP TOWNSHIP	

MACOMB TOWNSHIP 54111 BROUGHTON ROAD MACOMB TOWNSHIP, MI 48042

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

Satik Pulling



DATE (MM/DD/YYYY) 8/19/2014

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 neu or s	such endorsement(s).					
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division PHONE: (817) 738-6100 FAX: (817) 738-2993 E-MAIL ADDRESS: contact@pullenins.com				
	2560 River Park Plaza, Suite 300					
	Fort Worth, TX 76116					
	,	PRODUCER CUSTOMER ID#: MI				
		INSURERS AFFORDING COVERAGE	NAIC #			
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991			
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445			
	Plymouth, MI 48170	Insurer C:				
		Insurer D:				
		Insurer E:				
		Insurer F:				
COVER	AGES CERTIFICATE NUMBER: 1401681	9 REVISION NUMBER: ()			
THIS IS TO	D CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA D. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR TH OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPEC	E POLICY PERIOD T TO WHICH THIS			

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	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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(* 5. 55555)	
	NON-OWNED AUTOC							
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	NI/A					E. L. EACH ACCIDENT	
	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			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CENTIFICATE HOLDEN	CANCELLATION			
MACOMB TOWNSHIP 54111 BROUGHTON ROAD MACOMB TOWNSHIP, MI 48042	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 Satile Pull			

CANCELLATION

CEDTIFICATE HOLDED



DATE (MM/DD/YYYY) 8/19/2014

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.	CONTACT NAME: Sports Division				
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-29	93			
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com				
	1 010 11 0100, 111 7 0110	PRODUCER CUSTOMER ID#: MI				
		INSURERS AFFORDING COVERAGE	NAIC #			
NSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991			
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445			
	Plymouth, MI 48170	Insurer C:				
	,	Insurer D:				
		Insurer E:				
		Insurer F:				
COVERA	AGES CERTIFICATE NUMBER: 141166	44 REVISION NUMBER: (<u> </u>			

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	
Α	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Oakland University is an Additional Insured effective 4/1/09-9/1/09.

CERTIFICATE HOLDER	CANCELLATION
Oakland University, Lower Fields Athletic Department Rochester, MI 48309	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 Satik Rull



DATE (MM/DD/YYYY) 8/19/2014

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	eu of such endorsement(s).	SIIGIE	J IIId	y require an endorsement.	A Statement On	ins certificate (ioca noi comer rigina to the	, continuate notael	
PRO	Pullen Insurance Se	ervi	ces.	Inc.	CONTACT NAME: Sports Division				
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993 E-MAIL ADDRESS: contact@pullenins.com				
	Fort Worth, TX 76		~ 0,1						
	1 010 11 01011, 111 7 0	110			PRODUCER CUSTO	OMER ID#: MI			
					INSURERS AF	NAIC #			
INSU	Michigan State Youth	So	ccer	Association	Insurer A: Na	ntional Casualty	y Company	11991	
	9401 General Drive, S						Fire Insurance Company	19445	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTI	FIC/	ATE NUMBER: 141166	66	F	REVISION NUMBER:)	
CEF EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY F ITIFICATE MAY BE ISSUED OR MA'S SLUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREM RTAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORE S. LIMITS SHOWN MAY HAV	OF ANY CONTE DED BY THE PO E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPEC SED HEREIN IS SUBJECT TO	T 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		
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance)	\$1,000,000 \$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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A					E. L. EACH ACCIDENT		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	ואיר					E. L. DISEASE - EA EMPLOYEE		
	If yes, describe under						E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
Thi Add	CRIPTION OF OPERATIONS/LOCATIONS/VE s certificate is issued on behalf o ditional Insured as respects the o	f Mi	chiga	an State Youth Soccer As	sociation & Mi sanctioned act	chigan Youth Stivities of the st		e Holder is	
	RTIFICATE HOLDER				CANCELLA	TION			
Lutheran Social Services of Michigan 464 E. Grand Blvd. Detroit MI 48207					SHOULD ANY THE EXPIRATION	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			

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AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 8/19/2014

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.

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	conditions of the policy, certain p eu of such endorsement(s).	olicie	s ma	y require an endorsement.	Á statement on	this certificate o	loes not confer rights to the	e certificate holder		
PROI	Pullen Insurance Se	ervi	ces	Inc	CONTACT NAME: Sports Division					
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 76	,	Sui	500	E-MAIL ADDRESS: contact@pullenins.com					
	1 of t worth, 121 70			PRODUCER CUSTO						
					INSURERS AF	FORDING COVI	ERAGE	NAIC #		
INSU	Michigan State Youth	. 50	CCOT	Association	1	tional Casualty		11991		
	9401 General Drive,	200	12	ASSOCIATION		•	Fire Insurance Company	19445		
	Plymouth, MI 48170	Sulu	C 12	U	Insurer C:	ttionar Omon I	ne insurance company	17443		
	Flyilloutii, Mii 46170				Insurer D:					
					Insurer E:					
					Insurer F:					
	VERAGES CE	DTI	FIC	ATE NUMBER: 141166			REVISION NUMBER:	0		
THIS INDI CER EXC	S IS TO CERTIFY THAT THE POLICI ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MA CLUSIONS AND CONDITIONS OF SUC	ES O REQU Y PEI CH PC	F INS IREM RTAIN OLICIE	URANCE LISTED BELOW HA ENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAV	VE BEEN ISSUE OF ANY CONTR DED BY THE POI E BEEN REDUCE	D TO THE INSUI RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	RED NAMED ABOVE FOR TI R DOCUMENT WITH RESPEC BED HEREIN IS SUBJECT TO MS.	HE POLICY PERIOD CT TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	********		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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	ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(i ei accident)			
	A NON-OWNED ACTOS									
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
Λ.	X EXCESS LIAB CLAIMS-MADE			AKO 4000000	<i>)</i> /1/201 4	7/1/2013	AGGREGATE	\$5,000,000		
	DEDUCTIBLE	1					AGGREGATE	ψ5,000,000		
	RETENTION \$									
	<u> </u>						WC STATU- OTH-			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						TORY LIMITS ER 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									
В	-			SRG 9115335A	9/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000		
ъ	PARTICIPANT ACCIDENT MEDICAL			3KG 7113333K	9/1/2014	9/1/2013		ψ100,000		
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	L Ch ACORD 101, Additional Remarks S	chedule, if more space	le is required)				
Thi	s certificate is issued on behalf of ditional Insured as respects the o	f Mi	chiga	an State Youth Soccer Ass	sociation & Mi	chigan Youth	Soccer League. Certificate association.	te Holder is		
CE	RTIFICATE HOLDER				CANCELLA	TION				
Macomb Community College Fraser Campus 32101 Caroline Clinton Twp, MI 48035					SHOULD ANY THE EXPIRATION	OF THE ABOVE I ON DATE THEREO LICY PROVISIONS	DESCRIBED POLICIES BE CA OF, NOTICE WILL BE DELIVERED.			
					AUTHORIZED REPI	KESENTATIVE	Jatik Pull	-		



in lieu of such endorsement(s)

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/19/2014

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.

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PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division				
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-299	93			
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com				
		PRODUCER CUSTOMER ID#: MI				
		INSURERS AFFORDING COVERAGE	NAIC #			
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991			
		Insurer B: National Union Fire Insurance Company	19445			
	,	Insurer C:	19445			
		Insurer D:				
		Insurer E:				
		Insurer F:				
COVERA	AGES CERTIFICATE NUMBER: 1411666	REVISION NUMBER: 0				
	9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company Insurer B: National Union Fire Insurance Company Insurer C: Insurer D: Insurer E: Insurer F:	11991 19445			

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	
Α	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	111/7					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
Magahay Elementary 44700 Olander Sterling Heights, MI 48310	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 Satik Pull



DATE (MM/DD/YYYY) 8/19/2014

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 liquid to such and recompetits.

	litions of the policy, certain p such endorsement(s).	olicie	s may	require an endorsement.	Á statement on	this certificate of	loes not confer rights to th	e certificate holder	
PRODUCER	Pullen Insurance S	ervi	ces.	Inc	CONTACT NAME: Sports Division				
	2560 River Park Pl				PHONE: (8	17) 738-6100	FAX: (817) 738-29	993	
	Fort Worth, TX 76		~ 0.11		E-MAIL ADDRESS:	contact@pu	llenins.com		
	1 010 (110			PRODUCER CUST	OMER ID#: MI			
					INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSURED	Michigan State Youth	ı So	ccer	Association	Insurer A: Na	ational Casualty	Company	11991	
	9401 General Drive,				Insurer B: Na	ational Union F	ire Insurance Company	19445	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:				
COVER	AGES CE	ERTI	FICA	TE NUMBER: 141166	669	F	REVISION NUMBER:	0	
INDICATE CERTIFIC EXCLUSION	O CERTIFY THAT THE POLICI ED. NOTWITHSTANDING ANY I NATE MAY BE ISSUED OR MA ONS AND CONDITIONS OF SUC	REQU Y PEF CH PC	IREME RTAIN DLICIE:	ENT, TERM OR CONDITION , THE INSURANCE AFFORI	I OF ANY CONTF DED BY THE PO /E BEEN REDUCE	RACT OR OTHER PLICIES DESCRIE ED BY PAID CLAI	DOCUMENT WITH RESPE	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
l ** ├──	ERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE	\$1,000,000	
Xc	OMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
lЩ	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
I —	. AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000	
P	OLICY PROJECT LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000	
^ h	MOBILE LIABILITY NY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
l 	LL OWNED AUTOS						BODILY INJURY (Per person)		
I II	CHEDULED AUTOS						BODILY INJURY (Per accident)		
I — i	IRED AUTOS						PROPERTY DAMAGE (Per accident)		
XN									
	ON-OWNED AUTOS								
	ON-OWNED AUTOS								
	ON-OWNED AUTOS MBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	

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

SRG 9115335A

Y/N

N/A

This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

9/1/2014

9/1/2015

CERTIFICATE HOLDER	CANCELLATION
Michigan Youth Soccer League 269 Lothrop Rd Grosse Pointe Farms, MI 48236	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 Satisfull—

WC STATU-TORY LIMITS

E. L. EACH ACCIDENT

E. L. DISEASE - EA EMPLOYEE

E. L. DISEASE - POLICY LIMIT

\$100,000

DEDUCTIBLE RETENTION \$

If yes, describe under

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

PARTICIPANT ACCIDENT MEDICAL



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain policy, cert	olicies	s ma	y require an endorsement. <i>I</i>	A statement on t	inis certificate d	loes not conter rights to the	e certificate noider	
PROI	Pullen Insurance Se	rvic	es	Inc	CONTACT NAME: Sports Division				
	2560 River Park Pla				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76.	,	Sui	ic 300	E-MAIL ADDRESS: contact@pullenins.com				
	Toft Worth, IA 70.	110			PRODUCER CUSTO				
						FORDING COVI		NAIC #	
INSU	RED 34: 1: C. 4 37 41			A				11991	
11400	Michigan State 1 Outil					tional Casualty		+	
	9401 General Drive, S	Suite	12	0		tional Union F	Fire Insurance Company	19445	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:				
<u>CO</u>	VERAGES CE	RTIF	FIC/	ATE NUMBER: 1411667	70	F	REVISION NUMBER:	0	
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	REQUI / PER CH POI	REM TAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	OF ANY CONTR ED BY THE POI E BEEN REDUCE	ACT OR OTHER LICIES DESCRIB D BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADD'L INSRD	SUBR	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	 NI/A					E. L. EACH ACCIDENT		
	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			SRG 9115335A	9/1/2014	9/1/2015	'	\$100,000	
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLES	(Atta	ch ACORD 101, Additional Remarks So	chedule, if more space	is required)			
Thi Ado	s certificate is issued on behalf o ditional Insured as respects the op-	f Mic perati	higa ons	an State Youth Soccer Ass of the Named Insured for	sociation & Missanctioned act	chigan Youth Sivities of the st	Soccer League. Certificat atte association.	e Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
13	otre Dame Prep High Schoo 00 Giddings Rd ontiac, MI 48340	ol			THE EXPIRATION		DESCRIBED POLICIES BE CAP F, NOTICE WILL BE DELIVERED		
					AUTHORIZED REPR	RESENTATIVE	Patik Dueli	-	



DATE (MM/DD/YYYY) 8/19/2014

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	I conditions of the policy, certain policy of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate of	loes not confer rights to th	e certificate holder	
PRO	Pullen Insurance Se	rvi	res	Inc	CONTACT NAME: Sports Division				
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76		Sui	.tc 300	E-MAIL ADDRESS: contact@pullenins.com				
	Tort Worth, 124 70	110			PRODUCER CUSTO				
						FORDING COVE	FRAGE	NAIC #	
INSL	JRED Michigan State Vouth	· Co	0001		+	tional Casualty		11991	
	Wilchigan State Touti						ire Insurance Company	19445	
	9401 General Drive, S	Sulu	e 12	U	Insurer C:	ttionai Omon i	ne msurance Company	17443	
	Plymouth, MI 48170								
					Insurer D: Insurer E:				
					Insurer F:				
	OVERAGES CE	ЭТІ	EIC.	ATE NUMBER: 141166			REVISION NUMBER:	0	
THI	S IS TO CERTIFY THAT THE POLICI	ES O	F INS	SURANCE LISTED BELOW HA	VE BEEN ISSUE	D TO THE INSUI	RED NAMED ABOVE FOR T	HE POLICY PERIOD	
CEF	ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MA' CLUSIONS AND CONDITIONS OF SUC	Y PEI CH PC	RTAIN DLICIE	N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	DED BY THE POI E BEEN REDUCE	LICIES DESCRIB ED BY PAID CLAII	ED HEREIN IS SUBJECT TO	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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(Fer accident)		
	A NON-OWNED AUTOS								
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EAGU GOOUDDENOS	\$5,000,000	
A	X EXCESS LIAB CLAIMS-MADE			AKO 4000000	9/1/2014	9/1/2013	EACH OCCURRENCE	\$5,000,000	
	DEDUCTIBLE	1					AGGREGATE	\$5,000,000	
	RETENTION \$								
							WC STATU- TORY LIMITS OTH- ER		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						TORY LIMITS ER 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								
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000	
-	TARTICITARY ACCIDENT MEDICAE			SRG 711333311	<i>7/1/2011</i>	7/1/2013		\$100,000	
DES	_I CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	LCh ACORD 101, Additional Remarks S	chedule, if more space	e is required)			
Thi	s certificate is issued on behalf o	f Mi	chig	an State Youth Soccer Ass	sociation & Mi	chigan Youth S	Soccer League. Certifica	te Holder is	
	ditional Insured as respects the o								
CF	RTIFICATE HOLDER				CANCELLA	TION			
	akland Christian								
	75 Shimmons Rd						DESCRIBED POLICIES BE CA		
1	aburn Hills, MI 48326					ON DATE THEREO LICY PROVISIONS	F, NOTICE WILL BE DELIVERE	D IN ACCORDANCE	
Al	100111 111118, WH 48320								
					AUTHORIZED REPI	RESENTATIVE	0 - 10		
					Latik Mille				



DATE (MM/DD/YYYY) 8/19/2014

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in lieu o	f such endorsement(s).								
PRODUCE	Pullen Insurance Se	ervi	ces.	Inc.	CONTACT NAME:	Sports Divis	ion		
	2560 River Park Pl				PHONE: (8	17) 738-6100	FAX: (817) 738-29	993	
	Fort Worth, TX 76	,			E-MAIL ADDRESS: contact@pullenins.com				
	1 010 () 01011, 111 / 0				PRODUCER CUSTOMER ID#: MI				
					INSURERS AFFORDING COVERAGE NAIC #				
INSURED	Michigan State Youth	So	ccer	Association	Insurer A: N	ational Casualty	Company	11991	
	9401 General Drive, S	Snite	e 12	0		ational Union F	19445		
	Plymouth, MI 48170	<i>-</i>			Insurer C:		1		
	11/11/04/11, 1/11 1/01/0				Insurer D:				
					Insurer E:				
					Insurer F:				
COVE	RAGES CE	RTI	FICA	ATE NUMBER: 141166	72	F	REVISION NUMBER:	0	
INDICAT CERTIFIC EXCLUS	TO CERTIFY THAT THE POLICIE ED. NOTWITHSTANDING ANY F CATE MAY BE ISSUED OR MAY IONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IIREM RTAIN DLICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAV	OF ANY CONT DED BY THE PC E BEEN REDUC	RACT OR OTHER DLICIES DESCRIB ED BY PAID CLAII	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	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		
1 * *	IERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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	
<u> </u>							PERSONAL & ADV INJURY	\$1,000,000	
<u> </u>							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	
I	OMOBILE LIABILITY ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
I —	ALL OWNED AUTOS						BODILY INJURY (Per person)		
I 	SCHEDULED AUTOS						BODILY INJURY (Per accident)		
I 	HIRED AUTOS						PROPERTY DAMAGE (Per accident)		
I	NON-OWNED AUTOS						(* ** *********************************		
21									
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
 	EXCESS LIAB CLAIMS-MADE			1110 1000000	7,1,2011	3,1,2013	AGGREGATE	\$5,000,000	
	DEDUCTIBLE	1					7.00NZONIZ		
	RETENTION \$								
WOF	RKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER		
AND	PROPRIETOR/PARTNER/EXECUTIVE Y/N						E. L. EACH ACCIDENT		
OFFI	CER/MEMBER EXCLUDED?	N/A					E. L. DISEASE - EA EMPLOYEE		
1 1	, describe under						E. L. DISEASE - POLICY LIMIT		
В РАБ	RTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
This cer	ION OF OPERATIONS/LOCATIONS/VE rtificate is issued on behalf o nal Insured as respects the op	f Mi	chiga	an State Youth Soccer Ass	sociation & M	ichigan Youth S		te Holder is	

CERTIFICATE HOLDER

CANCELLATION

Oakland Christian 3075 Shimmonds Rd Auburn Hills, MI 48326

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

Satik Pulling



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain pole eu of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate o	loes not confer rights to th	e certificate holder		
PRO	Pullen Insurance Se	rvi	ces	Inc	CONTACT NAME:	Sports Divis	ion			
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 76116					E-MAIL ADDRESS: contact@pullenins.com				
	Tolt Worth, 12 70110					PRODUCER CUSTOMER ID#: MI				
					INSURERS AF	FORDING COVE	FRAGE	NAIC #		
INSU	RED Michigan State Vouth	So	0001	Association		tional Casualty		11991		
	Wildingan State Touth						Fire Insurance Company	19445		
	9401 General Drive, S	Sulte	e 12	U		monai Omon i	The misurance Company	13443		
	Plymouth, MI 48170				Insurer C:					
					Insurer D:					
					Insurer E:					
\Box	VERAGES CE	DTI	EIC.	ATE NUMBER: 141166	Insurer F:		REVISION NUMBER:	0		
THIS IND CER EXC	S IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	S OI EQU PEI H PC	F INS IREM RTAIN OLICIE	URANCE LISTED BELOW HA ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	VE BEEN ISSUE OF ANY CONTR DED BY THE POI E BEEN REDUCE	D TO THE INSUI RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	RED NAMED ABOVE FOR THE DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	HE POLICY PERIOD 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			
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
							BODILY INJURY (Per person)			
	ALL OWNED AUTOS						BODILY INJURY (Per accident)			
	SCHEDULED AUTOS						PROPERTY DAMAGE			
	X HIRED AUTOS						(Per accident)			
	X NON-OWNED AUTOS									
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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	N1/A					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			SRG 9115335A	9/1/2014	9/1/2015		\$100,000		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (^#c	ch ACORD 101 Additional Remarks C	chedule if more cases	is required)				
Thi	s certificate is issued on behalf o	f Mi	chig	an State Youth Soccer Ass	sociation & Mi	chigan Youth S	Soccer League. Certifica	te Holder is		
Ado	ditional Insured as respects the op-	perat	ions	of the Named Insured for	sanctioned act	ivities of the st	ate association.			
CE	RTIFICATE HOLDER				CANCELLA	TION				
	akland Steiner									
l .	76 S Livernois				SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE		
I	ochester Hills, MI 48309					ICY PROVISIONS		2 ACCONDANCE		
1	70307 Tillis, WII 40307									
					AUTHORIZED REP	RESENTATIVE	$()$ $, a \cap a$			
							Vatile Pulle	-		



DATE (MM/DD/YYYY) 8/19/2014

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).

COVERA	AGES CERTIFICATE NUMBER: 1411667	75 REVISION NUMBER: ()			
		Insurer F:				
		Insurer E:				
		Insurer D:				
	Plymouth, MI 48170	Insurer C:				
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445			
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991			
		INSURERS AFFORDING COVERAGE	NAIC #			
		PRODUCER CUSTOMER ID#: MI				
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com				
	,	PHONE: (817) 738-6100 FAX: (817) 738-29	93			
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division				

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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Oakland University is an Additional Insured effective 4/1/09-9/1/09.

OEKTII IOATE HOEDEK	OANOLLLANON
Oakland University Upper Fields Athletic Department 2220 N. Squirrel Road	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Rochester, MI 48309	AUTHORIZED REPRESENTATIVE Satik Pull

CANCELL ATION

CEDTIEICATE HOLDED



DATE (MM/DD/YYYY) 8/19/2014

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 s	such endorsement(s).		
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division	
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-29	93
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com	
	1 010 11 01111, 111 1 0110	PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445
	Plymouth, MI 48170	Insurer C:	
	,	Insurer D:	
		Insurer E:	
		Insurer F:	
COVER	AGES CERTIFICATE NUMBER: 141168	65 REVISION NUMBER: ()
THIS IS TO	D CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAD NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION	AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR TH OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPEC	IE POLICY PERIOD T TO WHICH THIS

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

_	LUSIONS AND CONDITIONS OF SUC			S. LIMITS SHOWN MAY H			MS.	
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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(i ei accident)	
	A NON-OWNED ACTOS							
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Mid-Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
McNabb Park 575 S. Elm St. Ithaca, MI 48847	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 Satik Dull



DATE (MM/DD/YYYY) 8/19/2014

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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

	iditions of the policy, certain po if such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	tnis certificate d	ioes not confer rights to the	e certificate noider	
PRODUCE	Pullen Insurance Se	ervi	ces	Inc.	CONTACT NAME: Sports Division				
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76	,	Dui	10 300	E-MAIL ADDRESS: contact@pullenins.com				
	1 of t worth, 12t 70	110			PRODUCER CUSTOMER ID#: MI				
					INSURERS AF	FORDING COVE	ERAGE	NAIC #	
INSURED	Michigan State Youth	So	ccer	Association	Insurer A: Na	tional Casualty	/ Company	11991	
	9401 General Drive, S						ire Insurance Company	19445	
	Plymouth, MI 48170	Juin	. 12	O	Insurer C:				
	1 1ymoum, wn 40170				Insurer D:				
					Insurer E:				
					Insurer F:				
COVE	RAGES CE	RTI	FICA	ATE NUMBER: 141168	-	F	REVISION NUMBER:	0	
THIS IS INDICAT CERTIFI EXCLUS	TO CERTIFY THAT THE POLICIE ED. NOTWITHSTANDING ANY F CATE MAY BE ISSUED OR MAY IONS AND CONDITIONS OF SUC	ES OI REQU Y PEI CH PC	F INS IREM RTAIN OLICIE	URANCE LISTED BELOW HA ENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAV	VE BEEN ISSUE OF ANY CONTF DED BY THE PO E BEEN REDUCE	D TO THE INSUI RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	RED NAMED ABOVE FOR THE DOCUMENT WITH RESPECT TO	HE POLICY PERIOD OT 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		
A GEN	IERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000	
	POLICY PROJECT LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000	
** —	OMOBILE LIABILITY ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
l 	ALL OWNED AUTOS						BODILY INJURY (Per person)		
l 	SCHEDULED AUTOS						BODILY INJURY (Per accident)		
l 	HIRED AUTOS						PROPERTY DAMAGE (Per accident)		
++	NON-OWNED AUTOS								
	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
X	EXCESS LIAB CLAIMS-MADE]					AGGREGATE	\$5,000,000	
	DEDUCTIBLE								
	RETENTION \$								
	RKERS COMPENSATION DEMPLOYERS' LIABILITY Y/N						WC STATU- TORY LIMITS ER		
l l _{any}	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT		
OFFI (Man	CER/MEMBER EXCLUDED?	",					E. L. DISEASE - EA EMPLOYEE		
If yes	s, describe under						E. L. DISEASE - POLICY LIMIT		
B PAI	RTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
This ce	rion of operations/Locations/Vertificate is issued on behalf of onal Insured as respects the operations.	f Mi	chiga	an State Youth Soccer Ass	sociation & Mi	d-Michigan Yo		ificate Holder is	
CERT	FICATE HOLDER				CANCELLA	TION			
Midla	and Soccer Complex				01101111 2 111111	OF THE 13017		NOE! ED E====	

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

6500 N. Jefferson Rd. Midland, MI 48642

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 8/19/2014

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	eu of such endorsement(s).	JIICIC	S IIIa	y require an endorsement.	A Statement on	tills certificate d	loes not comer rights to th	e certificate floider	
PROI	Pullen Insurance Se	ervi	ces.	Inc.	CONTACT NAME:	Sports Divis	ion		
	2560 River Park Pla				PHONE: (8	17) 738-6100	FAX: (817) 738-29	993	
	Fort Worth, TX 761	,			E-MAIL ADDRESS: contact@pullenins.com				
	,,,				PRODUCER CUSTOMER ID#: MI				
					INSURERS AF	NAIC #			
INSU	Michigan State Youth	So	ccer	Association	Insurer A: N	ational Casualty	Company	11991	
	9401 General Drive, S						ire Insurance Company	19445	
	Plymouth, MI 48170	Juit	. 12	O .	Insurer C:		1 7		
	11 jilloudi, wii 101 / 0				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTI	FICA	ATE NUMBER: 1411686	-	R	REVISION 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	EQU PEI H PC	IREM RTAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	OF ANY CONT DED BY THE PC E BEEN REDUC	RACT OR OTHER DLICIES DESCRIB ED BY PAID CLAII	DOCUMENT WITH RESPECT TO	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		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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	ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(i el accident)		
	NON-OWNED ACTOS								
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE		
	If yes, describe under						E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
	 CRIPTION OF OPERATIONS / LOCATIONS / VEI	L HICLE	S (Atta	ch ACORD 101, Additional Remarks S	chedule, if more spac	e is required)			
	s certificate is issued on behalf or litional Insured as respects the op							tificate Holder is	
CE	RTIFICATE HOLDER				CANCELLA	ATION			
Montrose High School 300 Nanita Dr. Montrose, MI 48457					SHOULD ANY THE EXPIRAT	OF THE ABOVE I	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE D IN ACCORDANCE	
					AUTHORIZED REF	PRESENTATIVE	Patik Dull	-	



DATE (MM/DD/YYYY) 8/19/2014

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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)

	l conditions of the policy, certain policy of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate of	loes not confer rights to th	e certificate holder	
PRO	Pullen Insurance So	-rvi	CAS	Inc	CONTACT NAME:	Sports Divis	ion		
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76		Sui	.tc 300	E-MAIL ADDRESS: contact@pullenins.com				
	Tort Worth, 124 70	110			PRODUCER CUSTOMER ID#: MI				
					INSURERS AFFORDING COVERAGE NAIC #				
INSL	JRED Michigan State Vouth	· Co	0001	. Association	Insurer A: National Casualty Company 11991				
	Whenigan State 1 out						ire Insurance Company	19445	
	9401 General Drive, S	Sulu	e 12	.U		ulonai Omon i	ne msurance Company	17443	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
	VED 4 0 E 0	.D.T.		ATE MUMDED: 141160	Insurer F:		NEVICION NUMBER	0	
				ATE NUMBER: 1411686			REVISION NUMBER:		
IND CEF EXC	S IS TO CERTIFY THAT THE POLICI ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MA' CLUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREM RTAIN DLICIE	IENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT TO	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		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
_	TA OCCUP			VIVO 4600000	0/1/0014	0/1/2017		Φ ε 000 000	
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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						WC STATU- TORY LIMITS OTH- 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						E. L. DISEASE - POLICY LIMIT	*	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
1	CRIPTION OF OPERATIONS / LOCATIONS / VE						10 7 0		
Thi	s certificate is issued on behalf of	t Mı	chiga	an State Youth Soccer Ass	sociation & Mi	d-Michigan Yo	outh Soccer League. Cer	tificate Holder is	
Ad	ditional Insured as respects the o	perai	10ns	of the Named Insured for	sanctioned act	ivities of the st	ate association.		
CE	RTIFICATE HOLDER				CANCELLA	TION			
M	orrish Rd								
	54 Morish Rd.						DESCRIBED POLICIES BE CA IF, NOTICE WILL BE DELIVERE		
1	vartz Creek, MI 48473					LICY PROVISIONS			
~'	01011, 1111 10170				ALITHOPIZES SES	DECENTATIVE	^		
					AUTHORIZED REPI	KESENTATIVE	VI. J. D. el		
							Yu lulc/fullullullullullullullullullullullullull	-	



DATE (MM/DD/YYYY) 8/19/2014

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R THE POLICY PERIOD PECT TO WHICH THIS
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\$100,000
Certificate Holder is
CANCELLED BEFORE RED IN ACCORDANCE
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AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 8/19/2014

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and conditions of the policy, certain p in lieu of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate of	loes not confer rights to th	e certificate holder	
PRODUCER Pullen Insurance S	arvi	200	Inc	CONTACT NAME: Sports Division PHONE: (817) 738-6100 FAX: (817) 738-2993				
2560 River Park Pl								
Fort Worth, TX 76		Su	11e 300	E-MAIL ADDRESS: contact@pullenins.com				
Fort Worth, 1A 76	110			PRODUCER CUSTO		nemins.com		
				INSURERS AFFORDING COVERAGE NAIC #				
INSURED Michigan State Vouth								
Wildingan State 1 out							11991	
9401 General Drive,	Suite	e 12	20		itional Union F	Fire Insurance Company	19445	
Plymouth, MI 48170				Insurer C:				
				Insurer D:				
				Insurer E:			_	
				Insurer F:	_			
			ATE NUMBER: 141168			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICI INDICATED. NOTWITHSTANDING ANY I CERTIFICATE MAY BE ISSUED OR MA EXCLUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREM RTAII LICII	MENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE PO E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT TO	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		
A GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
X HIRED AUTOS						(Per accident)		
X NON-OWNED AUTOS								
A UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
X EXCESS LIAB CLAIMS-MADE			11110 1000000), 1, 2 01 .	7,1,2010	AGGREGATE	\$5,000,000	
DEDUCTIBLE	1					NOONEONIE	+2,000,000	
RETENTION \$								
WORKERS COMPENSATION						WC STATU- TORY LIMITS ER		
AND EMPLOYERS' LIABILITY Y/N						TORY LIMITS ER 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								
_ '	+		SRG 9115335A	9/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000	
B PARTICIPANT ACCIDENT MEDICAL			3KU 9113333A	9/1/2014	9/1/2013		\$100,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VE		C (A#c	poh ACORD 101 Additional Remarks S	chadula if mara angas	in required)			
This certificate is issued on behalf of Additional Insured as respects the o	f Mi	chig	an State Youth Soccer As	sociation & Mi	d-Michigan Yo	outh Soccer League. Cer ate association.	tificate Holder is	
CERTIFICATE HOLDER				CANCELLA	TION			
Mt Pleasant W Intermediate S 440 S. Bradley St. Mount Pleasant, MI 48858		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
				Jatik Well-				

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DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain pe eu of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate of	loes not confer rights to the	e certificate holder		
PRO	Pullen Insurance Se	ervi	ces.	Inc.	CONTACT NAME: Sports Division					
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 76		Sui	10 300	E-MAIL ADDRESS: contact@pullenins.com					
	Toft Worth, 124 70	110			PRODUCER CUSTO					
					INSURERS AF	FORDING COVE	FRAGE	NAIC #		
INSU	RED Michigan State Vouth	· Co		Aggariation	+	tional Casualty		11991		
	Michigan State 1 out						ire Insurance Company	19445		
	9401 General Drive, S	Sult	e 12	U		monar Omon r	ne msurance Company	17443		
	Plymouth, MI 48170				Insurer C:					
					Insurer D:					
					Insurer E:					
					Insurer F:					
				ATE NUMBER: 140170			REVISION NUMBER:			
IND CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC T	REQU Y PEI CH PC	IREM RTAIN DLICIE	IENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO MS.	CT TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE		SUBR WVD		POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
	-						BODILY INJURY (Per person)			
	ALL OWNED AUTOS						BODILY INJURY (Per accident)			
	SCHEDULED AUTOS						PROPERTY DAMAGE			
	X HIRED AUTOS						(Per accident)			
	X NON-OWNED AUTOS									
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000		
	DEDUCTIBLE	1					7.CONZONIE	, - , ,		
	RETENTION \$									
							WC STATU- OTH-			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						TORY LIMITS ER E. L. EACH ACCIDENT			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A								
	(Mandatory in NH) If yes, describe under						E. L. DISEASE - EA EMPLOYEE			
D				SDC 0115225 A	0/1/2014	0/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000		
Thi	CRIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf o	f Mi	chiga	an State Youth Soccer Ass	sociation & Mi	chigan Youth S		te Holder is		
Ado	ditional Insured as respects the o	perat	ions	of the Named Insured for	sanctioned act	ivities of the st	ate association.			
CE	RTIFICATE HOLDER				CANCELLA	TION				
M. 10	ARINE CITY HIGH SCHO 85 WARD STREET ARINE CITY, MI 48039	OOL	,		SHOULD ANY THE EXPIRATION	OF THE ABOVE I	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE D IN ACCORDANCE		
					AUTHORIZED REPRESENTATIVE STATES PUBLICATION OF THE PROPERTY O					



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and conditions of the policy, certain policy in lieu of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate of	loes not confer rights to the	e certificate holder	
PRODUCER Pullen Insurance So	arvi	200	Inc	CONTACT NAME: Sports Division PHONE: (817) 738-6100 FAX: (817) 738-2993				
2560 River Park Pl								
		Sui	ne 300	E-MAIL ADDRESS: contact@pullenins.com				
Fort Worth, TX 76	110					nemis.com		
INCLIDED 351.11	~			INSURERS AFFORDING COVERAGE NAIC #				
Michigan State Youth				Insurer A: National Casualty Company 11991				
9401 General Drive, S	Suite	e 12	20		ational Union F	Fire Insurance Company	19445	
Plymouth, MI 48170				Insurer C:				
				Insurer D:				
				Insurer E:				
				Insurer F:				
COVERAGES CE	RTI	FIC	ATE NUMBER: 140170	18	F	REVISION NUMBER:	0	
THIS IS TO CERTIFY THAT THE POLICII INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MA' EXCLUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREM RTAIN LICIE	IENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONTE DED BY THE PO E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	CT TO WHICH THIS	
INSR LTR TYPE OF INSURANCE	INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
HIRED AUTOS						(Per accident)		
X NON-OWNED AUTOS								
A UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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 OFFICER/MEMBER EXCLUDED?	N/A					E. L. EACH ACCIDENT		
(Mandatory in NH)						E. L. DISEASE - EA EMPLOYEE		
If yes, describe under						E. L. DISEASE - POLICY LIMIT		
B PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	ach ACORD 101, Additional Remarks S	chedule, if more space	e is required)	!		
This certificate is issued on behalf of Additional Insured as respects the o	f Mi perat	chig ions	an State Youth Soccer As of the Named Insured for	sociation & Mi sanctioned act	chigan Youth Stivities of the st	Soccer League. Certificate association.	e Holder is	
CERTIFICATE HOLDER				CANCELLA	TION			
MARINE CITY MIDDLE SO 6373 KING ROAD MARINE CITY, MI 48039	OOL	,	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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	conditions of the policy, certain p eu of such endorsement(s).	olicie	s ma	y require an endorsement.	Á statement on	this certificate o	loes not confer rights to the	e certificate holder		
PROI	Pullen Insurance Se	ervi	ces	Inc	CONTACT NAME: Sports Division PHONE: (817) 738-6100 FAX: (817) 738-2993					
	2560 River Park Pl									
	Fort Worth, TX 76	,	Sui	500	E-MAIL ADDRESS: contact@pullenins.com					
	1 of t worth, 121 70	110			PRODUCER CUSTOMER ID#: MI					
					INSURERS AF	FORDING COVI	ERAGE	NAIC #		
INSU	Michigan State Youth	. 50	0001	Association	1	itional Casualty		11991		
	9401 General Drive,	200	12	ASSOCIATION		•	Fire Insurance Company	19445		
		Surv	C 12	O	Insurer C:	ttionar Cinon I	ne insurance Company	17443		
	Plymouth, MI 48170				Insurer D:					
					Insurer E:					
	VERAGES CE	DTI	EIC.	ATE NUMBER: 140170	Insurer F:		REVISION NUMBER:	0		
THIS	S IS TO CERTIFY THAT THE POLICI	ES O	F INS	URANCE LISTED BELOW HA	VE BEEN ISSUE	D TO THE INSUI	RED NAMED ABOVE FOR TH	HE POLICY PERIOD		
CER	ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MA LUSIONS AND CONDITIONS OF SUC	Y PE	RTAIN DLICIE	I, THE INSURANCE AFFORD	DED BY THE POI E BEEN REDUCE	LICIES DESCRIB ED BY PAID CLAI	ED HEREIN IS SUBJECT TO	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			
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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			
	X HIRED AUTOS						(Per accident)			
	X NON-OWNED AUTOS									
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
	X EXCESS LIAB CLAIMS-MADE				27 -7 - 2 - 3	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	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?	ER EXCLUDED?				E. L. DISEASE - EA EMPLOYEE				
	(Mandatory in NH) If yes, describe under						E. L. DISEASE - POLICY LIMIT			
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000		
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	ch ACORD 101, Additional Remarks S	chedule, if more space	e is required)				
Thi	s certificate is issued on behalf of ditional Insured as respects the o	of Mi	chig	an State Youth Soccer As	sociation & Mi	chigan Youth	Soccer League. Certificat	te Holder is		
Auc	antional insured as respects the o	рста	.10113	of the Panied Histored for	sanctioned act	ivities of the st	ate association.			
CE	RTIFICATE HOLDER				CANCELLA	TION				
61	ADISON ACADEMY 70 TORREY RD JINT TOWNSHIP, MI 485	07			THE EXPIRATION		DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE			
	2111 10 11110 iiii , iiii 403	0 /								
					AUTHORIZED REPI	RESENTATIVE	$()$ $ \alpha$ α			
						_	Vatik Vieli-	-		



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and	ORTANT: If the certificate holder is conditions of the policy, certain pole of such endorsement(s).									
PRO	Pullen Insurance Se	ervi	ces	Inc	CONTACT NAME: Sports Division					
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 76		Dui	10 500	E-MAIL ADDRESS:	contact@pu	llenins.com			
	101t Worth, 12x 70	110			PRODUCER CUSTO	OMER ID#: MI				
					INSURERS AF	FORDING COVI	ERAGE	NAIC #		
INSU	RED Michigan State Youth	So	ocor	Association		tional Casualty		11991		
	9401 General Drive, S						Fire Insurance Company	19445		
	Plymouth, MI 48170				Insurer C:					
					Insurer D:					
					Insurer E:					
					Insurer F:					
CO	VERAGES CE	RTI	FIC/	ATE NUMBER: 140170	71	F	REVISION NUMBER:	0		
IND CER EXC	S IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY SUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREM RTAIN DLICIE	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 CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	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			
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance)	\$1,000,000 \$300,000		
	CLAIMS MADE X OCCUR							\$5,000		
	CLAIMS WADE X OCCUR						MED EXP (Any one person)	\$1,000,000		
							PERSONAL & ADV INJURY	. , ,		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000		
	POLICY PROJECT LOC			*** 0 / 400 = 00	0/1/201/	0/1/2017	PARTICIPANT LEGAL LIABILITY	\$1,000,000		
A	ANY AUTO	KRO 4688700	9/1/2014	9/1/2015	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						(* 5. 5.5.5.1.)			
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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						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			SRG 9115335A	9/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000		
Thi	cription of operations/Locations/ve s certificate is issued on behalf o ditional Insured as respects the op	f Mi	chiga	an State Youth Soccer Ass	sociation & Mi	chigan Youth S		te Holder is		
CE	RTIFICATE HOLDER				CANCELLA	TION				
M. 13	ACOMB CHRISTIAN CH 845 22 MILE ROAD IELBY TWP, MI 48315	URO	CH		SHOULD ANY THE EXPIRATION	OF THE ABOVE I	DESCRIBED POLICIES BE CAI F, NOTICE WILL BE DELIVERE			
					AUTHORIZED REPR	RESENTATIVE	Patik Dull	-		



DATE (MM/DD/YYYY) 8/19/2014

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

iii iica oi s	don chaolochich(o).					
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division				
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com				
	1010 11 01110	PRODUCER CUSTOMER ID#: MI				
		INSURERS AFFORDING COVERAGE	NAIC #			
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991			
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445			
	· · · · · · · · · · · · · · · · · · ·	Insurer C:				
	•	Insurer D:				
		Insurer E:				
		Insurer F:				
COVERA	AGES CERTIFICATE NUMBER: 1401709	REVISION NUMBER: ()			
THIS IS TO	CEPTIEV THAT THE POLICIES OF INSLIDANCE LISTED BELOW HA	VE BEEN ISSUED TO THE INSUDED NAMED ABOVE FOR TH	E BOLICY BEBIOD			

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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	111/7					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
NEW HAVE SCHOOL DISTRIC 57700 GRATIOT AVE NEW HAVEN, MI 48048	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 Satisfulli



DATE (MM/DD/YYYY) 8/19/2014

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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).

	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445
	Plymouth, MI 48170	Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	
COVER	AGES CERTIFICATE NUMBER: 1401709	9 REVISION NUMBER: 0	1

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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION

MARSH VIEW PARK SOCCER FIELD 3100 CLARKSTON ROAD OAKLAND TOWNSHIP, MI 48393

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

Satik Dull

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DATE (MM/DD/YYYY) 8/19/2014

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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

iii iica oi c	such chaorsement(s).						
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division					
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com					
	1 010 11 01011, 111 7 0110	PRODUCER CUSTOMER ID#: MI					
		INSURERS AFFORDING COVERAGE	NAIC #				
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991				
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445				
	Plymouth, MI 48170	Insurer C:					
	, ,	Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 1401716	REVISION NUMBER: 0					
THIS IS TO	CEDTIEV THAT THE BOLICIES OF INSTIDANCE LISTED BELOW HA	VE DEEN ISSUED TO THE INSUDED NAMED ABOVE FOR TH	E DOLICY DEDIOD				

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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION				
Madonna University 36600 Schoolcraft Road Livonia, MI 48150	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 Satisfull—				



DATE (MM/DD/YYYY) 8/19/2014

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iii iieu oi s	such endorsement(s).						
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division					
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-29	93				
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com					
		PRODUCER CUSTOMER ID#: MI					
		INSURERS AFFORDING COVERAGE	NAIC #				
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company 11991					
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445				
	Plymouth, MI 48170	Insurer C:					
	,	Insurer D:					
		Insurer E:					
		Insurer F:					
COVERA	AGES CERTIFICATE NUMBER: 1401870	REVISION NUMBER: ()				
THIS IS TO	CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR TH	IE POLICY PERIOD				

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	
Α	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000

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

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CERTIFICATE HOLDER	CANCELLATION

NORTH BRANCH WESLEYAN CHURCH 3164 NORTH BRANCH ROAD NORTH BRANCH, MI 48461

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

Satik Dull



DATE (MM/DD/YYYY) 8/19/2014

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PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division					
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-299	93				
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com					
		PRODUCER CUSTOMER ID#: MI					
		INSURERS AFFORDING COVERAGE	NAIC #				
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991				
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company 19445					
	Plymouth, MI 48170	Insurer C:					
		Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 140189	86 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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	X	****	KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E. L. EACH ACCIDENT	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	. •,, \					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CENTIFICATE HOLDEN	CANCELLATION
MACOMB TOWNSHIP PARKS & RECREATION 20699 MACOMB ST MACOMB, MI 48042	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 Satisfalle

CANCELL ATION

CEDTIFICATE HOLDED



DATE (MM/DD/YYYY) 8/19/2014

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 INSURED EDGES 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 c	onditions of the policy, certain policy, certain polyof such endorsement(s).	olicie	s ma	y require an endorsement.	Á statement o	n this certificate d	loes not confer rights to the	ne ćertificate holder	
PRODU	Pullen Insurance So	ervic	es.	Inc.	CONTACT NAME	: Sports Divis	ion		
	2560 River Park Pl				PHONE: (817) 738-6100	FAX: (817) 738-2	.993	
	Fort Worth, TX 76				E-MAIL ADDRES	s: contact@pul	lenins.com		
					PRODUCER CUS	STOMER ID#: MI			
					INSURERS A	AFFORDING COVE	ERAGE	NAIC #	
INSURE	Michigan State Youth	ı Soo	ccer	Association	Insurer A: 1	National Casualty	/ Company	11991	
	9401 General Drive, S				Insurer B: 1	National Union F	ire Insurance Company	19445	
	Plymouth, MI 48170				Insurer C:				
	•				Insurer D:				
					Insurer E:				
					Insurer F:				
COV	ERAGES CE	RTI	FIC/	ATE NUMBER: 140191	REVISION NUMBER: 0				
INDIC.	S TO CERTIFY THAT THE POLICI ATED. NOTWITHSTANDING ANY F FICATE MAY BE ISSUED OR MA' JSIONS AND CONDITIONS OF SUC	REQUI Y PEF	REM	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	OF ANY CONDED BY THE P	TRACT OR OTHER OLICIES DESCRIB	DOCUMENT WITH RESPE ED HEREIN IS SUBJECT 1	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		
A	ENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE	\$1,000,000	
2	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	
G	EN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000	
	POLICY PROJECT LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000	
AA	UTOMOBILE LIABILITY			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT	\$1,000,000	

(Ea accident) ANY AUTO BODILY INJURY (Per person) ALL OWNED AUTOS **BODILY INJURY (Per accident)** SCHEDULED AUTOS PROPERTY DAMAGE HIRED AUTOS (Per accident) NON-OWNED AUTOS \$5,000,000 UMBRELLA LIAB X OCCUR XKO 4688800 9/1/2014 9/1/2015 EACH OCCURRENCE CLAIMS-MADE \$5,000,000 X EXCESS LIAB AGGREGATE DEDUCTIBLE RETENTION \$ WC STATU-TORY LIMITS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E. L. EACH ACCIDENT N/A E. L. DISEASE - EA EMPLOYEE If yes, describe under E. L. DISEASE - POLICY LIMIT SRG 9115335A 9/1/2014 9/1/2015 \$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
LYNCH ELEMENTARY SCHOOL 2035 ROOM LAKE ROAD LAPEER, MI 48445	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 Pull

PARTICIPANT ACCIDENT MEDICAL



DATE (MM/DD/YYYY) 8/19/2014

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 poly eu of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate of	loes not confer rights to th	e certificate holder		
PRO	Pullen Insurance Se	rvi	ces	Inc	CONTACT NAME: Sports Division					
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 76		Sui	iic 300	E-MAIL ADDRESS:	contact@pu				
	Toft Worth, 124 70	110			PRODUCER CUSTO					
					INSURERS AF	FORDING COVI	ERAGE	NAIC #		
INSU	Michigan State Youth	So	CCAI	· Association		tional Casualty		11991		
	9401 General Drive, S						Fire Insurance Company	19445		
	Plymouth, MI 48170				Insurer C:					
	•				Insurer D:					
					Insurer E:					
					Insurer F:					
CO	VERAGES CE	RTI	FIC	ATE NUMBER: 140193	96	F	REVISION NUMBER:	0		
IND CEF EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY F ITIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREN RTAIN DLICIE	IENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE PO E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECT TO	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			
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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	ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(i el accident)			
	A NON-OWNED ACTOS									
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
11	X EXCESS LIAB CLAIMS-MADE			7110 4000000	7/1/2014	7/1/2013	AGGREGATE	\$5,000,000		
	DEDUCTIBLE	1					AGGREGATE	42,000,000		
	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			
	If yes, describe under						E. L. DISEASE - POLICY LIMIT			
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000		
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atto	ch ACORD 101 Additional Remarks 9	chedule if more space	is required)				
	s certificate is issued on behalf o		•			. ,	Soccer League. Certifica	te Holder is		
Ado	ditional Insured as respects the o	perat	ions	of the Named Insured for	sanctioned act	ivities of the st	tate association.			
CE	RTIFICATE HOLDER				CANCELLA	TION				
OAKBROOK ELEMENTARY 12060 GREENWAY STERLING HEIGHTS, MI 48312					SHOULD ANY THE EXPIRATION	OF THE ABOVE I	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE D IN ACCORDANCE		
					AUTHORIZED REP	RESENTATIVE	Datik Dull	-		



DATE (MM/DD/YYYY) 8/19/2014

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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)

in lieu of such endorsement(s).										
PRODUCER Pullen Insurance S	ervi	ces,	Inc.	CONTACT NAME:	Sports Divis					
2560 River Park P	laza,	Sui	te 300	PHONE: (817) 738-6100 FAX: (817) 738-2993						
Fort Worth, TX 76	116			E-MAIL ADDRESS:	E-MAIL ADDRESS: contact@pullenins.com					
,				PRODUCER CUST	OMER ID#: MI					
				INSURERS AF	FORDING COV	ERAGE	NAIC #			
INSURED Michigan State Yout	n So	ccer	Association	Insurer A: Na	tional Casualt	y Company	11991			
9401 General Drive,				Insurer B: Na	tional Union F	Fire Insurance Company	19445			
Plymouth, MI 48170				Insurer C:		•				
11,11100011,1111 10170				Insurer D:						
				Insurer E:						
				Insurer F:						
COVERAGES CI	ERTI	FIC/	ATE NUMBER: 140193	199	F	REVISION NUMBER:	0			
THIS IS TO CERTIFY THAT THE POLICI INDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR MA EXCLUSIONS AND CONDITIONS OF SU	REQU Y PEF CH PC	IREM RTAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORI ES. LIMITS SHOWN MAY HAV	I OF ANY CONTF DED BY THE PO /E BEEN REDUCE	RACT OR OTHEF LICIES DESCRIE ED BY PAID CLAI	R DOCUMENT WITH RESPECT TO	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				
A GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000			
X EXCESS LIAB CLAIMS-MADE				7, -, -, -, -, -, -, -, -, -, -, -, -, -,	// -/	AGGREGATE	\$5,000,000			
DEDUCTIBLE	1						. , ,			
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			SRG 9115335A	9/1/2014	9/1/2015	E. E. BIOLAGE T GEIGT EINIT	\$100,000			
D TAKTICII ANT ACCIDENT MEDICAL			BRG 711333311	<i>)/1/201</i> 4	7/1/2013		Ψ100,000			
DESCRIPTION OF OPERATIONS / LOCATIONS / VI	EHICLE	S (Atta	L ch ACORD 101. Additional Remarks S	Schedule, if more space	is required)					
This certificate is issued on behalf of Additional Insured as respects the of	of Mi	chiga	an State Youth Soccer As	sociation & Mi	chigan Youth		te Holder is			
CEDTIEICATE LIOL DED				CANCELLA	TION					
CERTIFICATE HOLDER				CANCELLA	IION					

MARYSVILLE HIGH SCHOOL 1325 MICHIGAN MARYSVILLE, MI 48040

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

Satik Ovel



DATE (MM/DD/YYYY) 8/19/2014

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COVERA	AGES CERTIFICATE NUMBER: 1402030	9 REVISION NUMBER: 0)			
		Insurer F:				
		Insurer E:				
		Insurer D:				
	Plymouth, MI 48170	Insurer C:				
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445			
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991			
		INSURERS AFFORDING COVERAGE	NAIC #			
		PRODUCER CUSTOMER ID#: MI				
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com				
	,	HONE: (817) 738-6100 FAX: (817) 738-2993				
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division				

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	
Α	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	111/7					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER

MACOMB COLLEGE ATHLETICS & EXPO CENTER SOCCER FIELDS

14500 E. 12 MILE ROAD

Warren, MI 48088

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



DATE (MM/DD/YYYY) 8/19/2014

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and conditions of the policy, certain policy in lieu of such endorsement(s).	olicies	s may require an endorsement.	A statement on	this certificate of	loes not confer rights to the	e certificate holder	
PRODUCER Pullen Insurance Se	rvic	es Inc	CONTACT NAME: Sports Division				
2560 River Park Pla			PHONE: (817) 738-6100 FAX: (817) 738-2993				
Fort Worth, TX 762		Buile 300	E-MAIL ADDRESS:	contact@pul	llenins.com		
1010 000011, 122 70	110		PRODUCER CUST				
			INSURERS AF	FORDING COVE	ERAGE	NAIC #	
INSURED Michigan State Youth	Soc	cer Association	Insurer A: Na	ational Casualty	/ Company	11991	
9401 General Drive, S					ire Insurance Company	19445	
Plymouth, MI 48170	Juite	120	Insurer C:				
1 19111000111, 1911 401 70			Insurer D:				
			Insurer E:				
			Insurer F:				
COVERAGES CE	RTIF	FICATE NUMBER: 140205		F	REVISION NUMBER:	0	
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAN 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 CONTE DED BY THE PO VE BEEN REDUC!	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	DOCUMENT WITH RESPECT TO THE SECT TO	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		
A GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY	X	KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance)	\$1,000,000 \$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 ANY AUTO		KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	E A OLL O O OLUB DE NOT	\$5,000,000	
X EXCESS LIAB CLAIMS-MADE		AKO 4088800	9/1/2014	9/1/2013	EACH OCCURRENCE	\$5,000,000	
DEDUCTIBLE					AGGREGATE	ψ5,000,000	
RETENTION \$ WORKERS COMPENSATION					WC STATU- TORY LIMITS ER		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E. L. EACH ACCIDENT		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	14/7				E. L. DISEASE - EA EMPLOYEE		
If yes, describe under					E. L. DISEASE - POLICY LIMIT		
B PARTICIPANT ACCIDENT MEDICAL		SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VE		•					
This certificate is issued on behalf o Additional Insured as respects the op-						te Holder is	
CERTIFICATE HOLDER			CANCELLA	TION			
MAPLE LANE ELEMENTA	DV		JANOLLE				
	IV I		SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CAI	NCELLED BEFORE	
34600 DRYDEN STERLING HEIGHTS, MI 4	8312	2	WITH THE PO	ON DATE THEREO LICY PROVISIONS	F, NOTICE WILL BE DELIVEREI	D IN ACCORDANCE	
			AUTHORIZED REPRESENTATIVE				

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DATE (MM/DD/YYYY) 8/19/2014

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in li	eu of such endorsement(s).								
PROI	Pullen Insurance Se	ervi	ces, Inc.		CONTACT NAME: Sports Division				
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993				
						E-MAIL ADDRESS: contact@pullenins.com			
	1010 ((01011, 111 / 0	110			PRODUCER CUSTOMER ID#: MI				
					INSURERS	AFFORDING COVI	ERAGE	NAIC #	
INSU	Michigan State Youth	So	cer Association	nn .	Insurer A:	National Casualt	v Company	11991	
	9401 General Drive,			<i>3</i> 11			Fire Insurance Company	19445	
	Plymouth, MI 48170	Juin	7 1 2 0		Insurer C:	runonar emon r	ne insurance company	19113	
	1 lyllloutii, 1 vii 481 70				Insurer D:				
					Insurer E:				
					Insurer F:				
\Box	VERAGES CE	PTI	FICATE NUMB	FR : 1/0205/			REVISION NUMBER:	0	
	S IS TO CERTIFY THAT THE POLICI								
INDI CER EXC	CATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MA ELUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREMENT, TERM O RTAIN, THE INSURA LICIES. LIMITS SHO	R CONDITION ANCE AFFORD	OF ANY CON ED BY THE F E BEEN REDU	ITRACT OR OTHEF POLICIES DESCRIE ICED BY PAID CLAI	R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT T	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADD'L INSRD	SUBR POLICY	NUMBER	POLICY EFFECTIV DATE (MM/DD/YY	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X	KRO 4688	700	9/1/2014	9/1/2015	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 ANY AUTO		KRO 4688	700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	ALL OWNED AUTOS						BODILY INJURY (Per person)		
	\vdash						BODILY INJURY (Per accident)		
	SCHEDULED AUTOS						PROPERTY DAMAGE		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
_	UMBRELLA LIAB X OCCUR	-	VVO 4600	000	0/1/2014	0/1/2015		\$5,000,000	
A			XKO 4688	800	9/1/2014	9/1/2015	EACH OCCURRENCE		
	71	1					AGGREGATE	\$5,000,000	
	DEDUCTIBLE								
	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)						E. L. DISEASE - EA EMPLOYEE		
	If yes, describe under	-					E. L. DISEASE - POLICY LIMIT	****	
В	PARTICIPANT ACCIDENT MEDICAL		SRG 91153	335A	9/1/2014	9/1/2015		\$100,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks So This certificate is issued on behalf of Michigan State Youth Soccer Ass Additional Insured as respects the operations of the Named Insured for					sociation & l	Michigan Youth		ate Holder is	
CE	RTIFICATE HOLDER				CANCELL	_ATION			
MUNSON PARK 2770 N CUSTER RD MONROE, MI 48162					THE EXPIRA	NY OF THE ABOVE ATION DATE THEREC POLICY PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	ANCELLED BEFORE ED IN ACCORDANCE	

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AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 8/19/2014

\$5,000,000

\$5,000,000

\$100,000

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.

and o	RTANT: If the certificate holder is conditions of the policy, certain purely of such endorsement(s).	s an A olicie	ADDI es ma	y require an endorsement.	A statement on	endorsed. If SUI this certificate o	BROGATION IS WAIVED, SI loes not confer rights to the	e certificate holder	
PRODUCER Pullen Insurance Services, Inc.					CONTACT NAME: Sports Division				
	2560 River Park Pl				PHONE: (8	17) 738-6100	FAX: (817) 738-29	993	
	Fort Worth, TX 76				E-MAIL ADDRESS:	contact@pu	llenins.com		
					PRODUCER CUSTO	OMER ID#: MI			
					INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSUR	Michigan State Youth	ı So	ccer	Association	Insurer A: Na	ational Casualty	Company	11991	
	9401 General Drive, S				Insurer B: Na	ational Union F	ire Insurance Company	19445	
	Plymouth, MI 48170				Insurer C:				
	,				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	'ERAGES CE	RTI	FIC/	ATE NUMBER: 140205	85	F	REVISION NUMBER:	0	
INDIC CERT EXCL	IS TO CERTIFY THAT THE POLICI ATED. NOTWITHSTANDING ANY F IFICATE MAY BE ISSUED OR MA' USIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IIREM RTAIN OLICIE	ENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE PO E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	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		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE	\$1,000,000	
	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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)		
	NON-OWNED AUTOS								

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

N/A

XKO 4688800

SRG 9115335A

This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

9/1/2014

9/1/2014

9/1/2015

9/1/2015

CERTIFICATE HOLDER	CANCELLATION
MADONNA UNIVERSITY 36600 SCHOOLCRAFT RD LIVONIA, MI 48150	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 Satik Pull

EACH OCCURRENCE

WC STATU-TORY LIMITS

E. L. EACH ACCIDENT

E. L. DISEASE - EA EMPLOYEE

E. L. DISEASE - POLICY LIMIT

AGGREGATE

UMBRELLA LIAB X OCCUR

EXCESS LIAB

DEDUCTIBLE RETENTION \$

If yes, describe under

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

PARTICIPANT ACCIDENT MEDICAL

CLAIMS-MADE



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain policy, certain policy and such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate o	does not confer rights to the	e certificate holder	
PROI	Pullen Insurance Se	rvi	ces	Inc	CONTACT NAME:	Sports Divis	sion		
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76	,	Sui	16 300	E-MAIL ADDRESS: contact@pullenins.com				
	Toft Worth, 1A 70	110			PRODUCER CUSTO				
						FORDING COVI	FRAGE	NAIC #	
INSU	RED 3.4: 1: Ct / 37 /1	-		A : .:	1			11991	
11130	Whengan State 1 out					tional Casualty			
	9401 General Drive, S	Suit	e 12	0		itional Union F	Fire Insurance Company	19445	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:				
<u>co</u>	VERAGES CE	RTI	FIC/	ATE NUMBER: 140012	57	F	REVISION NUMBER:	0	
INDI CER EXC	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 CH PC	IREM RTAIN OLICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORE ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000	
	DEDUCTIBLE	1					7.CONLEGATE	, - , ,	
	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?	N/A					E. L. DISEASE - EA EMPLOYEE		
	(Mandatory in NH) If yes, describe under								
D	DA DEIGIDA NEL ACCIDENTE MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000	
В	PARTICIPANT ACCIDENT MEDICAL			3KU 9113333A	9/1/2014	9/1/2013		\$100,000	
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VE		S (Atto	ch ACOPD 101 Additional Pamarks S	chadula if mara space	is required)			
	s certificate is issued on behalf o						Soccar Laggue Cartifica	te Holder is	
Ado	ditional Insured as respects the o	perat	ions	of the Named Insured for	sanctioned act	ivities of the st	tate association.	te Holder Is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
					CANCELLA	TION			
Romeo Community Schools 316 North Main Romeo, MI 48065					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 REPI	RESENTATIVE	<u> </u>		
					AO I I ONIZED REPI	NEOLINIATIVE	Vatik Pull	-	



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain po ou of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement or	this certificate o	loes not confer rights to th	e certificate holder
PRODUCER Pullen Insurance Services, Inc.					CONTACT NAME: Sports Division			
	2560 River Park Pla				PHONE: (817) 738-6100 FAX: (817) 738-2993			
					E-MAIL ADDRESS: contact@pullenins.com			
					PRODUCER CUSTOMER ID#: MI			
					INSURERS A	FFORDING COVE	ERAGE	NAIC #
INSU	RED Michigan State Youth	So	ccer	Association	Insurer A: N	lational Casualty	/ Company	11991
	9401 General Drive, S						ire Insurance Company	19445
	Plymouth, MI 48170	Juin	. 12	O	Insurer C:			
	Trymouth, Wif 40170				Insurer D:			
					Insurer E:			
					Insurer F:			
CO	VERAGES CE	RTI	FIC/	ATE NUMBER: 1400132		F	REVISION NUMBER:	0
INDI CER EXC	IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY R TIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREM RTAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAV	OF ANY CONT DED BY THE PO E BEEN REDUC	RACT OR OTHER DLICIES DESCRIB CED BY PAID CLAII	DOCUMENT WITH RESPECT TO	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	
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(Fer accident)	
	NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
	DEDUCTIBLE							
	RETENTION \$							
	WORKERS COMPENSATION						WC STATU- OTH- TORY LIMITS ER	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A					E. L. EACH ACCIDENT	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	14//					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000
This	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks S This certificate is issued on behalf of Michigan State Youth Soccer As: Additional Insured as respects the operations of the Named Insured for					Iid-Michigan Yo	outh Soccer League. Certate association.	tificate Holder is
CE	RTIFICATE HOLDER				CANCELL	ATION		
	ymour Elementary School				J			
	88 S Seymour Rd				SHOULD AN	Y OF THE ABOVE I	DESCRIBED POLICIES BE CA	NCELLED BEFORE
	ishing, MI 48433				THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			

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AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 8/19/2014

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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 liquid of such and expenses (c)

in lieu of s	such endorsement(s).					
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division				
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-29	93			
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com				
	1 010 11 0100, 111 7 0110	PRODUCER CUSTOMER ID#: MI				
		INSURERS AFFORDING COVERAGE	NAIC #			
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991			
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company 19445				
	Plymouth, MI 48170	Insurer C: Insurer D:				
	,					
		Insurer E:				
		Insurer F:				
COVER	AGES CERTIFICATE NUMBER: 1400151	17 REVISION NUMBER: ()			
INDICATED CERTIFICA	D CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAD. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION ATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDINS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVI	OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECTED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO	T TO WHICH THIS			

INSR LTR ADD'L SUBR INSRD WVD POLICY EFFECTIVE DATE (MM/DD/YY) POLICY EXPIRATION DATE (MM/DD/YY) TYPE OF INSURANCE POLICY NUMBER LIMITS GENERAL LIABILITY \$1,000,000 X 9/1/2014 9/1/2015 A KRO 4688700 EACH OCCURRENCE X COMMERCIAL GENERAL LIABILITY \$300,000 CLAIMS MADE X OCCUR \$5,000 MED EXP (Any one person) \$1,000,000 PERSONAL & ADV INJURY UNLIMITED GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: \$1,000,000 PRODUCTS - COMP/OP AGG POLICY PROJECT \$1,000,000 PARTICIPANT LEGAL LIABILITY \$1,000,000 **AUTOMOBILE LIABILITY** KRO 4688700 9/1/2014 9/1/2015 COMBINED SINGLE LIMIT (Ea accident) ANY AUTO BODILY INJURY (Per person) ALL OWNED AUTOS **BODILY INJURY (Per accident)** SCHEDULED AUTOS PROPERTY DAMAGE HIRED AUTOS (Per accident) NON-OWNED AUTOS \$5,000,000 UMBRELLA LIAB X OCCUR XKO 4688800 9/1/2014 9/1/2015 Α EACH OCCURRENCE CLAIMS-MADE \$5,000,000 X EXCESS LIAB AGGREGATE DEDUCTIBLE RETENTION \$ WC STATU-TORY LIMITS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E. L. EACH ACCIDENT N/A E. L. DISEASE - EA EMPLOYEE If ves. describe under E. L. DISEASE - POLICY LIMIT SRG 9115335A 9/1/2014 9/1/2015 \$100,000 PARTICIPANT ACCIDENT MEDICAL

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 & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
Rodgers Elementary School 21601 L'Anse Street ST CLAIR SHORES, MI 48081	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 Pull



DATE (MM/DD/YYYY) 8/19/2014

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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

	conditions of the policy, certain policy certain po	olicie	es ma	y require an endorsement.	A statement on	this certificate of	loes not confer rights to the	e certificate holder	
PRO	Pullen Insurance Se	rvi	ces	Inc	CONTACT NAME: Sports Division				
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76			.ic 500	E-MAIL ADDRESS:	contact@pu			
	Toft Worth, 124 70	110			PRODUCER CUSTO				
					INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSU	RED Michigan State Vouth	So	2221	Association	+	tional Casualty		11991	
	Michigan State Youth 9401 General Drive, S						Fire Insurance Company	19445	
		Suru	e 12	U	Insurer C:	ttionar Omon I	ne msurance Company	17443	
	Plymouth, MI 48170								
					Insurer D:				
					Insurer E:				
~~	VEDACES OF	DTI		ATE NUMBER: 140027	Insurer F:		DEVICION NUMBER.		
				ATE NUMBER: 140027			REVISION NUMBER:		
IND CEF EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IIREM RTAIN DLICIE	ENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	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		
A	GENERAL LIABILITY	X	1	KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000	
	DEDUCTIBLE	1							
	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		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	2. 2. 3. 3. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	\$100,000	
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	L ch ACORD 101, Additional Remarks S	chedule, if more space	is required)			
Thi	s certificate is issued on behalf o ditional Insured as respects the o	f Mi	chig	an State Youth Soccer Ass	sociation & Mi	chigan Youth		te Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
RESA Attention: Yvonne Curtis 499 Range Road Marysville, MI 48040					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
				Jatik Pull-					



DATE (MM/DD/YYYY) 8/19/2014

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	eu of such endorsement(s).	DIICIES	may require an endorse	ement. A statement on	this certificate o	ioes not conter rights to th	e certificate noider
PROI	Pullen Insurance Se	ervice	es. Inc.	CONTACT NAME:	Sports Divis	sion	
	2560 River Park Pla			PHONE: (8	17) 738-6100	FAX: (817) 738-29	993
	Fort Worth, TX 762	,	Juite 300	E-MAIL ADDRESS:	contact@pu	llenins.com	
	Toft Worth, 12 70	110		PRODUCER CUSTO			
					FORDING COVI	FRAGE	NAIC #
INSU	IRED Michigan State Voyeth	Coo	an Association		ational Casualt		11991
	Michigan State 1 Outil				•	Fire Insurance Company	19445
	9401 General Drive, S	sune	120		ulonai Omon i	The misurance Company	17443
	Plymouth, MI 48170			Insurer C:			
				Insurer D:			
				Insurer E:			
~~	VEDAGES OF	DTIE	ICATE MUMBER: 1	Insurer F:		DEVICION NUMBER	
			ICATE NUMBER: 14			REVISION NUMBER:	
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R ITIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	EQUIR PERT H POL	EMENT, TERM OR CONI FAIN, THE INSURANCE A ICIES. LIMITS SHOWN MA	DITION OF ANY CONTF FFORDED BY THE PO AY HAVE BEEN REDUCE	RACT OR OTHER LICIES DESCRIE ED BY PAID CLAI	R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT TO	CT TO WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADD'L S	UBR POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	X	KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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	
	X HIRED AUTOS					(Per accident)	
	X NON-OWNED AUTOS						
A	UMBRELLA LIAB X OCCUR		XKO 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	NI/A				E. L. EACH ACCIDENT	
	OFFICER/MEMBER EXCLUDED?	N/A				E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under					E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL		SRG 9115335A	9/1/2014	9/1/2015		\$100,000
	 CRIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf o					Soccer League Certifica	te Holder is
Ado	ditional Insured as respects the op	peratio	ons of the Named Insur	red for sanctioned act	tivities of the si	tate association.	te Holder is
CE	RTIFICATE HOLDER			CANCELLA	TION		
Se At	aholm High School tn: Yvonne Curtis 36 W. Lincoln Ave.			SHOULD ANY THE EXPIRATI	OF THE ABOVE	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE D IN ACCORDANCE
Bi	rmingham, MI 48009			AUTHORIZED REP	RESENTATIVE	Patik Dull_	-



DATE (MM/DD/YYYY) 8/19/2014

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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).	Olicies	ına	y require an endorsement.	n statement C	m uns ceruncale (ioes not comer rights to th	e certificate fioliter
PRODUCER Pullen Insurance Se	ervic	es.	Inc	CONTACT NAME	Sports Divis	ion	
2560 River Park Pl				PHONE:	(817) 738-6100	FAX: (817) 738-29	993
Fort Worth, TX 76	,			E-MAIL ADDRES	s: contact@pu	llenins.com	
1 010 11 70	110			PRODUCER CU	STOMER ID#: MI		
				INSURERS	AFFORDING COVI	ERAGE	NAIC #
INSURED Michigan State Youth	1 Soc	cer	Association	Insurer A:	National Casualty	Company	11991
9401 General Drive,	Suite	12	0			ire Insurance Company	19445
Plymouth, MI 48170	34110		•	Insurer C:		1 7	
1 1 y moden, 1 vii 1 o 1 / o				Insurer D:			
				Insurer E:			
				Insurer F:			
COVERAGES CE	RTIF	FICA	ATE NUMBER: 140034	55	F	REVISION NUMBER:	0
THIS IS TO CERTIFY THAT THE POLICI INDICATED. NOTWITHSTANDING ANY I CERTIFICATE MAY BE ISSUED OR MA EXCLUSIONS AND CONDITIONS OF SUG	REQUIF Y PER CH POL	REM TAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAV	OF ANY CON DED BY THE F E BEEN REDU	TRACT OR OTHER POLICIES DESCRIB CED BY PAID CLAI	R DOCUMENT WITH RESPECT OF THE REIN IS SUBJECT TO	CT TO WHICH THIS
INSR LTR TYPE OF INSURANCE	ADD'L S	WVD		POLICY EFFECTIV DATE (MM/DD/YY		LIMITS	
A GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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	\perp					PARTICIPANT LEGAL LIABILITY	\$1,000,000
A AUTOMOBILE LIABILITY			KRO 4688700	9/1/2014	9/1/2015	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	
X HIRED AUTOS						(Per accident)	
X NON-OWNED AUTOS							
	+		*****				Φ5 000 000
A UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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 OFFICER/MEMBER EXCLUDED?	N/A					E. L. EACH ACCIDENT	
(Mandatory in NH) If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
	+		CDC 0115225 A	0/1/2014	0/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000
B PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VE		(Atta	ch ACOPD 101 Additional Pomarks S	chadula if mara sp	aco is required)		
This certificate is issued on behalf of						Soccer League Certifica	te Holder is
Additional Insured as respects the o							to Holder is
	•						
CERTIFICATE HOLDER				CANCELL	ATION		
				CANCELL	-AIION		
Pembroke Elementary				SHOULD AN	Y OF THE ABOVE I	DESCRIBED POLICIES BE CA	NCELLED BEFORE
955 ETON DRIVE				IHE EXPIRA	ATION DATE THEREC POLICY PROVISIONS	F, NOTICE WILL BE DELIVERE	D IN ACCORDANCE
Troy, MI 48084					_		

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AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 8/19/2014

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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

	conditions of the policy, certain policy certain po	olicie	es ma	y require an endorsement.	A statement on	this certificate of	loes not confer rights to the	e certificate holder		
PROI	Pullen Insurance Se	-rvi	CES	Inc	CONTACT NAME:	Sports Divis	sion			
	2560 River Park Pl				PHONE: (8)	17) 738-6100	FAX: (817) 738-29	993		
	Fort Worth, TX 76			iic 300	E-MAIL ADDRESS: contact@pullenins.com					
	Toft Worth, 1A 70	110			PRODUCER CUSTO					
						FORDING COVI	FRAGE	NAIC #		
INSU	RED M. 1. C N1	-		A : .:	+			11991		
11400	Michigan State 1 out					tional Casualty		19445		
	9401 General Drive, S	Suit	e 12	O		monai Union F	Fire Insurance Company	19445		
	Plymouth, MI 48170				Insurer C:					
					Insurer D:					
					Insurer E:					
					Insurer F:					
CO	VERAGES CE	:RTI	FIC	ATE NUMBER: 140034	58	F	REVISION NUMBER:	0		
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IIREM RTAIN DLICIE	IENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	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			
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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			
	X HIRED AUTOS						(Per accident)			
	X NON-OWNED AUTOS									
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000		
	DEDUCTIBLE	1						. , ,		
	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?	N/A					E. L. DISEASE - EA EMPLOYEE			
	(Mandatory in NH) If yes, describe under						E. L. DISEASE - POLICY LIMIT			
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000		
Ъ	PARTICIPANT ACCIDENT MEDICAL			3KG 7113333K	9/1/2014	9/1/2013		Ψ100,000		
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (A#2	ch ACORD 101 Additional Remarks S	chedule if more space	l e is required)				
Thi	s certificate is issued on behalf o ditional Insured as respects the o	f Mi	chig	an State Youth Soccer Ass	sociation & Mi	chigan Youth		te Holder is		
CE	RTIFICATE HOLDER				CANCELLA	TION				
Rochester Adams High School Attn: Yvonne Curtis 3200 Tienken Road Rochester Hills, MI 48306					THE EXPIRATION	ON DATE THEREO	0 0			
							Jatik Dulling	-		



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain policy certain po	olicie	s ma	y require an endorsement.	A statement on	this certificate of	loes not confer rights to the	e certificate holder		
PRO	Pullen Insurance Se	-rvi	ces	Inc	CONTACT NAME:	Sports Divis	ion			
	2560 River Park Pl				PHONE: (81	17) 738-6100	FAX: (817) 738-29	993		
	Fort Worth, TX 76		Sui	.tc 300	E-MAIL ADDRESS: contact@pullenins.com					
	Toft Worth, 1A 70	110			PRODUCER CUSTO					
						FORDING COVI	FRAGE	NAIC #		
INSU	RED Michigan State Vouth	· Co	0001	Association		tional Casualty		11991		
	Michigan State 1 out						Fire Insurance Company	19445		
	9401 General Drive, S	Suit	e 12	U		monai Omon r	The misurance Company	19443		
	Plymouth, MI 48170				Insurer C:					
					Insurer D:					
					Insurer E:					
	VED 4.050			TE MUMBER 110001	Insurer F:					
				ATE NUMBER: 140034			REVISION NUMBER:			
IND CEF EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IIREM RTAIN OLICIE	ENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	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			
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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			
	X HIRED AUTOS						(Per accident)			
	X NON-OWNED AUTOS									
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000		
	DEDUCTIBLE	1						. ,		
	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			
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	L. L. DISEAGE - POLICI LIWIT	\$100,000		
	CRIPTION OF OPERATIONS / LOCATIONS / VE									
	s certificate is issued on behalf o ditional Insured as respects the o							te Holder is		
CE	RTIFICATE HOLDER				CANCELLA	TION				
Ro At 18	ochester High School tn: Yvonne Curtis 0 S. Livernois Road ochester Hills, MI 48307				THE EXPIRATION	ON DATE THEREO	0			
	,					COLITATIVE	Vatil Pull	-		



DATE (MM/DD/YYYY) 8/19/2014

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	ions of the policy, certain pouch endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate of	loes not confer rights to the	e certificate holder	
PRODUCER	Pullen Insurance Se	ervi	ces	Inc.	CONTACT NAME:	Sports Divis	ion		
	2560 River Park Pl				PHONE: (8	17) 738-6100	FAX: (817) 738-29	993	
	Fort Worth, TX 76		Sui	10 500	E-MAIL ADDRESS:	contact@pu	llenins.com		
	1011 (101111, 171 70	110			PRODUCER CUSTOMER ID#: MI				
					INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSURED	Michigan State Youth	So	ccer	Association	Insurer A: Na	11991			
	9401 General Drive, S						ire Insurance Company	19445	
	Plymouth, MI 48170	Juin	<i>J</i> 1 <i>2</i>	O	Insurer C:				
_	riyinoum, wir torro				Insurer D:				
					Insurer E:				
					Insurer F:				
COVERA	GES CE	RTI	FIC	ATE NUMBER: 140034		F	REVISION NUMBER:	0	
INDICATED. CERTIFICAT EXCLUSION	CERTIFY THAT THE POLICIE . NOTWITHSTANDING ANY F TE MAY BE ISSUED OR MAY IS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREM RTAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE PO E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	DOCUMENT WITH RESPECT TO	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		
A GENERA	AL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE	\$1,000,000	
X	MERCIAL 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 AG	GGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000	
POL	ICY PROJECT LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000	
· · ·	OBILE LIABILITY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
l 							BODILY INJURY (Per person)		
	OWNED AUTOS EDULED AUTOS						BODILY INJURY (Per accident)		
	ED AUTOS						PROPERTY DAMAGE (Per accident)		
 	N-OWNED AUTOS						(Fer accident)		
A	N-OWNED AUTOS								
A UME	BRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
	ESS LIAB CLAIMS-MADE			ARO 4000000	7/1/2014)/1/2013	AGGREGATE	\$5,000,000	
	DUCTIBLE	1					AGGREGATE	ψ5,000,000	
	ENTION \$								
	RS COMPENSATION						WC STATU- OTH-		
AND EM	PLOYERS' LIABILITY Y/N						E. L. EACH ACCIDENT		
ANY PROF	PRIETOR/PARTNER/EXECUTIVE //MEMBER EXCLUDED?	N/A					E. L. DISEASE - EA EMPLOYEE		
(Mandator If yes, desc							E. L. DISEASE - POLICY LIMIT		
B PARTIO	CIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000	
D PARTIC	CIPANI ACCIDENI MEDICAL			SKU 9113333A	9/1/2014	9/1/2013		\$100,000	
DESCRIPTION	OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	ch ACORD 101 Additional Remarks S	chedule if more space	is required)			
This certif	icate is issued on behalf of Insured as respects the of	f Mi	chiga	an State Youth Soccer As	sociation & Mi	chigan Youth	Soccer League. Certificate association.	te Holder is	
CERTIFIC	CATE HOLDER				CANCELLA	TION			
	er Stoney Creek High	Scl	າດດ1						
Attn: Yv	vonne Curtis		1001		THE EXPIRATI	OF THE ABOVE I ON DATE THEREO LICY PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE DINACCORDANCE	

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575 E. Tienken Road Rochester Hills, MI 48306

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 8/19/2014

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).

BBOBLIOEB		G D	
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division	
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-29	93
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991
		Insurer B: National Union Fire Insurance Company	19445
	Plymouth, MI 48170	Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	
COVERA	AGES CERTIFICATE NUMBER: 1400346	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	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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(i ei accident)	
	NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
	DEDUCTIBLE	1						
	RETENTION \$							
	WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

Polish Army Veterans Assoc. Circuit VI, Wanda Park Attn: Yvonne Curtis 13707 Clinton River Rd.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Sterling Heights, MI 48313	AUTHORIZED REPRESENTATIVE Jatik Pull

CANCELLATION

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CERTIFICATE HOLDER



DATE (MM/DD/YYYY) 8/19/2014

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.

in li	eu of such endorsement(s).				_			
PRO	Pullen Insurance Se	rvic	ces.	Inc.	CONTACT NAME:	Sports Divis	sion	
	2560 River Park Pla				PHONE: (8)	17) 738-6100	FAX: (817) 738-29	993
	Fort Worth, TX 762	,			E-MAIL ADDRESS:	contact@pu	llenins.com	
	,				PRODUCER CUSTO	OMER ID#: MI		
					INSURERS AF	FORDING COV	ERAGE	NAIC #
INSU	RED Michigan State Youth	Soc	ccer	Association	Insurer A: Na	tional Casualt	y Company	11991
	9401 General Drive, S	Suite	12	0	Insurer B: Na	tional Union F	Fire Insurance Company	19445
	Plymouth, MI 48170			•	Insurer C:		•	
	J				Insurer D:			
					Insurer E:			
					Insurer F:			
CO	VERAGES CE	RTI	FIC/	ATE NUMBER: 1400358	84	F	REVISION NUMBER:	0
IND CEF EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R ITIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	EQU PEF H PO	IREM RTAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAVI	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIE ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	CT TO WHICH THIS
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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	ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000
	X EXCESS LIAB CLAIMS-MADE			11110 1000000	37172011	7,1,2010	AGGREGATE	\$5,000,000
	DEDUCTIBLE							. , ,
	RETENTION \$							
	WORKERS COMPENSATION						WC STATU- TORY LIMITS ER	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N1/A					E. L. EACH ACCIDENT	
	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			SRG 9115335A	9/1/2014	9/1/2015		\$100,000
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE!	S (Atto	ch ACORD 101 Additional Remarks So	chedule if more space	is required)		
	s certificate is issued on behalf of						Soccer League Certificat	te Holder is
	ditional Insured as respects the op-							1101001 15
CF	RTIFICATE HOLDER				CANCELLA	TION		
					JANGLELA			
	hoolcraft College tn: Yvonne Curtis						DESCRIBED POLICIES BE CAI	
						LICY PROVISIONS	DF, NOTICE WILL BE DELIVEREI 5.	D IN ACCURDANCE
	600 Haggerty Rd.							
LI	vonia, MI 48152				AUTHORIZED REPI	RESENTATIVE	$\Omega = a\Omega a$	
							Vatik Pulling	-



DATE (MM/DD/YYYY) 8/19/2014

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.

	ieu of such endorsement(s).	,,,,,,	o IIId	y require an endorsement.	A Statement On	uns ceruncale (ioes not comer ngins to th	e certificate fiolitier
PRO	Pullen Insurance Se	rvio	es.	Inc.	CONTACT NAME:	Sports Divis	sion	
	2560 River Park Pla	17.	Smi	te 300	PHONE: (81	17) 738-6100	FAX: (817) 738-2	993
	Fort Worth, TX 761		201		E-MAIL ADDRESS:	contact@pu	llenins.com	
	Tore worth, 111 701	10			PRODUCER CUSTO	OMER ID#: MI		
					INSURERS AF	FORDING COVI	ERAGE	NAIC #
INSL	Michigan State Youth	Soc	Cer	· Association	Insurer A: Na	tional Casualt	v Company	11991
	9401 General Drive, S	Suite	12	Association			Fire Insurance Company	19445
	Plymouth, MI 48170	uiu	14	U	Insurer C:	monur emon r	ne insurance company	17115
	1 lymoum, wii 461 /0				Insurer D:			
					Insurer E:			
					Insurer F:			
\Box	VERAGES CE	RTI	FIC	ATE NUMBER: 1400362			REVISION NUMBER:	0
THI: IND CEF EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	S OF EQUI PEF H PO	INS IREM RTAIN LICIE	URANCE LISTED BELOW HA IENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAVI	VE BEEN ISSUE OF ANY CONTR DED BY THE POI E BEEN REDUCE	D TO THE INSU RACT OR OTHER LICIES DESCRIE D BY PAID CLAI	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT TO MS.	HE POLICY PERIOD CT TO WHICH THIS
INSR LTR		ADD'L INSRD	WVD		POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	#1.000.000
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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	ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(rei accident)	
	A NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	E. E. BIOLINGE TOLIGITEINIT	\$100,000
					<i>>,1,2</i> 011	7,1,2016		,,
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEI	HICLES	S (Atta	ch ACORD 101, Additional Remarks S	chedule, if more space	e is required)		
Thi	s certificate is issued on behalf of	f Mi	chiga	an State Youth Soccer Ass	sociation & Mi	chigan Youth	Soccer League. Certifica	te Holder is
Ad	ditional Insured as respects the op-	erat	ions	of the Named Insured for	sanctioned act	ivities of the st	tate association.	
CE	RTIFICATE HOLDER				CANCELLA	TION		
Ro	otary Park							
	tn: Yvonne Curtis				SHOULD ANY	OF THE ABOVE	DESCRIBED POLICIES BE CA DF, NOTICE WILL BE DELIVERE	NCELLED BEFORE
	85 Tubbs Rd.				WITH THE POL	ICY PROVISIONS).	
l	aterford, MI 48329				AUTUOD:=== ===	2505NTAT" (5		
''	a.c.11010, 1111 1032)				AUTHORIZED REP	KESENTATIVE	() $, 0$ $, 0$	
							Vatikbelle-	-



DATE (MM/DD/YYYY) 8/19/2014

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COVER		Insurer F: REVISION NUMBER: 0						
		Insurer E:						
	•	Insurer D:						
	Plymouth, MI 48170	Insurer C:						
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445					
	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991					
		INSURERS AFFORDING COVERAGE	NAIC #					
	,	PRODUCER CUSTOMER ID#: MI						
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com						
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-299	93					
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division						

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	
Α	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	111/7					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION

PLYMOUTH PARK Attn: YVONNE CURTIS SWEDE & E. WHEELER RD **MIDLAND**, **MI** 48640

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



DATE (MM/DD/YYYY) 8/19/2014

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PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division				
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-29	93			
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com				
	1 010 11 01011, 111 7 01110	PRODUCER CUSTOMER ID#: MI				
		INSURERS AFFORDING COVERAGE	NAIC #			
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991			
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445			
	Plymouth, MI 48170	Insurer C:				
	y ,	Insurer D:				
		Insurer E:				
		Insurer F:				
COVERAGES CERTIFICATE NUMBER: 14004387 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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	111/7					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION

ROCHESTER COMMUNITY SCHOOOLS Attn: YVONNE CURTIS 501 WEST UNIVERSITY ROCHESTER, MI 48307

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



DATE (MM/DD/YYYY) 8/19/2014

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)

in lieu of s	such endorsement(s).				
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division			
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-29	93		
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com			
		PRODUCER CUSTOMER ID#: MI			
		INSURERS AFFORDING COVERAGE	NAIC #		
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991		
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company 19445			
	Plymouth, MI 48170	Insurer C:			
		Insurer D:			
		Insurer E:			
		Insurer F:			
COVER	AGES CERTIFICATE NUMBER: 1400519	PO REVISION NUMBER: ()		
INDICATED	O CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAD. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION ATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD	OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPEC	T TO WHICH THIS		

LTR	TYPE OF INSURANCE	INSRD	WVD	POLICY NUMBER	DATE (MM/DD/YY)	DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CENTILICATE HOLDEN	CANCELLATION				
ROCKWELL JR. HIGH Attn: YVONNE CURTIS 12225 MASONIC	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
WARREN, MI 48093	AUTHORIZED REPRESENTATIVE Satikbull				

CANCELL ATION

CERTIFICATE HOLDER



DATE (MM/DD/YYYY) 8/19/2014

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.

	eu of such endorsement(s).	DIICIES	may require an endorsement.	A statement on	this certificate o	ioes not confer rights to the	e certificate noider
PRODUCER Pullen Insurance Services, Inc.			CONTACT NAME: Sports Division				
			PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 761	,	varie 300	E-MAIL ADDRESS: contact@pullenins.com			
1 of t worth, 12 70110				PRODUCER CUSTO			
				INSURERS AF	FORDING COVI	ERAGE	NAIC #
INSU	Michigan State Youth	Soco	par Association	Insurer A: Na	ational Casualt	v Company	11991
	9401 General Drive, S				•	Fire Insurance Company	19445
	Plymouth, MI 48170	ounce	120	Insurer C:	ttionar Cinon I	ne insurance company	17443
	Flymoun, Mi 48170			Insurer D:			
				Insurer E:			
				Insurer F:			
	VERAGES CE	DTIEI	CATE NUMBER: 140050	-		REVISION NUMBER:	0
THIS INDI CER	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	S OF I EQUIR PERT	NSURANCE LISTED BELOW HA EMENT, TERM OR CONDITION AIN, THE INSURANCE AFFORI	AVE BEEN ISSUE OF ANY CONTR DED BY THE PO	ED TO THE INSU RACT OR OTHER LICIES DESCRIE	RED NAMED ABOVE FOR THE R DOCUMENT WITH RESPECT BED HEREIN IS SUBJECT TO	HE POLICY PERIOD
INSR LTR	TYPE OF INSURANCE	ADD'L SU	JBR POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	X	KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY		1210 1000700	7,1,201.	3,1,2010	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
	POLICY PROJECT LOC					PARTICIPANT LEGAL LIABILITY	\$1,000,000
A	AUTOMOBILE LIABILITY		KRO 4688700	9/1/2014	9/1/2015	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	
	X HIRED AUTOS					(Per accident)	
	X NON-OWNED AUTOS						
Α	UMBRELLA LIAB X OCCUR		XKO 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E. L. EACH ACCIDENT	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN//				E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under					E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL		SRG 9115335A	9/1/2014	9/1/2015		\$100,000
Thi Add	CRIPTION OF OPERATIONS/LOCATIONS/VEIS certificate is issued on behalf or ditional Insured as respects the operations.	f Mich	igan State Youth Soccer As	sociation & Mi sanctioned act	d-Michigan Yo		ificate Holder is
	RTIFICATE HOLDER			CANCELLA	TION		
Plymouth Park Attn: Tom Curatti 1508 E. Wheeler St.			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
M1	idland , MI 48640			AUTHORIZED REPRESENTATIVE Satisfull			



DATE (MM/DD/YYYY) 8/19/2014

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and conditions of the policy, certain print in lieu of such endorsement(s).	olicie	s ma	ny require an endorsement.	A statement on	this certificate of	loes not confer rights to th	e certificate holder		
PRODUCER Pullen Insurance Services, Inc.			CONTACT NAME:	CONTACT NAME: Sports Division					
2560 River Park Plaza, Suite 300			PHONE: (8	(0.17) -0.0 11.00					
Fort Worth, TX 76		Su.	iic 300	E-MAIL ADDRESS:					
Tolt worth, 12 70110			PRODUCER CUSTO						
					FORDING COVI	FRAGE	NAIC #		
INSURED Michigan State Vout	- C -			+			11991		
Michigan State 1 out					ational Casualty				
9401 General Drive,	Suite	e 12	20		ational Union F	Fire Insurance Company	19445		
Plymouth, MI 48170				Insurer C:					
				Insurer D:					
				Insurer E:					
				Insurer F:					
			ATE NUMBER: 140054			REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLIC INDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR MAEXCLUSIONS AND CONDITIONS OF SU	REQU Y PEI CH PC	IREM RTAII DLICII	MENT, TERM OR CONDITION N, THE INSURANCE AFFORI ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE PO 'E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECT TO	CT TO WHICH THIS		
INSR LTR TYPE OF INSURANCE		SUBR WVD		POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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			
X HIRED AUTOS						(Per accident)			
X NON-OWNED AUTOS									
A UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
X EXCESS LIAB CLAIMS-MADE			11110 1000000	7,1,201.	3,1,2010	AGGREGATE	\$5,000,000		
DEDUCTIBLE						NOONEONIE	++,,,,,,,,,		
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			
<u> </u>			CDC 0115225 A	0/1/2014	0/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000		
B PARTICIPANT ACCIDENT MEDICAL	'		SRG 9115335A	9/1/2014	9/1/2015		\$100,000		
		<u> </u>			<u> </u>				
DESCRIPTION OF OPERATIONS / LOCATIONS / V						G T	. II.11		
This certificate is issued on behalf	of Mi	cnig	an State Youth Soccer As	sociation & Mi	ichigan Youth	Soccer League. Certifica	te Holder is		
Additional Insured as respects the o	perai	10118	of the Named Insured for	sanctioned act	iivities of the st	ate association.			
CERTIFICATE HOLDER				CANCELLA	TION				
Saline High School Soccer F	ields								
1300 Campus Pkway	10100			SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA PF, NOTICE WILL BE DELIVERE	NCELLED BEFORE DINACCORDANCE		
Saline, MI 48178				WITH THE POL	LICY PROVISIONS				
				AUTHORIZED REPI	RESENTATIVE	$()$ $ \alpha$ α			
					,	Satik Pulling	-		



DATE (MM/DD/YYYY) 8/19/2014

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PRODUCER		Courte Division			
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division			
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-29	93		
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com			
		PRODUCER CUSTOMER ID#: MI			
		INSURERS AFFORDING COVERAGE	NAIC #		
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991		
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445		
	Plymouth, MI 48170	Insurer C:			
		Insurer D:			
		Insurer E:			
		Insurer F:			
COVER	AGES CERTIFICATE NUMBER: 1400562	29 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 REDUICED 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	WVD	KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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 ER	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E. L. EACH ACCIDENT	
	(Mandatory in NH)	7/7					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
DI VACCITLI CUDICTIANI A CADEMY	

PLYMOUTH CHRISTIAN ACADEMY Attn: YVONNE CURTIS 43065 Joy Road

AUTHORIZED REPRESENTATIVE

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

Canton, MI 48187



DATE (MM/DD/YYYY) 8/19/2014

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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

	conditions of the policy, certain policy certain policy of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate o	loes not confer rights to the	e certificate holder		
PROI	Pullen Insurance Se	rvi	266	Inc	CONTACT NAME:	Sports Divis	ion			
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 76	,	Sui	ic 500	E-MAIL ADDRESS:	contact@pul	llenins.com			
	1 of worth, 12 x 70	110			PRODUCER CUSTO					
					INSURERS AF	FORDING COVE	FRAGE	NAIC #		
INSU	Michigan State Youth	· Co	222	Association	+	tional Casualty		11991		
	9401 General Drive, S						ire Insurance Company	19445		
	Plymouth, MI 48170	ouru	5 12	U	Insurer C:	monar Cmon r	ne insurance company	17443		
	Flymoun, Mi 48170				Insurer D:					
					Insurer E:					
					Insurer F:					
\overline{C}	VERAGES CE	PTI	FIC	ATE NUMBER: 140056			REVISION NUMBER:	0		
THIS INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUC	ES OI REQU / PEI CH PC	F INS IREM RTAIN OLICIE	URANCE LISTED BELOW HA ENT, TERM OR CONDITION I, THE INSURANCE AFFORD IS. LIMITS SHOWN MAY HAV	VE BEEN ISSUE OF ANY CONTR DED BY THE POI E BEEN REDUCE	D TO THE INSUI RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	RED NAMED ABOVE FOR THE DOCUMENT WITH RESPECT TO MS.	HE POLICY PERIOD OT TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE		SUBR WVD		POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	*******		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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				0/4/2014	0.4.4204.2	PARTICIPANT LEGAL LIABILITY	\$1,000,000		
A	ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000		
	DEDUCTIBLE	1								
	RETENTION \$									
	WORKERS COMPENSATION						WC STATU- TORY LIMITS ER			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	NI/A					E. L. EACH ACCIDENT			
	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			SRG 9115335A	9/1/2014	9/1/2015		\$100,000		
Thi	s certificate is issued on behalf o ditional Insured as respects the o	f Mi	chiga	an State Youth Soccer Ass	sociation & Mi	chigan Youth S	Soccer League. Certificat ate association.	te Holder is		
CE	RTIFICATE HOLDER				CANCELLA	TION				
Ol 29	d Saline High School Socce 0 Woodland Dr line, MI 48176	er F	ield	S	SHOULD ANY THE EXPIRATION	OF THE ABOVE I	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE			
					AUTHORIZED REPR	RESENTATIVE	\bigcap			
						_	Jatik Pulling	-		



DATE (MM/DD/YYYY) 8/19/2014

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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 liquid of such and prepared (s)

in lieu of s	such endorsement(s).	3					
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division					
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-29	93				
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com					
		PRODUCER CUSTOMER ID#: MI					
		INSURERS AFFORDING COVERAGE	NAIC #				
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991				
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445				
	Plymouth, MI 48170	Insurer C:					
		Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 140057	74 REVISION NUMBER: ()				
INDICATED CERTIFICA	O CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAD. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION ATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDINS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAV	OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPEC DED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO	T TO WHICH THIS				
INSR	TYPE OF INCURANCE ADD'L SUBR BOLICY NUMBER	POLICY EFFECTIVE POLICY EXPIRATION	•				

INSRD WVD DATE (MM/DD/YY) DATE (MM/DD/YY) \$1,000,000 GENERAL LIABILITY 9/1/2014 A X KRO 4688700 9/1/2015 EACH OCCURRENCE X COMMERCIAL GENERAL LIABILITY \$300,000 CLAIMS MADE X OCCUR \$5,000 MED EXP (Any one person) \$1,000,000 PERSONAL & ADV INJURY **UNLIMITED** GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: \$1,000,000 PRODUCTS - COMP/OP AGG POLICY PROJECT \$1,000,000 PARTICIPANT LEGAL LIABILITY \$1,000,000 **AUTOMOBILE LIABILITY** KRO 4688700 9/1/2014 9/1/2015 COMBINED SINGLE LIMIT (Ea accident) ANY AUTO BODILY INJURY (Per person) ALL OWNED AUTOS **BODILY INJURY (Per accident)** SCHEDULED AUTOS PROPERTY DAMAGE HIRED AUTOS (Per accident) NON-OWNED AUTOS \$5,000,000 UMBRELLA LIAB X OCCUR XKO 4688800 9/1/2014 9/1/2015 EACH OCCURRENCE CLAIMS-MADE \$5,000,000 X EXCESS LIAB AGGREGATE DEDUCTIBLE RETENTION \$ WC STATU-TORY LIMITS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E. L. EACH ACCIDENT N/A E. L. DISEASE - EA EMPLOYEE If ves. describe under E. L. DISEASE - POLICY LIMIT SRG 9115335A 9/1/2014 9/1/2015 \$100,000 PARTICIPANT ACCIDENT MEDICAL

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 & Mid-Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

Okemos Public Schools, Wardcliff Elementary School Attn: Dan Raben 5150 Wardcliff Dr	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
East Lansing, MI 48823	AUTHORIZED REPRESENTATIVE Satik Dull

CANCELLATION

CERTIFICATE HOLDER



DATE (MM/DD/YYYY) 8/19/2014

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

and conditions of the polic in lieu of such endorsemer		icies r	nay require an endorsemen	t. Á statement on	this certificate of	loes not confer rights to the	ne certificate holder			
PRODUCER Pullen Inst	irance Ser	vice	s Inc	CONTACT NAME:	Sports Divis	sion				
2560 Rive				PHONE: (8	PHONE: (817) 738-6100 FAX: (817) 738-2993					
Fort Wortl			ulie 300	E-MAIL ADDRESS: contact@pullenins.com						
FOIL WOLL	I, IA /01	10			PRODUCER CUSTOMER ID#: MI					
					FORDING COVI	ERAGE	NAIC #			
INSURED Michigan St	, 37 ,1 (α	A							
Michigan Su			er Association		ational Casualty		11991			
9401 Genera		lite	120		ational Union F	Fire Insurance Company	19445			
Plymouth, M	1 481 / 0			Insurer C:						
				Insurer D:						
				Insurer E:						
				Insurer F:						
COVERAGES			CATE NUMBER: 14005			REVISION NUMBER:				
INDICATED. NOTWITHSTAN CERTIFICATE MAY BE ISSU EXCLUSIONS AND CONDITION	DING ANY RE ED OR MAY DNS OF SUCH	QUIRI PERT POLI	NSURANCE LISTED BELOW F EMENT, TERM OR CONDITIO AIN, THE INSURANCE AFFOI CIES. LIMITS SHOWN MAY HA	N OF ANY CONTE RDED BY THE PO AVE BEEN REDUCE	RACT OR OTHER LICIES DESCRIE ED BY PAID CLAI	R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT T	CT TO WHICH THIS			
INSR TYPE OF INSURANCE		DD'L SU ISRD W	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS				
A GENERAL LIABILITY		X	KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE	\$1,000,000			
X COMMERCIAL GENERAL	¬					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 APPL	IES PER:					PRODUCTS - COMP/OP AGG	\$1,000,000			
POLICY PROJECT	LOC					PARTICIPANT LEGAL LIABILITY	\$1,000,000			
A AUTOMOBILE LIABILITY ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000			
l 						BODILY INJURY (Per person)				
ALL OWNED AUTOS						BODILY INJURY (Per accident)				
SCHEDULED AUTOS						PROPERTY DAMAGE				
X HIRED AUTOS						(Per accident)				
X NON-OWNED AUTOS										
A UMBRELLA LIAB X	CCUR	_	XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000			
	AIMS-MADE		7440 1000000	<i>3/1/2011</i>	7/1/2013	AGGREGATE	\$5,000,000			
DEDUCTIBLE						AGGREGATE	Ψ5,000,000			
RETENTION \$										
						WC STATU- OTH-				
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N					TORY LIMITS ER				
ANY PROPRIETOR/PARTNER/EXEC OFFICER/MEMBER EXCLUDED?	OTIVE N	N/A				E. L. EACH ACCIDENT				
(Mandatory in NH) If yes, describe under						E. L. DISEASE - EA EMPLOYEE				
_ '	TATEDICAL		CDC 0115225 A	0/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000			
B PARTICIPANT ACCIDEN	T MEDICAL		SRG 9115335A	9/1/2014	9/1/2015		\$100,000			
DESCRIPTION OF OREDATIONS / LA	CATIONS (VEH	CL EC (Attach ACORD 101, Additional Remarks	Cabadula if mare anas						
		•	igan State Youth Soccer A			Soccar Laggue Cartifica	ita Holder is			
Additional Insured as res	nects the one	ratio	ns of the Named Insured for	or sanctioned act	tivities of the st	tate association	ite Holdel 18			
ridditional insured as res	seets the ope	rutio	is of the funded instited in	or surretroned de	arvities of the si	ate association.				
CERTIFICATE HOLDE				CANCELLA	TION					
PORT HURON TOV	VNSHIP F	PAR	K	SHOTH D VIIA	OF THE ABOVE	DESCRIPED BOLICIES DE CA	NCELLED BEFORE			
Attn: YVONNE CU				THE EXPIRATI	ON DATE THEREC	DESCRIBED POLICIES BE CA PF, NOTICE WILL BE DELIVERE	ED IN ACCORDANCE			
3344 BEACH ROAI)			WITH THE POI	LICY PROVISIONS) <u>.</u>				
Port Huron, MI 4806	0			AUTHORIZED REP	RESENTATIVE	<u> </u>				
, ·				, issixized itel		Vatil Quel				
					,	XJal Column	-			

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DATE (MM/DD/YYYY) 8/19/2014

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iii iieu oi s	such endorsement(s).						
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division					
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-29	93				
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com					
	, , , , , , , , , , , , , , , , , , , ,	PRODUCER CUSTOMER ID#: MI					
		INSURERS AFFORDING COVERAGE	NAIC #				
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991				
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445				
	Plymouth, MI 48170	Insurer C:					
	•	Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 1400698	REVISION NUMBER: ()				
	CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA						

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	
Α	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
D 1 (C 11	

Rochester College including Board of Trustees & employees Attn: Yvonne Curtis 800 W Avon Road Rochester, MI 48307

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

Satik Dueli___



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain per eu of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate d	loes not confer rights to th	e certificate holder
PROD	Pullen Insurance So	ervic	es.	Inc.	CONTACT NAME:	Sports Divis	ion	
	2560 River Park Pl		,		PHONE: (8	17) 738-6100	FAX: (817) 738-2	993
	Fort Worth, TX 76				E-MAIL ADDRESS:	contact@pul	llenins.com	
	,				PRODUCER CUSTO	OMER ID#: MI		
					INSURERS AF	FORDING COVE	ERAGE	NAIC #
INSUF	RED Michigan State Youth	ı Soo	ccer	Association	Insurer A: Na	tional Casualty	Company	11991
	9401 General Drive,				Insurer B: Na	tional Union F	ire Insurance Company	19445
	Plymouth, MI 48170				Insurer C:			
	3				Insurer D:			
					Insurer E:			
					Insurer F:			
CO	VERAGES CE	RTII	FICA	ATE NUMBER: 1400729	93	F	REVISION NUMBER:	0
INDI(IS TO CERTIFY THAT THE POLICI CATED. NOTWITHSTANDING ANY F TIFICATE MAY BE ISSUED OR MA' LUSIONS AND CONDITIONS OF SUC	REQUI Y PEF	REM RTAIN	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	OF ANY CONTR DED BY THE PO	RACT OR OTHER LICIES DESCRIB	R DOCUMENT WITH RESPE JED 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	
Α	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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
ĺ							PERSONAL & ADV INJURY	\$1,000,000

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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
Paul A Schalm Elementary Attn: Yvonne Curtis 940 N SELFRIDGE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Clawson, MI 48017	AUTHORIZED REPRESENTATIVE Satik Pull



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain pole of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate of	loes not confer rights to the	e certificate holder		
PRO	Pullen Insurance Se	rvi	200	Inc	CONTACT NAME:	Sports Divis	sion			
	2560 River Park Pla				PHONE: (81	17) 738-6100	FAX: (817) 738-29	93		
			Sui	ie 300	E-MAIL ADDRESS: contact@pullenins.com					
	Fort Worth, TX 76	110			PRODUCER CUSTO		Heimis.com			
								NAIO #		
					+	FORDING COVI		NAIC #		
INSU	Michigan State 1 outil	So	ccer	· Association		tional Casualty		11991		
	9401 General Drive, S	Suite	e 12	0	Insurer B: Na	<u>itional Union F</u>	Fire Insurance Company	19445		
	Plymouth, MI 48170				Insurer C:					
	•				Insurer D:					
					Insurer E:					
					Insurer F:					
CO	VERAGES CE	RTI	FIC	ATE NUMBER: 140091	22	F	REVISION NUMBER:	0		
IND CEF EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAN LUSIONS AND CONDITIONS OF SUC	EQU PEF H PC	IREM RTAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	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			
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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			
	X HIRED AUTOS						(Per accident)			
	X NON-OWNED AUTOS									
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
11	X EXCESS LIAB CLAIMS-MADE			7110 4000000)/ 1/201 4	7/1/2013	AGGREGATE	\$5,000,000		
	DEDUCTIBLE						AGGREGATE	Ψ5,000,000		
	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)						E. L. DISEASE - EA EMPLOYEE			
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	*		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000		
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VE	HIC! F	S (Atto	ch ACORD 101 Additional Remarks S	chedule if more space	l e is required)				
Thi	s certificate is issued on behalf o ditional Insured as respects the op	f Mi	chiga	an State Youth Soccer Ass	sociation & Mi	chigan Youth		e Holder is		
CE	RTIFICATE HOLDER				CANCELLA	TION				
47	HELBY BIBLE CHURCH 905 Hayes Rd. HELBY TWP, MI 48315				THE EXPIRATION WITH THE POL	ON DATE THEREC LICY PROVISIONS	DESCRIBED POLICIES BE CAI F, NOTICE WILL BE DELIVERED.			
					AUTHORIZED REP	RESENTATIVE	Jatik Dull-			



DATE (MM/DD/YYYY) 8/19/2014

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PRODUCER	Pullen Insurance Se	ervic	es, Inc.	CONTACT NAME:	F				
	2560 River Park Pl			PHONE: (8	(617) 756 6166 (617) 756 2335				
	Fort Worth, TX 76	116		E-MAIL ADDRESS:	contact@pul	lenins.com			
	,			PRODUCER CUSTO	OMER ID#: MI				
				INSURERS AF	FORDING COVE	RAGE	NAIC #		
INSURED 1	Michigan State Youth	Soc	cer Association	Insurer A: Na	itional Casualty	Company	11991		
	9401 General Drive, S			Insurer B: Na	tional Union F	ire Insurance Company	19445		
I	Plymouth, MI 48170			Insurer C:					
	•			Insurer D:					
				Insurer E:					
				Insurer F:					
COVERA	GES CE	RTIF	ICATE NUMBER: 1400	9398	F	EVISION NUMBER:	0		
INDICATED. CERTIFICAT EXCLUSION	NOTWITHSTANDING ANY F E MAY BE ISSUED OR MAY	REQUIF / PER CH POL	INSURANCE LISTED BELOW REMENT, TERM OR CONDITION TAIN, THE INSURANCE AFFO LICIES. LIMITS SHOWN MAY H	ON OF ANY CONTR PRDED BY THE PO AVE BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	DOCUMENT WITH RESPECT TO	CT TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADD'L S	BUBR POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A GENERA	L LIABILITY	X	KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE	\$1,000,000		
Х сом	MERCIAL 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 AG	GREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$1,000,000		
POLI	CY PROJECT LOC					PARTICIPANT LEGAL LIABILITY	\$1,000,000		
· · ·	BILE LIABILITY AUTO		KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
ALL	OWNED AUTOS					BODILY INJURY (Per person)			
SCHI	EDULED AUTOS					BODILY INJURY (Per accident)			
<u> </u>	D AUTOS					PROPERTY DAMAGE (Per accident)			
	OWNED AUTOS								
A UMB	RELLA LIAB X OCCUR		XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
X EXC				77-7-0-1	, , , , , , , ,	AGGREGATE	\$5,000,000		
DEDI	JCTIBLE	1							
RETE	ENTION \$								
WORKER	S COMPENSATION					WC STATU- TORY LIMITS OTH- ER			
I	PLOYERS' LIABILITY Y/N RIETOR/PARTNER/EXECUTIVE					E. L. EACH ACCIDENT			
OFFICER/N (Mandatory	MEMBER EXCLUDED?	N/A				E. L. DISEASE - EA EMPLOYEE			
If yes, desc						E. L. DISEASE - POLICY LIMIT			
B PARTIC	PIPANT ACCIDENT MEDICAL		SRG 9115335A	9/1/2014	9/1/2015		\$100,000		
DESCRIPTION	OF OPERATIONS / LOCATIONS / VE	HICLES	(Attach ACORD 101, Additional Remark	s Schedule, if more space	e is required)	<u> </u>			
	cate is issued on behalf o					Soccer League Certifica	te Holder is		
This certifi		1 11110	ingan state I outh soccer i	1330Clation & Mi	cingan roum	occoi League. Commea	ic Holdel is		

CERTIFICATE HOLDER

ROEPER SCHOOL 41190 WOODWARD AVE BLOOMFIELD HILLS, MI 48034 **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

Satik Dulle



DATE (MM/DD/YYYY) 8/19/2014

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)

	such endorsement(s).	onoics may rec	quire un chaorsement.					ioi rigilio to ti		
PRODUCER	Pullen Insurance Se	ervices. Inc		CONTACT NAME: Sports Division						
	2560 River Park Pla	,		PHONE: (817) 738-6100 FAX: (817) 738-2993						
	Fort Worth, TX 76			E-MAIL ADDRI	ESS:	contact@pul	lenins.com			
				PRODUCER C	USTO	MER ID#: MI				
				INSURERS	SAFF	ORDING COVE	RAGE		NAIC #	
INSURED	Michigan State Youth	Soccer As	sociation	Insurer A:	Nat	ional Casualty	Company		11991	
	9401 General Drive, S			Insurer B: National Union Fire Insurance Company 19					19445	
	Plymouth, MI 48170			Insurer C:						
	,			Insurer D:						
				Insurer E:						
				Insurer F:						
COVER	AGES CE	RTIFICATE	NUMBER: 1400939	99		R	REVISION	NUMBER:	0	
INDICATE	O CERTIFY THAT THE POLICIE D. NOTWITHSTANDING ANY R ATE MAY BE ISSUED OR MAY	REQUIREMENT,	TERM OR CONDITION	OF ANY CO	NTRA	ACT OR OTHER	DOCUMENT	WITH RESPE	CT TO WHICH T	THIS
EXCLUSIO	ONS AND CONDITIONS OF SUC							O OODOLOT 1	O ALL THE TEN	1410,
INSR LTR	TYPE OF INSURANCE	ADD'L SUBR INSRD WVD	POLICY NUMBER	POLICY EFFECT		POLICY EXPIRATION DATE (MM/DD/YY)		LIMITS	·	

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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	ALL OWNED AUTOS						BODILY INJURY (Per person)		
							BODILY INJURY (Per accident)		
	X HIRED AUTOS						PROPERTY DAMAGE (Per accident)		
	X NON-OWNED AUTOS						(i ei accident)		
	NON-OWNED AUTOS								
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000	
	DEDUCTIBLE	1							
	RETENTION \$								
	WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE 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	B PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
OUR LADY QUEEN OF MARTYRS CHURCH 32460 PIERCE STREET BEVERLY HILLS , MI 48025	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 Pull



DATE (MM/DD/YYYY) 8/19/2014

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.

	conditions of the policy, certain policy certain policy and such endorsement(s).	olicies	may require an endorsement.	A statement on	this certificate of	does not confer rights to the	e certificate holder		
PROI	Pullen Insurance Se	rvice	es Inc	CONTACT NAME: Sports Division					
	2560 River Park Pl			PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 76	,	oute 500	E-MAIL ADDRESS: contact@pullenins.com					
	Toft Worth, 124 70	110		PRODUCER CUSTOMER ID#: MI					
				INSURERS AF	NAIC #				
INSU	RED Mishigan Chata Variable	Casa	an Association		ational Casualt		11991		
	Whengan State Tout				•		19445		
	9401 General Drive, S	Suite	120		ational Union F	Fire Insurance Company	19443		
	Plymouth, MI 48170			Insurer C:					
				Insurer D:					
				Insurer E:					
	VED 4.050	DTIE	IOATE MUMBER 140004	Insurer F:	-				
			ICATE NUMBER: 140094			REVISION NUMBER:			
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	REQUIR Y PERT CH POLI	EMENT, TERM OR CONDITION AIN, THE INSURANCE AFFORI CIES. LIMITS SHOWN MAY HAV	OF ANY CONTE DED BY THE PO 'E BEEN REDUCE	RACT OR OTHER LICIES DESCRIE ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	CT TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADD'L SU	UBR POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A	GENERAL LIABILITY	X	KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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			
	X HIRED AUTOS					(Per accident)			
	X NON-OWNED AUTOS								
A	UMBRELLA LIAB X OCCUR		XKO 4688800	9/1/2014	9/1/2015	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)	N/A				E. L. DISEASE - EA EMPLOYEE			
	If yes, describe under					E. L. DISEASE - POLICY LIMIT			
В	PARTICIPANT ACCIDENT MEDICAL		SRG 9115335A	9/1/2014	9/1/2015	2. 2. 2.02.402	\$100,000		
_			210 / 11000011	7,1,201.	7, 1, 2016		,,		
Thi	CRIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf o ditional Insured as respects the o	f Mich	nigan State Youth Soccer As	sociation & Mi	chigan Youth	Soccer League. Certificat tate association.	te Holder is		
CF	RTIFICATE HOLDER			CANCELLA	TION				
QI 77	JARTON ELEMENTARY 1 CHESTERFIELD AVE	•		SHOULD ANY THE EXPIRATI	OF THE ABOVE	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERED	NCELLED BEFORE D IN ACCORDANCE		
BIRMINGHAM , MI 48009				AUTHORIZED REPRESENTATIVE Satisfull					



in lieu of such endorsement(s)

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/19/2014

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

PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division					
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com					
	1 510 11 51011	PRODUCER CUSTOMER ID#: MI					
		INSURERS AFFORDING COVERAGE	NAIC #				
NSURED]	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991				
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company 19445					
	Plymouth, MI 48170	Insurer C:					
	, ,	Insurer D:					
		Insurer E:					
		Insurer F:					
COVERA	AGES CERTIFICATE NUMBER: 1401114	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	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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE		
	If yes, describe under						E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Mid-Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
Phoenix Soccer Field of Dreams 3383 West Thompson Road Fenton, MI 48430	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 Satisfull-



DATE (MM/DD/YYYY) 8/19/2014

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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

iii iieu oi s	such endorsement(s).						
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division					
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993 E-MAIL ADDRESS: contact@pullenins.com					
	Fort Worth, TX 76116						
		PRODUCER CUSTOMER ID#: MI					
		INSURERS AFFORDING COVERAGE	NAIC #				
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company 11991					
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company 19445					
	Plymouth, MI 48170	Insurer C:					
	,	Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 1401090	REVISION NUMBER: 0)				
THIS IS TO	CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR TH	E 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	
Α	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
ORCHARD COMMUNITY CHURCH - Fields 74903 MCKAY ROAD BRUCE TWP , MI 48065	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 Satisfull-



DATE (MM/DD/YYYY) 8/19/2014

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	of such end			JIICIE	S IIIa	y require an endorsement.	A statement on	tills certificate t	does not comer rights to th	ie certificate floider	
PRODUCER Pullen Insurance Services, Inc.							CONTACT NAME: Sports Division				
		60 River					PHONE: (817) 738-6100 FAX: (817) 738-2993				
		t Worth.		,	201		E-MAIL ADDRESS: contact@pullenins.com				
						PRODUCER CUSTOMER ID#: MI					
						INSURERS AF	NAIC #				
INSURED	Michigan State Youth Soccer Association					· Association	Insurer A: Na	ational Casualt	v Company	11991	
	0///1	General	Drive (Smit	2 12	Association			Fire Insurance Company	19445	
		outh, MI		Juin	. 12	U	Insurer C:	tional Cilion I	ne mearance company	17113	
	1 Tyllic	Juii, IVII	40170				Insurer D:				
							Insurer E:				
							Insurer F:				
COVE	RAGES		CF	RTI	FIC	ATE NUMBER: 140126			REVISION NUMBER:	0	
THIS IS INDICAT CERTIFICEXCLUS	TO CERTIF ED. NOTW CATE MAY SIONS AND	THSTAND BE ISSUE CONDITION	HE POLICI ING ANY F ED OR MA' NS OF SUC	ES OI REQU Y PEI CH PC	F INS IREM RTAIN OLICIE	URANCE LISTED BELOW HA IENT, TERM OR CONDITION I, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	VE BEEN ISSUE OF ANY CONTF DED BY THE PO E BEEN REDUCE	ED TO THE INSURACT OR OTHER LICIES DESCRIE ED BY PAID CLAI	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT T MS.	THE POLICY PERIOD ECT TO WHICH THIS	
INSR LTR		OF INSURANCE			SUBR WVD		POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	#1.000.000	
I ** ├──	NERAL LIABIL			X		KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE	\$1,000,000	
X	COMMERCIAL								DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS	MADE X	OCCUR						MED EXP (Any one person)	\$5,000	
<u> </u>									PERSONAL & ADV INJURY	\$1,000,000	
<u> </u> .									GENERAL AGGREGATE	UNLIMITED	
GEN	I'L AGGREGATE	E LIMIT APPLIE	S PER:						PRODUCTS - COMP/OP AGG	\$1,000,000	
	POLICY	PROJECT	LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000	
· · ·	TOMOBILE LIA ANY AUTO	ABILITY				KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
I 	ALL OWNED	ALITOC							BODILY INJURY (Per person)		
l 									BODILY INJURY (Per accident)		
l 	SCHEDULED								PROPERTY DAMAGE		
	HIRED AUTOS								(Per accident)		
X	NON-OWNED	AUTOS									
Α	UMBRELLA L	IAB X OCC	CUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
X	EXCESS LIAE	CLA	AIMS-MADE						AGGREGATE	\$5,000,000	
	DEDUCTIBLE			1							
	RETENTION	\$									
WOF	RKERS COMP	ENSATION							WC STATU- TORY LIMITS OTH- ER		
AND	PROPRIETOR/PA	S' LIABILITY	Y/N	N. / / C					E. L. EACH ACCIDENT		
OFFI	PROPRIETOR/PA ICER/MEMBER E Idatory in NH)		IIVE	N/A					E. L. DISEASE - EA EMPLOYEE		
1 1	s, describe under								E. L. DISEASE - POLICY LIMIT		
В РАБ	RTICIPANT	ACCIDENT	MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
DESCRIPT		PATIONS / LOC		HICLE	S (A#0	ch ACORD 101, Additional Remarks S	chedule if more space	is required)			
1						an State Youth Soccer As			Soccer League Certifics	ate Holder is	
						of the Named Insured for				tte Holder 15	
		· · · · · · · · · · · · · · · · · · ·									
OFDT	FIGATE	HOLDER					OANOFILA	TION			
	IFICATE						CANCELLA	IION			
	iew Mid		ool				SHOULD ANY	OF THE ABOVE	DESCRIBED POLICIES BE CA	ANCELLED BEFORE	
	ake Geo						THE EXPIRATION	ON DATE THEREC	OF, NOTICE WILL BE DELIVERE	ED IN ACCORDANCE	
Oakla	ınd Twp	, MI 483	363				WITH THE POL	LIOT FROVISIONS	·.		
							AUTHORIZED REP	RESENTATIVE	0 0		
									Vatik Well-	_	
							,	Naw is we			



DATE (MM/DD/YYYY) 8/19/2014

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 S	ervic	es, Inc.	CONTACT NAME: Sports Division				
2560 River Park Pl			PHONE: (817) 738-6100 FAX: (817) 738-2993				
Fort Worth, TX 76			E-MAIL ADDRESS: contact@pullenins.com				
			PRODUCER CUSTOMER ID#: MI				
			INSURERS AF	FORDING COV	ERAGE	NAIC #	
INSURED Michigan State Youth	Soc	cer Association	Insurer A: Na	ational Casualt	v Company	11991	
9401 General Drive,	Suite	120			Fire Insurance Company	19445	
Plymouth, MI 48170	Juite	120	Insurer C:		no mourance company	17.10	
1 Tymoum, WH 40170			Insurer D:				
			Insurer E:				
			Insurer F:				
COVERAGES CE	RTIE	FICATE NUMBER: 140126			REVISION NUMBER:	0	
THIS IS TO CERTIFY THAT THE POLICI INDICATED. NOTWITHSTANDING ANY I CERTIFICATE MAY BE ISSUED OR MA EXCLUSIONS AND CONDITIONS OF SUC	ES OF REQUI Y PER CH POI	INSURANCE LISTED BELOW HAREMENT, TERM OR CONDITION ITAIN, THE INSURANCE AFFORLLICIES. LIMITS SHOWN MAY HAV	AVE BEEN ISSUE I OF ANY CONTF DED BY THE PO /E BEEN REDUCE	ED TO THE INSU RACT OR OTHER LICIES DESCRIE ED BY PAID CLAI	RED NAMED ABOVE FOR TO R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT TO	HE POLICY PERIOD CT TO WHICH THIS	
INSR LTR TYPE OF INSURANCE	ADD'L INSRD		POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	*	
A GENERAL LIABILITY	X	KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO		KRO 4688700	9/1/2014	9/1/2015	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					(rel accident)		
NON-OWNED AUTOS							
A UMBRELLA LIAB X OCCUR		XKO 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E. L. EACH ACCIDENT		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A				E. L. DISEASE - EA EMPLOYEE		
If yes, describe under					E. L. DISEASE - POLICY LIMIT		
B PARTICIPANT ACCIDENT MEDICAL		SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VE This certificate is issued on behalf of Additional Insured as respects the o	f Mic	chigan State Youth Soccer As	ssociation & Mi r sanctioned act	ichigan Youth tivities of the s	Soccer League. Certifica tate association.	te Holder is	
CERTIFICATE HOLDER			CANCELLA	TION			
Scripps Middle School 385 E Scripps Rd. Lake Orion, MI 48360	THE EXPIRATI	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 REP	RESENTATIVE	Jatik Dulle	_			

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DATE (MM/DD/YYYY) 8/19/2014

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	eu of such endorsement(s).	JIICIES	may	require an endorsement. I	4 statement on	ınıs certificatê (ioes not confer rights to the	e certificate noider
PROI	Pullen Insurance Se	ervice	es. Iı	nc	CONTACT NAME: Sports Division			
	2560 River Park Pla				PHONE: (817) 738-6100 FAX: (817) 738-2993			
	Fort Worth, TX 762	,	Juin	2 300	E-MAIL ADDRESS: contact@pullenins.com			
	Toft Worth, 12 70	110			PRODUCER CUSTO			
					INSURERS AF	NAIC #		
INSU	IRED Michigan State Voyeth	Coo	224	Association		tional Casualt		11991
	Michigan State 1 Outil					•	Fire Insurance Company	19445
	9401 General Drive, S	sune	120			monai Omon i	The misurance Company	17443
	Plymouth, MI 48170				Insurer C:			
					Insurer D:			
					Insurer E:			
~~	VEDACES OF	DTIE	10 47	FF NUMBER: 140126	Insurer F:		DEVICION NUMBER.	
				TE NUMBER: 1401267			REVISION NUMBER:	
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R XTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	EQUIF PER H POL	REMEI TAIN, JCIES	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY CONTR ED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIE ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	CT TO WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADD'L S	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	X]	KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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	
	X HIRED AUTOS						(Per accident)	
	X NON-OWNED AUTOS							
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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	N1/A					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		;	SRG 9115335A	9/1/2014	9/1/2015		\$100,000
	CRIPTION OF OPERATIONS / LOCATIONS / VE							
Thi Ado	s certificate is issued on behalf o ditional Insured as respects the op-	f Micl peration	higan ons o	State Youth Soccer Ass f the Named Insured for	sociation & Mi sanctioned act	chigan Youth sivities of the st	Soccer League. Certificat tate association.	e Holder is
CE	RTIFICATE HOLDER				CANCELLA	TION		
Or 59	rion Oaks Elementary School 0 Pine Tree Rd. ke Orion , MI 48362	ol			SHOULD ANY THE EXPIRATION	OF THE ABOVE	DESCRIBED POLICIES BE CAI F, NOTICE WILL BE DELIVERED	NCELLED BEFORE DINACCORDANCE
					AUTHORIZED REPI	RESENTATIVE	Patik Dull	



DATE (MM/DD/YYYY) 8/19/2014

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.

	conditions of the policy, certain policy certain pole of such endorsement(s).	olicies i	may require an endorsement.	A statement on	this certificate of	does not confer rights to the	e certificate holder	
PROI	Pullen Insurance Se	rvice	s Inc	CONTACT NAME: Sports Division				
	2560 River Park Pl			PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76	,	une 300	E-MAIL ADDRESS: contact@pullenins.com				
	Toft Worth, 124 70	110		PRODUCER CUSTO				
				INSURERS AF	NAIC #			
INSU	RED Mishigan Chata Variab	Casa						
	Michigan State Touti				•		19445	
	9401 General Drive, S	suite.	120		ational Union F	Fire Insurance Company	19443	
	Plymouth, MI 48170			Insurer C:				
				Insurer D:				
				Insurer E:				
	VED 4 0 5 0	DT:	OATE NUMBER 14040	Insurer F:				
			CATE NUMBER: 140126			REVISION NUMBER:		
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	REQUIRI 7 PERT. 3H POLI	EMENT, TERM OR CONDITION AIN, THE INSURANCE AFFORE CIES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE PO E BEEN REDUCE	RACT OR OTHER LICIES DESCRIE ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADD'L SU	JBR VD POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X	KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
	X HIRED AUTOS					(Per accident)		
	X NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR		XKO 4688800	9/1/2014	9/1/2015	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					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		SRG 9115335A	9/1/2014	9/1/2015	2. 2. 2.02.402	\$100,000	
_				37 17 2 01 .	7,1,2010		,,	
Thi	s certificate is issued on behalf of ditional Insured as respects the o	f Mich	igan State Youth Soccer Ass	sociation & Mi	chigan Youth		te Holder is	
CF	RTIFICATE HOLDER			CANCELLA	TION			
Pii 59	ne Tree Elementary School 0 Pine Tree Rd. ke Orion, MI 48362			SHOULD ANY THE EXPIRATI	OF THE ABOVE	DESCRIBED POLICIES BE CAI F, NOTICE WILL BE DELIVERE	NCELLED BEFORE D IN ACCORDANCE	
				AUTHORIZED REP	AUTHORIZED REPRESENTATIVE Satisfully			



DATE (MM/DD/YYYY) 8/19/2014

\$5,000,000

\$100,000

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	litions of the policy, certain posuch endorsement(s).								
PRODUCER Pullen Insurance Services, Inc.					CONTACT NAME: Sports Division				
	2560 River Park Pl		,		PHONE: (8	17) 738-6100	FAX: (817) 738-29	993	
	Fort Worth, TX 76		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		E-MAIL ADDRESS:	contact@pul	llenins.com		
	1 010 11 01011, 111 7 0				PRODUCER CUSTO	OMER ID#: MI			
					INSURERS AF	FORDING COVE	ERAGE	NAIC #	
INSURED	Michigan State Youth	Soc	cer 1	Association	Insurer A: Na	ational Casualty	Company	11991	
	9401 General Drive, S				Insurer B: Na	ational Union F	ire Insurance Company	19445	
	Plymouth, MI 48170				Insurer C:				
	, ,				Insurer D:				
					Insurer E:				
					Insurer F:				
COVER	RAGES CE	RTIF	ICA	TE NUMBER: 140126	73	F	REVISION NUMBER:	0	
CERTIFIC EXCLUSION	ED. NOTWITHSTANDING ANY F SATE MAY BE ISSUED OR MAY	Y PERI	ΓAIN,	THE INSURANCE AFFORD	OF ANY CONTR	LICIES DESCRIB	ED HEREIN IS SUBJECT TO		
I INIOD				S. LIMITS SHOWN MAY HAV	E BEEN REDUCE	ED BY PAID CLAII	MS.	O ALL THE TERMS,	
INSR LTR	TYPE OF INSURANCE	ADD'L S	UBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)			
A GENE	TYPE OF INSURANCE		UBR WVD		E BEEN REDUCE	ED BY PAID CLAII	MS. LIMITS EACH OCCURRENCE	\$1,000,000	
A GENE	TYPE OF INSURANCE RAL LIABILITY OMMERCIAL GENERAL LIABILITY	ADD'L S	UBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	MS.	\$1,000,000 \$300,000	
A GENE	TYPE OF INSURANCE	ADD'L S	UBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	MS. LIMITS EACH OCCURRENCE	\$1,000,000 \$300,000 \$5,000	
A GENE	TYPE OF INSURANCE RAL LIABILITY OMMERCIAL GENERAL LIABILITY	ADD'L S	UBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	MS. LIMITS EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance)	\$1,000,000 \$300,000 \$5,000 \$1,000,000	
A GENE	TYPE OF INSURANCE RAL LIABILITY OMMERCIAL GENERAL LIABILITY	ADD'L S	UBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	MS. LIMITS EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person)	\$1,000,000 \$300,000 \$5,000 \$1,000,000 UNLIMITED	
A GENE	TYPE OF INSURANCE RAL LIABILITY OMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR AGGREGATE LIMIT APPLIES PER:	ADD'L S	UBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	MS. LIMITS EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY	\$1,000,000 \$300,000 \$5,000 \$1,000,000 UNLIMITED \$1,000,000	
A GENE X C	TYPE OF INSURANCE ERAL LIABILITY OMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR AGGREGATE LIMIT APPLIES PER: OLICY PROJECT LOC	ADD'L S	UBR WVD	POLICY NUMBER KRO 4688700	POLICY EFFECTIVE DATE (MM/DD/YY) 9/1/2014	POLICY EXPIRATION DATE (MM/DD/Y) 9/1/2015	MS. LIMITS EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	\$1,000,000 \$300,000 \$5,000 \$1,000,000 UNLIMITED \$1,000,000 \$1,000,000	
A GENE X C GEN'L P A AUTO	TYPE OF INSURANCE ERAL LIABILITY OMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR AGGREGATE LIMIT APPLIES PER: OLICY PROJECT LOC OMOBILE LIABILITY	ADD'L S	UBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	MS. LIMITS EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$1,000,000 \$300,000 \$5,000 \$1,000,000 UNLIMITED \$1,000,000	
A GENE X C GEN'L P A AUTO	TYPE OF INSURANCE RAL LIABILITY OMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR AGGREGATE LIMIT APPLIES PER: OLICY PROJECT LOC MOBILE LIABILITY NY AUTO	ADD'L S	UBR WVD	POLICY NUMBER KRO 4688700	POLICY EFFECTIVE DATE (MM/DD/YY) 9/1/2014	POLICY EXPIRATION DATE (MM/DD/Y) 9/1/2015	MS. LIMITS EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY COMBINED SINGLE LIMIT	\$1,000,000 \$300,000 \$5,000 \$1,000,000 UNLIMITED \$1,000,000 \$1,000,000	
A GENE X C GEN'L P A AUTO A A	TYPE OF INSURANCE FRAL LIABILITY OMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR AGGREGATE LIMIT APPLIES PER: OLICY PROJECT LOC OMOBILE LIABILITY NY AUTO LL OWNED AUTOS	ADD'L S	UBR WVD	POLICY NUMBER KRO 4688700	POLICY EFFECTIVE DATE (MM/DD/YY) 9/1/2014	POLICY EXPIRATION DATE (MM/DD/Y) 9/1/2015	MS. LIMITS EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000 \$300,000 \$5,000 \$1,000,000 UNLIMITED \$1,000,000 \$1,000,000	
A GENE X C GENIL P A AUTO A A S	TYPE OF INSURANCE RAL LIABILITY OMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR AGGREGATE LIMIT APPLIES PER: OLICY PROJECT LOC OMOBILE LIABILITY NY AUTO LL OWNED AUTOS CHEDULED AUTOS	ADD'L S	UBR WVD	POLICY NUMBER KRO 4688700	POLICY EFFECTIVE DATE (MM/DD/YY) 9/1/2014	POLICY EXPIRATION DATE (MM/DD/Y) 9/1/2015	MS. LIMITS EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE	\$1,000,000 \$300,000 \$5,000 \$1,000,000 UNLIMITED \$1,000,000 \$1,000,000	
A GENE X C GENIL P A AUTO A A S X H	TYPE OF INSURANCE FRAL LIABILITY OMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR AGGREGATE LIMIT APPLIES PER: OLICY PROJECT LOC OMOBILE LIABILITY NY AUTO LL OWNED AUTOS CHEDULED AUTOS IRED AUTOS	ADD'L S	UBR WVD	POLICY NUMBER KRO 4688700	POLICY EFFECTIVE DATE (MM/DD/YY) 9/1/2014	POLICY EXPIRATION DATE (MM/DD/Y) 9/1/2015	MS. LIMITS EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$1,000,000 \$300,000 \$5,000 \$1,000,000 UNLIMITED \$1,000,000 \$1,000,000	
A GENE X C GEN'L P A AUTO A A S X H	TYPE OF INSURANCE RAL LIABILITY OMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR AGGREGATE LIMIT APPLIES PER: OLICY PROJECT LOC OMOBILE LIABILITY NY AUTO LL OWNED AUTOS CHEDULED AUTOS	ADD'L S	UBR WVD	POLICY NUMBER KRO 4688700	POLICY EFFECTIVE DATE (MM/DD/YY) 9/1/2014	POLICY EXPIRATION DATE (MM/DD/Y) 9/1/2015	MS. LIMITS EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE	\$1,000,000 \$300,000 \$5,000 \$1,000,000 UNLIMITED \$1,000,000 \$1,000,000	

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

SRG 9115335A

CLAIMS-MADE

Y/N

N/A

This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

9/1/2014

9/1/2015

CERTIFICATE HOLDER	CANCELLATION
Paint Creek Elementary School 2800 Indianwood Rd. Orion Twp, MI 48362	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 Satisfull—

EACH OCCURRENCE

WC STATU-TORY LIMITS

E. L. EACH ACCIDENT

E. L. DISEASE - EA EMPLOYEE

E. L. DISEASE - POLICY LIMIT

AGGREGATE

EXCESS LIAB

DEDUCTIBLE RETENTION \$

If yes, describe under

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

PARTICIPANT ACCIDENT MEDICAL



DATE (MM/DD/YYYY) 8/19/2014

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 liquid and conditions of the policy, certain policies may require an endorsement.

_	eu of such endorsement(s).				1	g =::	•		
PROI	Pullen Insurance S				CONTACT NAME: Sports Division				
	2560 River Park Pl	aza,	Sui	te 300	PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76	116			E-MAIL ADDRESS: contact@pullenins.com				
<u>L</u> E						PRODUCER CUSTOMER ID#: MI			
					INSURERS AF	FORDING COV	ERAGE	NAIC #	
INSU	RED Michigan State Youth	ı So	ccer	Association	Insurer A: Na	ational Casualt	y Company	11991	
	9401 General Drive,	Snit	e 12	0	Insurer B: Na	ational Union F	Fire Insurance Company	19445	
	Plymouth, MI 48170	Juit			Insurer C:		•		
	11/mount, will toll to				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTI	FIC	ATE NUMBER: 140126			REVISION NUMBER:	0	
THIS INDI CER EXC	S IS TO CERTIFY THAT THE POLICI CATED. NOTWITHSTANDING ANY I TIFICATE MAY BE ISSUED OR MA LUSIONS AND CONDITIONS OF SUC	ES O REQU Y PE CH PC	F INS IREM RTAIN OLICIE	URANCE LISTED BELOW HA IENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	VE BEEN ISSUE OF ANY CONTF DED BY THE PO E BEEN REDUCE	ED TO THE INSU RACT OR OTHER LICIES DESCRIE ED BY PAID CLAI	RED NAMED ABOVE FOR TI R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT TO	HE POLICY PERIOD 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 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	ANY AUTO						BODILY INJURY (Per person)		
	ALL OWNED AUTOS						` ' '		
	SCHEDULED AUTOS						BODILY INJURY (Per accident) PROPERTY DAMAGE		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000	
	DEDUCTIBLE	1						. , ,	
	RETENTION \$								
							WC STATU- TORY LIMITS OTH- ER		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						E. L. EACH ACCIDENT		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A							
	(Mandatory in NH) If yes, describe under						E. L. DISEASE - EA EMPLOYEE		
D				CDC 0115225 A	0/1/2014	0/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
l .	CRIPTION OF OPERATIONS / LOCATIONS / VE						Sacram Lacous Contifica	to Holdonia	
	s certificate is issued on behalf of litional Insured as respects the o							te notder is	
Auc	intolial ilisuled as respects the o	рсга	.10115	of the Named Histied for	sanctioned act	uvides of the s	tate association.		
CE	RTIFICATE HOLDER				CANCELLA	TION			
Oa	kridge Elementary								
	15 Brockton Ave				THE EXPIRATI	OF THE ABOVE	DESCRIBED POLICIES BE CA DF, NOTICE WILL BE DELIVERE	DIN ACCORDANCE	
l .	yal Oak, MI 48067				WITH THE PO	LICY PROVISIONS	3.		
```	Jul 3 mil, 1/11 10007				AUTUODIZZE	DECEMBATA TO T	^		
					AUTHORIZED REP	RESENTATIVE	$()$ $ , \alpha$ $, \alpha$		
							Vatile belle	-	



DATE (MM/DD/YYYY) 8/19/2014

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.

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.

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** CONTACT NAME: **Sports Division** Pullen Insurance Services, Inc. (817) 738-2993 PHONE: (817) 738-6100 FAX: 2560 River Park Plaza, Suite 300 contact@pullenins.com F-MAIL ADDRESS: Fort Worth, TX 76116 PRODUCER CUSTOMER ID#: INSURERS AFFORDING COVERAGE NAIC# INSURED 11991 National Casualty Company Michigan State Youth Soccer Association Insurer A: 9401 General Drive, Suite 120 National Union Fire Insurance Company 19445 Insurer B: Plymouth, MI 48170 Insurer C: Insurer D: Insurer E: Insurer F: **COVERAGES CERTIFICATE NUMBER:** 14012677 **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. POLICY EFFECTIVE DATE (MM/DD/YY) POLICY EXPIRATION DATE (MM/DD/YY) TYPE OF INSURANCE POLICY NUMBER LIMITS GENERAL LIABILITY \$1,000,000 X KRO 4688700 9/1/2014 9/1/2015 Α **EACH OCCURRENCE**  $|\mathbf{X}|$ COMMERCIAL GENERAL LIABILITY \$300,000 CLAIMS MADE X OCCUR \$5,000 MED EXP (Any one person) \$1,000,000 PERSONAL & ADV INJURY UNLIMITED GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: \$1,000,000 PRODUCTS - COMP/OP AGG POLICY PROJECT \$1,000,000 PARTICIPANT LEGAL LIABILITY \$1,000,000 **AUTOMOBILE LIABILITY** KRO 4688700 9/1/2014 9/1/2015 COMBINED SINGLE LIMIT (Ea accident) ANY AUTO BODILY INJURY (Per person) ALL OWNED AUTOS **BODILY INJURY (Per accident)** SCHEDULED AUTOS PROPERTY DAMAGE HIRED AUTOS (Per accident) NON-OWNED AUTOS UMBRELLA LIAB X OCCUR XKO 4688800 9/1/2014 9/1/2015 \$5,000,000 Α **EACH OCCURRENCE** CLAIMS-MADE \$5,000,000 X EXCESS LIAB AGGREGATE DEDUCTIBLE RETENTION \$ WC STATU-TORY LIMITS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E. L. EACH ACCIDENT N/A E. L. DISEASE - EA EMPLOYEE If ves. describe under E. L. DISEASE - POLICY LIMIT SRG 9115335A 9/1/2014 9/1/2015 \$100,000 PARTICIPANT ACCIDENT MEDICAL 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 & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. **CERTIFICATE HOLDER CANCELLATION** Oakridge Elementary SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE 506 E 13 Mile Rd. WITH THE POLICY PROVISIONS. Royal Oak, MI 48073 AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 8/19/2014

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in li	eu of such endorsement(s).								
i unen msurance services, mc.						CONTACT NAME: Sports Division			
	2560 River Park Pla				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 762				E-MAIL ADDRESS: contact@pullenins.com				
	, , , , , , , , , , , , , , , , , , , ,				PRODUCER CUST	OMER ID#: MI			
					INSURERS AI	NAIC #			
INSU	Michigan State Youth	Soc	cer	Association	Insurer A: N	ational Casualty	y Company	11991	
	9401 General Drive, S	Suite	12	0	Insurer B: N	ational Union F	Fire Insurance Company	19445	
	Plymouth, MI 48170	, 0,100			Insurer C:		•		
	11/1110 00011, 1/11 1/01/0				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTIE	FICA	ATE NUMBER: 1401268	30	F	REVISION NUMBER:	0	
IND CEF EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R KTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	REQUI / PER CH PO	REM TAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	OF ANY CONT DED BY THE PO E BEEN REDUC	RACT OR OTHER DLICIES DESCRIE ED BY PAID CLAI	R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT TO	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADD'L INSRD	WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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	ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE				,, -, - , - ,	7, 2, 2, 2	AGGREGATE	\$5,000,000	
	DEDUCTIBLE							. , ,	
	RETENTION \$								
	WORKERS COMPENSATION						WC STATU- TORY LIMITS ER		
	AND EMPLOYERS' LIABILITY Y/N	<u>                                    </u>					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			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VE	שורו בי	: (۸+	Sh ACORD 101 Additional Remarks C	shodulo if more sace	o is roquirod)			
	s certificate is issued on behalf or		•				Soccer League Certifica	te Holder is	
	ditional Insured as respects the op-							te froider is	
	•								
CF	RTIFICATE HOLDER				CANCELLA	ATION			
	oyal Oak Middle School								
	tn: 709 N. Washington				SHOULD ANY	OF THE ABOVE	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE	
	oyal Oak, MI 48067				WITH THE PO	LICY PROVISIONS		2 ACCONDANCE	
•••	/ 1000/				AUTUODIZES	DECEMENTATIVE	^		
					AUTHORIZED REF	KESENTATIVE	()00.0		
						Jatik Mille			



DATE (MM/DD/YYYY) 8/19/2014

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in li	eu of such endorsement(s).		u	,				
PROI	Pullen Insurance Se	rvic	es.	Inc.	CONTACT NAME: Sports Division			
	2560 River Park Pla				PHONE: (817) 738-6100 FAX: (817) 738-2993			
	Fort Worth, TX 76.				E-MAIL ADDRESS: contact@pullenins.com			
	, , , , , , , , , , , , , , , , , , , ,				PRODUCER CUSTO	OMER ID#: MI		
					INSURERS AF	NAIC #		
INSU	Michigan State Youth	Soc	rcer	Association	Insurer A: Na	ational Casualt	v Company	11991
	9401 General Drive, S						Fire Insurance Company	19445
	Plymouth, MI 48170	uic	12	O	Insurer C:			
	Trymoddi, wir 10170				Insurer D:			
					Insurer E:			
					Insurer F:			
CO	VERAGES CE	RTII	FICA	ATE NUMBER: 1401268		F	REVISION NUMBER:	0
THIS INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	S OF EQUI PEF H PO	INS REM RTAIN LICIE	URANCE LISTED BELOW HA ENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAV	VE BEEN ISSUE OF ANY CONTF DED BY THE PO E BEEN REDUCE	ED TO THE INSU RACT OR OTHER LICIES DESCRIE ED BY PAID CLAI	RED NAMED ABOVE FOR THE R DOCUMENT WITH RESPECT BED HEREIN IS SUBJECT TO	HE POLICY PERIOD CT TO WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADD'L INSRD	WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	<del></del>						BODILY INJURY (Per person)	
	ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	SCHEDULED AUTOS						PROPERTY DAMAGE	
	X HIRED AUTOS						(Per accident)	
	X NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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	<b> </b>					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			SRG 9115335A	9/1/2014	9/1/2015	E. E. BIOLAGE T GLIGT EINIT	\$100,000
Thi	cription of operations / locations / ve s certificate is issued on behalf or ditional Insured as respects the op	f Mio	chiga	n State Youth Soccer Ass	sociation & Mi	ichigan Youth		te Holder is
CF	RTIFICATE HOLDER				CANCELLA	TION		
CERTIFICATE HOLDER  Royal Oak High School 1500 Lexington Blvd Royal Oak, MI 48073			SHOULD ANY THE EXPIRATI	OF THE ABOVE	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE i.	NCELLED BEFORE D IN ACCORDANCE		
					AUTHORIZED REP	RESENTATIVE	Jatik Pull	_



DATE (MM/DD/YYYY) 8/19/2014

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	litions of the policy, certain positions and the policy, certain positions and the such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate of	loes not confer rights to th	e certificate holder	
PRODUCER		2571	200	Inc	CONTACT NAME: Sports Division				
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76		Sui	116 300	E-MAIL ADDRESS: contact@pullenins.com				
	Fort Worth, 1A 70	110			PRODUCER CUSTOMER ID#: MI				
					INSURERS AFFORDING COVERAGE NAIC #				
INSURED	3.6' 1'			<u> </u>	+			11991	
INSORED	Michigan State Youth					tional Casualty	1 2		
	9401 General Drive, S	Suite	e 12	.0		itional Union F	ire Insurance Company	19445	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:	_		_	
COVER				ATE NUMBER: 140131			REVISION NUMBER:		
INDICATE CERTIFIC EXCLUSION	O CERTIFY THAT THE POLICIED. NOTWITHSTANDING ANY F ATE MAY BE ISSUED OR MAY ONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREM RTAIN LICIE	IENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	R DOCUMENT WITH RESPECT TO	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		
I * * L	RAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE	\$1,000,000	
X	OMMERCIAL 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	
I ∏_							GENERAL AGGREGATE	UNLIMITED	
GEN'L	AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000	
P	OLICY PROJECT LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000	
I * * ⊢	MOBILE LIABILITY			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
I —	NY AUTO						BODILY INJURY (Per person)		
l <del></del>	LL OWNED AUTOS						BODILY INJURY (Per accident)		
l <del></del>	CHEDULED AUTOS						PROPERTY DAMAGE		
1 11	IRED AUTOS						(Per accident)		
X	ON-OWNED AUTOS								
A	MBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
l <del>-  </del>	XCESS LIAB CLAIMS-MADE				27 -7 - 2 - 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AGGREGATE	\$5,000,000	
-	EDUCTIBLE	1					7.CONZONIE	1-99	
	ETENTION \$								
	KERS COMPENSATION						WC STATU- TORY LIMITS ER		
AND	EMPLOYERS' LIABILITY Y/N						TORY LIMITS ER  E. L. EACH ACCIDENT		
OFFIC	ROPRIETOR/PARTNER/EXECUTIVE ER/MEMBER EXCLUDED?	N/A					E. L. DISEASE - EA EMPLOYEE		
(Mana	atory in NH) describe under								
B PAR	TICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000	
D FAK	HCIFANT ACCIDENT MEDICAL			5KG 7113333A	9/1/2014	9/1/2013		Ψ100,000	
DESCRIPTION	ON OF OPERATIONS / LOCATIONS / VE		S (A#2	och ACOPD 101 Additional Pamarks S	chadula if mara space	is required)			
This cer	tificate is issued on behalf of s Additional Insured as resp	f Mi	chig	an State Youth Soccer Ass	sociation & MI	CHIGAN YOU	UTH SOCCER LEAGUE es of the state association.	E. Certificate	
	1			•					
CERTIF	FICATE HOLDER				CANCELLA	TION			
	OLDS FIELD								
2500 F	PARK LANE	0.40			THE EXPIRATION	OF THE ABOVE I ON DATE THEREO LICY PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE DINACCORDANCE	
HAKE	OR SPRINGS , MI 49	840					=		
					AUTHORIZED REPI	RESENTATIVE	Patik Pull	_	
					Yallellulle				



DATE (MM/DD/YYYY) 8/19/2014

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.

	conditions of the policy, certain policy of such endorsement(s).	olicies m	ay require an endorsement	. A statement on	this certificate of	loes not confer rights to th	e certificate holder	
PROI	Pullen Insurance Se	ervices	Inc	CONTACT NAME:	Sports Divis	ion		
	2560 River Park Pla			PHONE: (8				
	Fort Worth, TX 76		110 300	E-MAIL ADDRESS:	contact@pul	llenins.com		
	Tott Worth, III 70	110		PRODUCER CUST	OMER ID#: MI			
				INSURERS AF	FORDING COVE	ERAGE	NAIC #	
INSU	Michigan State Youth	Socce	r Association	Insurer A: Na	ational Casualty	Company	11991	
	9401 General Drive, S					ire Insurance Company	19445	
	Plymouth, MI 48170	34110 11	-0	Insurer C:		1		
				Insurer D:				
				Insurer E:				
				Insurer F:				
CO	VERAGES CE	RTIFIC	ATE NUMBER: 14013	139	F	REVISION NUMBER:	0	
INDI	S IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY R ITIFICATE MAY BE ISSUED OR MAY ILUSIONS AND CONDITIONS OF SUC	REQUIREN Y PERTAI CH POLICI	MENT, TERM OR CONDITION N, THE INSURANCE AFFOR ES. LIMITS SHOWN MAY HA'	N OF ANY CONT DED BY THE PO VE BEEN REDUCI	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	R DOCUMENT WITH RESPE LED HEREIN IS SUBJECT TO	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADD'L SUBFINSRD WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
Α	GENERAL LIABILITY	X	KRO 4688700	9/1/2014	9/1/2015	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	ANY AUTO		KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	ALL OWNED AUTOS					BODILY INJURY (Per person)		
	SCHEDULED AUTOS					BODILY INJURY (Per accident)		
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)		
A	UMBRELLA LIAB X OCCUR		XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE	1				AGGREGATE	\$5,000,000	
	DEDUCTIBLE							
	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		
	* -		GD G 0115005 A	0/1/2014	0/1/0015	E. L. DISEASE - POLICY LIMIT	¢100.000	
В	PARTICIPANT ACCIDENT MEDICAL		SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
Thi	cription of operations/locations/ve s certificate is issued on behalf o der is Additional Insured as resp	f Michig	gan State Youth Soccer A	ssociation & M	ICHIGAN YOU	UTH SOCCER LEAGUE es of the state association	E. Certificate	

CERTIFICATE HOLDER	CANCELLATION
PETOSKEY RIVER ROAD SOCCER COMPLEX 2210 RIVER ROAD PETOSKEY , MI 49770	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 Pull



DATE (MM/DD/YYYY) 8/19/2014

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.

	conditions of the policy, certain pole eu of such endorsement(s).	olicies	ma	y require an endorsement. <i>I</i>	A statement on	this certificate o	loes not conter rights to the	e certificate noider		
PROI	Pullen Insurance Se	rvic	es	Inc	CONTACT NAME:	Sports Divis	ion			
	2560 River Park Pla				PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 761	,	Sui	10 300	E-MAIL ADDRESS: contact@pullenins.com					
	Toft Worth, TA 701	110			PRODUCER CUSTOMER ID#: MI					
						FORDING COVE		NAIC #		
INSU	DED 34'1' C 37 .1			<u> </u>				11991		
11400	Michigan State 1 Outil					tional Casualty				
	9401 General Drive, S	Suite	12	0		itional Union F	Fire Insurance Company	19445		
	Plymouth, MI 48170				Insurer C:					
					Insurer D:					
					Insurer E:					
					Insurer F:					
CO	VERAGES CE	RTIF	IC/	ATE NUMBER: 1401327	79	F	REVISION NUMBER:	0		
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUC	EQUIF PER H POL	REM TAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	OF ANY CONTR ED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	T TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADD'L S	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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			
	X HIRED AUTOS						(Per accident)			
	X NON-OWNED AUTOS									
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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  ANY PROPRIETOR/PARTNER/EXECUTIVE  Y/N	N1/A					E. L. EACH ACCIDENT			
	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			SRG 9115335A	9/1/2014	9/1/2015	2.2.3.62.162 1 02.61 2	\$100,000		
-				5110 / 11000011	<i>y,</i> 1, <b>2</b> 01 .	), 1, <b>2</b> 010		, , , , , , ,		
Thi	CRIPTION OF OPERATIONS / LOCATIONS / VEI s certificate is issued on behalf or ditional Insured as respects the op	f Mic	higa	n State Youth Soccer Ass	sociation & Mi	chigan Youth S	Soccer League. Certificat ate association.	e Holder is		
CE	RTIFICATE HOLDER				CANCELLA	TION				
					CANCELLA	IION				
20	mbroke Park 01 Buckingham Ave rmingham, MI 48009				THE EXPIRATION	OF THE ABOVE I ON DATE THEREO LICY PROVISIONS	DESCRIBED POLICIES BE CAI F, NOTICE WILL BE DELIVERED	NCELLED BEFORE DIN ACCORDANCE		
					AUTHORIZED REPR	RESENTATIVE	Patik Dueli			



DATE (MM/DD/YYYY) 8/19/2014

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.

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	eu of such endorsement(s).	olicies	s may	require an endorsement.	A Statement on	this certificate o	ioes not confer rights to the	e certificate noider
PRO	Pullen Insurance Se	ervic	es. I	inc.	CONTACT NAME:	Sports Divis	ion	
	2560 River Park Pla				PHONE: (8	17) 738-6100	FAX: (817) 738-29	993
	Fort Worth, TX 76	,	Duit	<b>C</b> 300	E-MAIL ADDRESS	contact@pu	llenins.com	
	Tort Worth, 171 70	110			PRODUCER CUST			
					INSURERS AI	FFORDING COVI	ERAGE	NAIC #
INSU	Michigan State Youth	Soo	oor	Association	<u> </u>	ational Casualt		11991
	9401 General Drive, S						Fire Insurance Company	19445
	Plymouth, MI 48170				Insurer C:			
	<b>,</b> ,				Insurer D:			
					Insurer E:			
					Insurer F:			
CO	VERAGES CE	RTIF	FICA	TE NUMBER: 1401419	96	F	REVISION NUMBER:	0
IND CEF EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R KTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	REQUII 7 PER 3H POL	REME TAIN, LICIES	ENT, TERM OR CONDITION THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAV	OF ANY CONT DED BY THE PO E BEEN REDUC	RACT OR OTHER DLICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	CT TO WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADD'L INSRD	WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE  DAMAGE TO RENTED PREMISES (Ea occurance)	\$1,000,000 \$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 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ANY AUTO						,	
	ALL OWNED AUTOS						BODILY INJURY (Per person)	
	SCHEDULED AUTOS						PROPERTY DAMAGE	
	X HIRED AUTOS						(Per accident)	
	X NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
	DEDUCTIBLE							
	RETENTION \$						WO STATU	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						WC STATU- 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						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000
Thi	cription of operations/locations/ve s certificate is issued on behalf o ditional Insured as respects the op	f Mic	higar	n State Youth Soccer Ass	sociation & M	ichigan Youth	Soccer League. Certificat ate association.	te Holder is
CF	RTIFICATE HOLDER				CANCELLA	ATION		
O. 75	AKTREE ELEMENTARY 00 S. GALE RD OODRICH, MI 48438				SHOULD ANY THE EXPIRAT	OF THE ABOVE	DESCRIBED POLICIES BE CAI F, NOTICE WILL BE DELIVEREI	NCELLED BEFORE D IN ACCORDANCE

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DATE (MM/DD/YYYY) 8/19/2014

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iii iica oi c	suon endorsement(s).						
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division					
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-299	93				
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com					
	,	PRODUCER CUSTOMER ID#: MI					
		INSURERS AFFORDING COVERAGE	NAIC #				
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991				
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445				
	Plymouth, MI 48170	Insurer C:					
	•	Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 1401432	REVISION NUMBER: 0	)				
THIS IS TO	CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR TH	E POLICY PERIOD				

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 4688700	9/1/2014	9/1/2015	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  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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  ANY PROPRIETOR/PARTNER/EXECUTIVE  Y/N	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	<b>CANCELLATION</b>

RED OAKS YOUTH SOCCER COMPLEX 29601 JOHN R ROAD MADISON HEIGHTS, MI 48071

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

Satik Dull



DATE (MM/DD/YYYY) 8/19/2014

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	nditions of the policy, certain po of such endorsement(s).	DIICIE	s ma	y require an endorsement.	A statement on	tnis certificate o	does not conter rights to th	e certificate noider	
PRODUC	Pullen Insurance Se	ervi	ces.	Inc	CONTACT NAME:	Sports Divis	sion		
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993  E-MAIL ADDRESS: contact@pullenins.com				
	Fort Worth, TX 76	,		ne 300					
	Toft Worth, 124 70	110			PRODUCER CUSTOMER ID#: MI				
						FORDING COVI	FRAGE	NAIC #	
INSURED	Mi-1-i Ct-t- Wtl	. C -						11991	
INCORED	Whengan State 1 out					ational Casualty			
	9401 General Drive, S	Suite	e 12	0		ational Union F	Fire Insurance Company	19445	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:				
				ATE NUMBER: 140143			REVISION NUMBER:		
INDICATE CERTIF	TO CERTIFY THAT THE POLICIENTED. NOTWITHSTANDING ANY FICATE MAY BE ISSUED OR MAY SIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IIREN RTAIN DLICIE	IENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE PO E BEEN REDUCE	RACT OR OTHER LICIES DESCRIE ED BY PAID CLAI	R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT TO	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADD'L INSRD	SUBR	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
	NERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE	\$1,000,000	
$\overline{\mathbf{x}}$	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	
GE	J—————————————————————————————————————							\$1,000,000	
	POLICY PROJECT LOC						PRODUCTS - COMP/OP AGG	\$1,000,000	
A AU	TOMOBILE LIABILITY			KRO 4688700	9/1/2014	9/1/2015	PARTICIPANT LEGAL LIABILITY  COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	ANY AUTO						,		
	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 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000	
1	DEDUCTIBLE	1					, reditability	1-77	
	RETENTION \$								
144							WC STATU- OTH-		
	DRKERS COMPENSATION D EMPLOYERS' LIABILITY  Y/N						TORY LIMITS ER		
OFF	PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED?	N/A					E. L. EACH ACCIDENT		
(Ma	ndatory in NH) es, describe under						E. L. DISEASE - EA EMPLOYEE		
				GDC 0115225 A	0/1/2014	0/1/2015	E. L. DISEASE - POLICY LIMIT	¢100 000	
B PA	RTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
			<u> </u>			<u> </u>			
	TION OF OPERATIONS / LOCATIONS / VE						C	4. II.1dania	
Additi	ertificate is issued on behalf of onal Insured as respects the of	l IVII	cing	of the Named Insured for	sociation & Mi	tivities of the st	toto association	te noider is	
Additio	onar insured as respects the of	рега	10118	of the Named Histiled for	Sanctioned act	uvides of the si	tate association.		
CERT	IFICATE HOLDER				CANCELLA	TION			
ROS	IE'S PARK								
1	E. FARMUM				SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA DF, NOTICE WILL BE DELIVERE	NCELLED BEFORE DINACCORDANCE	
	DISON HEIGHTS, MI 48	307	1			LICY PROVISIONS			
**** **	TO THE TOTAL OF TH	501.	•						
					AUTHORIZED REP	KESEN FATIVE	$()$ $ \alpha$ $\alpha$		
						,	Vatik Pulling	-	

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DATE (MM/DD/YYYY) 8/19/2014

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and	ORTANT: If the certificate holder is conditions of the policy, certain peu of such endorsement(s).									
PROI	Pullen Insurance S	ervice	s Inc	CONTACT NAME:	Sports Divis	sion				
	2560 River Park P			PHONE: (8						
	Fort Worth, TX 76	,	ance 500	E-MAIL ADDRESS:						
	Tott Worth, 121 / c	,110		PRODUCER CUST						
				INSURERS AF	FORDING COV	ERAGE	NAIC #			
INSU	Michigan State Yout	h Soco	er Association	Insurer A: Na	ational Casualt	y Company	11991			
	9401 General Drive,			Insurer B: Na	ational Union F	Fire Insurance Company	19445			
	Plymouth, MI 48170			Insurer C:		1				
				Insurer D:						
				Insurer E:						
ı				Insurer F:						
CO	VERAGES CI	ERTIFI	CATE NUMBER: 1401	4375	F	REVISION NUMBER:	0			
INDI CER	S IS TO CERTIFY THAT THE POLIC ICATED. NOTWITHSTANDING ANY RTIFICATE MAY BE ISSUED OR MA CLUSIONS AND CONDITIONS OF SU	REQUIR Y PERT	EMENT, TERM OR CONDITION  AIN. THE INSURANCE AFFORM	ON OF ANY CONTR ORDED BY THE PO	RACT OR OTHER LICIES DESCRIE	R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT T	CT TO WHICH THIS			
INSR LTR	TYPE OF INSURANCE	ADD'L SU	JBR POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS				
A	GENERAL LIABILITY	X	KRO 4688700	9/1/2014	9/1/2015	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)	\$5,00			
						PERSONAL & ADV INJURY	\$1,000,00			
						GENERAL AGGREGATE	UNLIMITEI			
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$1,000,00			
	POLICY PROJECT LOC					PARTICIPANT LEGAL LIABILITY	\$1,000,00			
A	AUTOMOBILE LIABILITY  ANY AUTO		KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,00			
	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 STATE OF THE STA									
Α	UMBRELLA LIAB X OCCUR		XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,00			
•	X EXCESS LIAB CLAIMS-MADE			7, 2, 2011	2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	AGGREGATE	\$5,000,00			
	DEDUCTIBLE	7					, , , , , , , , ,			
	RETENTION \$									
	WORKERS COMPENSATION					WC STATU- TORY LIMITS ER				
	AND EMPLOYERS' LIABILITY Y/N					IORTEIWITSER				

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

SRG 9115335A

N/A

This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

9/1/2014

9/1/2015

CERTIFICATE HOLDER	CANCELLATION
ROSEVILLE REC CENTER 18185 SYCAMORE ST ROSEVILLE, MI 48066	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 Pull

E. L. EACH ACCIDENT

E. L. DISEASE - EA EMPLOYEE

E. L. DISEASE - POLICY LIMIT

\$100,000

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

PARTICIPANT ACCIDENT MEDICAL

If yes, describe under



DATE (MM/DD/YYYY) 8/19/2014

\$5,000,000

\$5,000,000

\$100,000

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.

and co	RIANT: If the certificate holder is onditions of the policy, certain p i of such endorsement(s).	s an AI olicies	DDITION/ may req	AL INSURED, the polic juire an endorsement.	cy(ies) must be A statement o	e endorsed. If SUE n this certificate d	BROGATION IS WAIVED, s loes not confer rights to th	subject to the terms ne certificate holder	
PRODU	Pullen Insurance S	ervice	es. Inc.		CONTACT NAME	: Sports Divis	ion		
	2560 River Park Pl				PHONE: (	817) 738-6100	FAX: (817) 738-2	993	
	Fort Worth, TX 76				E-MAIL ADDRESS: contact@pullenins.com				
	,				PRODUCER CUS	STOMER ID#: MI		_	
					INSURERS A	AFFORDING COVE	ERAGE	NAIC #	
INSURE	Michigan State Youth	n Soco	cer Ass	sociation	Insurer A: 1	National Casualty	/ Company	11991	
	9401 General Drive,				Insurer B: 1	National Union F	ire Insurance Company	19445	
	Plymouth, MI 48170				Insurer C:				
	•				Insurer D:				
					Insurer E:				
					Insurer F:				
COV	ERAGES CE	RTIF	ICATE	<b>NUMBER:</b> 140157	67	F	REVISION NUMBER:	0	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVINDICATED. 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 HAV					OF ANY CON	TRACT OR OTHER	RED NAMED ABOVE FOR I DOCUMENT WITH RESPE ED HEDEIN IS SUBJECT T	CT TO WHICH THIS	
	JSIONS AND CONDITIONS OF SUC	CH POL	ICIES. LIN	MITS SHOWN MAY HAV	E BEEN REDU	CED BY PAID CLAIF	MS.	O ALL THE TERMS,	
INSR LTR	JSIONS AND CONDITIONS OF SUC TYPE OF INSURANCE	ADD'L S	ICIES. LIN	MITS SHOWN MAY HAV POLICY NUMBER	E BEEN REDU( POLICY EFFECTIVE DATE (MM/DD/YY)	CED BY PAID CLAIF	MS. LIMITS		
INSR LTR		CH POL	ICIES. LIN	MITS SHOWN MAY HAV	E BEEN REDU	CED BY PAID CLAIF	MS.  LIMITS  EACH OCCURRENCE	\$1,000,000	
INSR LTR	TYPE OF INSURANCE  ENERAL LIABILITY  COMMERCIAL GENERAL LIABILITY	ADD'L S	ICIES. LIN	MITS SHOWN MAY HAV	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	MS.	\$1,000,000 \$300,000	
INSR LTR	TYPE OF INSURANCE ENERAL LIABILITY	ADD'L S	ICIES. LIN	MITS SHOWN MAY HAV	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS  EACH OCCURRENCE  DAMAGE TO RENTED	\$1,000,000	
INSR LTR G	TYPE OF INSURANCE  ENERAL LIABILITY  COMMERCIAL GENERAL LIABILITY	ADD'L S	ICIES. LIN	MITS SHOWN MAY HAV	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS  EACH OCCURRENCE  DAMAGE TO RENTED PREMISES (Ea occurance)	\$1,000,000 \$300,000 \$5,000 \$1,000,000	
INSR LTR G	TYPE OF INSURANCE  ENERAL LIABILITY  COMMERCIAL GENERAL LIABILITY	ADD'L S	ICIES. LIN	MITS SHOWN MAY HAV	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS  EACH OCCURRENCE  DAMAGE TO RENTED PREMISES (Ea occurance)  MED EXP (Any one person)	\$1,000,000 \$300,000 \$5,000	
INSR LTR	TYPE OF INSURANCE  ENERAL LIABILITY  COMMERCIAL GENERAL LIABILITY	ADD'L S	ICIES. LIN	MITS SHOWN MAY HAV	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS  EACH OCCURRENCE  DAMAGE TO RENTED PREMISES (Ea occurance)  MED EXP (Any one person) PERSONAL & ADV INJURY	\$1,000,000 \$300,000 \$5,000 \$1,000,000	
INSR LTR	TYPE OF INSURANCE  ENERAL LIABILITY  COMMERCIAL GENERAL LIABILITY  CLAIMS MADE X OCCUR	ADD'L S	ICIES. LIN	MITS SHOWN MAY HAV	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS  EACH OCCURRENCE  DAMAGE TO RENTED PREMISES (Ea occurance)  MED EXP (Any one person)  PERSONAL & ADV INJURY  GENERAL AGGREGATE	\$1,000,000 \$300,000 \$5,000 \$1,000,000 UNLIMITED \$1,000,000 \$1,000,000	
A G	TYPE OF INSURANCE  ENERAL LIABILITY  COMMERCIAL GENERAL LIABILITY  CLAIMS MADE X OCCUR  EN'L AGGREGATE LIMIT APPLIES PER:  POLICY PROJECT LOC  UTOMOBILE LIABILITY	ADD'L S	ICIES. LIN	MITS SHOWN MAY HAV	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS  EACH OCCURRENCE  DAMAGE TO RENTED PREMISES (Ea occurance)  MED EXP (Any one person)  PERSONAL & ADV INJURY  GENERAL AGGREGATE  PRODUCTS - COMP/OP AGG	\$1,000,000 \$300,000 \$5,000 \$1,000,000 UNLIMITED \$1,000,000	
A G	TYPE OF INSURANCE  ENERAL LIABILITY  COMMERCIAL GENERAL LIABILITY  CLAIMS MADE X OCCUR  EN'L AGGREGATE LIMIT APPLIES PER:  POLICY PROJECT LOC  UTOMOBILE LIABILITY  ANY AUTO	ADD'L S	ICIES. LIN	MITS SHOWN MAY HAV POLICY NUMBER  O 4688700	E BEEN REDUC POLICY EFFECTIVE DATE (MM/DD/YY) 9/1/2014	CED BY PAID CLAII  POLICY EXPIRATION DATE (MM/DD/YY)  9/1/2015	MS.  EACH OCCURRENCE  DAMAGE TO RENTED PREMISES (Ea occurance)  MED EXP (Any one person)  PERSONAL & ADV INJURY  GENERAL AGGREGATE  PRODUCTS - COMP/OP AGG  PARTICIPANT LEGAL LIABILITY  COMBINED SINGLE LIMIT	\$1,000,000 \$300,000 \$5,000 \$1,000,000 UNLIMITED \$1,000,000 \$1,000,000	
A G	TYPE OF INSURANCE  ENERAL LIABILITY  COMMERCIAL GENERAL LIABILITY  CLAIMS MADE X OCCUR  EN'L AGGREGATE LIMIT APPLIES PER:  POLICY PROJECT LOC  UTOMOBILE LIABILITY  ANY AUTO  ALL OWNED AUTOS	ADD'L S	ICIES. LIN	MITS SHOWN MAY HAV POLICY NUMBER  O 4688700	E BEEN REDUC POLICY EFFECTIVE DATE (MM/DD/YY) 9/1/2014	CED BY PAID CLAII  POLICY EXPIRATION DATE (MM/DD/YY)  9/1/2015	MS.  LIMITS  EACH OCCURRENCE  DAMAGE TO RENTED PREMISES (Ea occurance)  MED EXP (Any one person)  PERSONAL & ADV INJURY  GENERAL AGGREGATE  PRODUCTS - COMP/OP AGG  PARTICIPANT LEGAL LIABILITY  COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000 \$300,000 \$5,000 \$1,000,000 UNLIMITED \$1,000,000 \$1,000,000	
A G	TYPE OF INSURANCE  ENERAL LIABILITY  COMMERCIAL GENERAL LIABILITY  CLAIMS MADE X OCCUR  EN'L AGGREGATE LIMIT APPLIES PER:  POLICY PROJECT LOC  UTOMOBILE LIABILITY  ANY AUTO  ALL OWNED AUTOS  SCHEDULED AUTOS	ADD'L S	ICIES. LIN	MITS SHOWN MAY HAV POLICY NUMBER  O 4688700	E BEEN REDUC POLICY EFFECTIVE DATE (MM/DD/YY) 9/1/2014	CED BY PAID CLAII  POLICY EXPIRATION DATE (MM/DD/YY)  9/1/2015	MS.  LIMITS  EACH OCCURRENCE  DAMAGE TO RENTED PREMISES (Ea occurance)  MED EXP (Any one person)  PERSONAL & ADV INJURY  GENERAL AGGREGATE  PRODUCTS - COMP/OP AGG  PARTICIPANT LEGAL LIABILITY  COMBINED SINGLE LIMIT (Ea accident)  BODILY INJURY (Per person)	\$1,000,000 \$300,000 \$5,000 \$1,000,000 UNLIMITED \$1,000,000 \$1,000,000	

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

N/A

XKO 4688800

SRG 9115335A

This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

9/1/2014

9/1/2014

9/1/2015

9/1/2015

CERTIFICATE HOLDER	CANCELLATION
OAKLAND YARD 5328 HIGHLAND ROAD WATERFORD, MI 48327	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 Satik Pull

EACH OCCURRENCE

WC STATU-TORY LIMITS

E. L. EACH ACCIDENT

E. L. DISEASE - EA EMPLOYEE

E. L. DISEASE - POLICY LIMIT

AGGREGATE

UMBRELLA LIAB X OCCUR

EXCESS LIAB

DEDUCTIBLE RETENTION \$

If yes, describe under

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

PARTICIPANT ACCIDENT MEDICAL

CLAIMS-MADE



DATE (MM/DD/YYYY) 8/19/2014

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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).

PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division	
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993	3
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445
	Plymouth, MI 48170	Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	
COVER	AGES CERTIFICATE NUMBER: 1401626	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 4688700	9/1/2014	9/1/2015	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  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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  ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER CANCELLATION	CERTIFICATE HOLDER CANCELLA
---------------------------------	-----------------------------

ROMEO-WASHINGTON-BRUCE [ARLS AMD REC/ SENIOR CENTERS ROMEO CO 361 MORTON

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

Satik Ovel

**ROMEO, MI 48065** 



DATE (MM/DD/YYYY) 8/19/2014

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	eu of such endorsement(s).	DIICIES	may	y require an endorsement. <i>I</i>	A Statement on t	inis certificate d	ioes not confer rights to the	e certificate noider		
PROI	Pullen Insurance Se	ervice	es.	Inc	CONTACT NAME: Sports Division					
	2560 River Park Pla				PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 762	,	Jui	ie 300	E-MAIL ADDRESS: contact@pullenins.com					
	Toft Worth, 12 70	110			PRODUCER CUSTOMER ID#: MI					
					INSURERS AF	FORDING COVI	FRAGE	NAIC #		
INSU	IRED Michigan State Voyeth	Coo	224	Association	Insurer A: National Casualty Company 11991					
	Michigan State 1 Outil					-	Fire Insurance Company	19445		
	9401 General Drive, S	Sune	120	J		ulonai Omon i	The misurance Company	17443		
	Plymouth, MI 48170				Insurer C:					
					Insurer D:					
					Insurer E:					
~~	VEDAGES OF	DTIE	104	TE NUMBER: 140167	Insurer F:					
				TE NUMBER: 1401676			REVISION NUMBER:			
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R KTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	REQUIF / PER CH POL	REMI TAIN LICIE	ENT, TERM OR CONDITION , THE INSURANCE AFFORD	OF ANY CONTR DED BY THE POI E BEEN REDUCE	ACT OR OTHER LICIES DESCRIB D BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	CT TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADD'L S	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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			
	X HIRED AUTOS						(Per accident)			
	X NON-OWNED AUTOS									
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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  ANY PROPRIETOR/PARTNER/EXECUTIVE	NI/A					E. L. EACH ACCIDENT			
	OFFICER/MEMBER EXCLUDED?	N/A					E. L. DISEASE - EA EMPLOYEE			
	If yes, describe under						E. L. DISEASE - POLICY LIMIT			
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	1	\$100,000		
Thi	 CRIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf or ditional Insured as respects the op	f Mic	higa	n State Youth Soccer Ass	sociation & Mi	chigan Youth	Soccer League. Certificat	e Holder is		
Auc	antional historica as respects the of	perati	OHS	of the Ivanica Historia for	sanctioned act	ivides of the st	ace association.			
CE	RTIFICATE HOLDER				CANCELLA	TION				
Ci At	mbroke Park ty of Birmingham tn: Connie J. Folk				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	00 E. Lincoln rmingham, MI 48009				AUTHORIZED REPRESENTATIVE Satisfull					



DATE (MM/DD/YYYY) 8/19/2014

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

	eu of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate o	ioes not confer rights to the	e certificate noider	
PRO	Pullen Insurance Se	ervio	es.	Inc	CONTACT NAME:	Sports Divis	sion		
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76	,	Sui	ic 500	E-MAIL ADDRESS:	contact@pu	llenins.com		
	1 of t worth, 121 70	110			PRODUCER CUST				
					INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSL	Michigan State Youth	So	2001	Association		ational Casualt		11991	
	9401 General Drive, S						Fire Insurance Company	19445	
	Plymouth, MI 48170				Insurer C:				
	<b>,</b> ,				Insurer D:				
					Insurer E:				
					Insurer F:				
CC	VERAGES CE	RTI	FICA	ATE NUMBER: 1401693					
IND CEF EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	REQUI Y PEF CH PO	IREM RTAIN LICIE	ENT, TERM OR CONDITION  I, THE INSURANCE AFFORE  S. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE PO E BEEN REDUC	RACT OR OTHER LICIES DESCRIE ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADD'L INSRD	WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE  DAMAGE TO RENTED PREMISES (Ea occurance)	\$1,000,000 \$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 4688700	9/1/2014	9/1/2015	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		
	X HIRED AUTOS X NON-OWNED AUTOS						(Per accident)		
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE			11110 1000000	<i>y,</i> 1, <b>2</b> 01 .	7,1,2010	AGGREGATE	\$5,000,000	
	DEDUCTIBLE							. , ,	
	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			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VE								
Thi Ad	s certificate is issued on behalf o ditional Insured as respects the o	f Mio	chiga ions	an State Youth Soccer Ass of the Named Insured for	sociation & M sanctioned ac	ichigan Youth S tivities of the st	Soccer League. Certificat tate association.	e Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
75	AKTREE ELEMENTARY 00 GALE ROAD OODRICH, MI 48438				SHOULD ANY THE EXPIRATI	OF THE ABOVE	DESCRIBED POLICIES BE CAI F, NOTICE WILL BE DELIVERED	NCELLED BEFORE DINACCORDANCE	



DATE (MM/DD/YYYY) 8/19/2014

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

and conditions of the policy, certain p in lieu of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate of	loes not confer rights to th	e certificate holder	
		200	Ina	CONTACT NAME:	Sports Divis	ion		
Pullen Insurance Se 2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993				
		Su	ne 300	E-MAIL ADDRESS:	contact@pul		,,,,	
Fort Worth, TX 76	110			PRODUCER CUSTO		nemiis.com		
						EDAGE	NAIC #	
INSURED Michigan State Vouth								
Wildingan State 1 out							11991	
9401 General Drive,	Suite	12	.0		itional Union F	Fire Insurance Company	19445	
Plymouth, MI 48170				Insurer C:				
				Insurer D:				
				Insurer E:				
				Insurer F:				
			ATE NUMBER: 141166	REVISION NUMBER: 0				
THIS IS TO CERTIFY THAT THE POLICI INDICATED. NOTWITHSTANDING ANY FOR THE CERTIFICATE MAY BE ISSUED OR MAEXCLUSIONS AND CONDITIONS OF SUCTIONS OF SUCT	REQUI Y PEF CH PO	IREM RTAIN LICIE	IENT, TERM OR CONDITION N, THE INSURANCE AFFORI ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE PO E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	R DOCUMENT WITH RESPECT TO	CT TO WHICH THIS	
INSR LTR TYPE OF INSURANCE	ADD'L INSRD	WVD		POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
X HIRED AUTOS						(Per accident)		
NON-OWNED AUTOS								
A UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
X EXCESS LIAB CLAIMS-MADE			11110 .000000	), 1, <b>2</b> 01 .	7,1,2010	AGGREGATE	\$5,000,000	
DEDUCTIBLE	1					NOONEONIE	40,000,000	
RETENTION \$								
						WC STATU- OTH-		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						TORY LIMITS ER  E. L. EACH ACCIDENT		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A							
(Mandatory in NH)  If yes, describe under						E. L. DISEASE - EA EMPLOYEE		
			SRG 9115335A	9/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000	
B PARTICIPANT ACCIDENT MEDICAL			3KU 9113333A	9/1/2014	9/1/2013		\$100,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VE	LIICI E	C (A#0	ob ACORD 101 Additional Remarks S	abodula if mara apaga	in required)			
This certificate is issued on behalf of						Soccer League Certifica	te Holder is	
Additional Insured as respects the o	nerat	ions	of the Named Insured for	sanctioned act	ivities of the st	ate association.	te Holder is	
Traditional Insures as respects are s	Peru		01 410 1 (411100 11100100 101					
CERTIFICATE HOLDER				CANCELLA	TION			
Port Huron Area School Distr 1925 Lapeer Avenue Port Huron, MI 48060	rict			THE EXPIRATION	OF THE ABOVE I ON DATE THEREO LICY PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE DINACCORDANCE	
, , ,				ALITHODIZED DEDI	DESENTATIVE	^ -		
				AUTHORIZED REP	VESENIATIVE	Jatik Dieli	-	

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DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain policy, cert	olicies	s ma	y require an endorsement. <i>I</i>	A statement on	inis certificate d	loes not conter rights to the	e certificate noider	
PROI	Pullen Insurance Se	rvic	es	Inc	CONTACT NAME: Sports Division				
	2560 River Park Pla				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 762	,	Sui	16 300	E-MAIL ADDRESS: contact@pullenins.com				
	FOIL WOLLI, IA 70.	110			PRODUCER CUSTOMER ID#: MI				
						FORDING COVE	=PAGE	NAIC #	
INSU	DED AC 1								
IIVOU	Michigan State 1 Outil							11991	
	9401 General Drive, S	Suite	12	0		tional Union F	Fire Insurance Company	19445	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTIF	FICA	ATE NUMBER: 1411667	78	F	REVISION NUMBER:	0	
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUC	REQUII 7 PER 3H POI	REM TAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	OF ANY CONTR ED BY THE POI E BEEN REDUCE	ACT OR OTHER LICIES DESCRIB D BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	T 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		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	ANY AUTO						BODILY INJURY (Per person)		
	ALL OWNED AUTOS						` ' '		
	SCHEDULED AUTOS						PROPERTY DAMAGE		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE						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?	N/A					E. L. DISEASE - EA EMPLOYEE		
	(Mandatory in NH) If yes, describe under						E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	E. L. DISEASE - POLICY LIVIT	\$100,000	
ъ	PARTICIPANT ACCIDENT MEDICAL			3KU 7113333A	9/1/2014	9/1/2013		\$100,000	
Thi	CRIPTION OF OPERATIONS/LOCATIONS/VE s certificate is issued on behalf or ditional Insured as respects the op	f Mic	higa	n State Youth Soccer Ass	sociation & Mi	chigan Youth S	Soccer League. Certificat ate association.	e Holder is	
CE	DTIEICATE HO! DED				CANCELLA	TION			
	RTIFICATE HOLDER				CANCELLA	IION			
50	iintree Park 0 W Big Beaver Rd oy, MI 48080				THE EXPIRATION		DESCRIBED POLICIES BE CAP F, NOTICE WILL BE DELIVERED		
					AUTHORIZED REPRESENTATIVE				



DATE (MM/DD/YYYY) 8/19/2014

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	I conditions of the policy, certain policy of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate of	loes not confer rights to th	e certificate holder		
PRO	Pullen Insurance Se	rvi	res	Inc	CONTACT NAME: Sports Division					
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 76		Sui	.tc 300	E-MAIL ADDRESS:	contact@pul	· /			
	Tort Worth, 124 70	110			PRODUCER CUSTO					
					INSURERS AFFORDING COVERAGE NAIC #					
INSL	JRED Michigan State Vouth	· Co	0001	. Association	Insurer A: National Casualty Company 11991					
	Wilchigan State Touti						ire Insurance Company	19445		
	9401 General Drive, S	Sulu	e 12	U	Insurer C:	ttionai Omon i	ne msurance Company	13443		
	Plymouth, MI 48170									
					Insurer D:					
					Insurer E:					
	OVERAGES CE	ЭТІ	EIC.	ATE NUMBER: 1411667	Insurer F:		REVISION NUMBER:	0		
	S IS TO CERTIFY THAT THE POLICII									
CEF	ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MA' CLUSIONS AND CONDITIONS OF SUC	Y PEI CH PC	RTAIN DLICIE	N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAVI	DED BY THE PO	LICIES DESCRIB	ED HEREIN IS SUBJECT TO	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			
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
	ALL OWNED AUTOS						BODILY INJURY (Per person)			
	$\vdash$						BODILY INJURY (Per accident)			
	SCHEDULED AUTOS						PROPERTY DAMAGE			
	X HIRED AUTOS						(Per accident)			
	X NON-OWNED AUTOS									
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
Α.	X EXCESS LIAB CLAIMS-MADE			AKO 4000000	9/1/2014	9/1/2013		\$5,000,000		
	DEDUCTIBLE	1					AGGREGATE	ψ5,000,000		
	RETENTION \$									
							WC STATU- TORY LIMITS OTH- ER			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						TORY LIMITS ER  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									
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000		
"	PARTICIPANT ACCIDENT MEDICAL			5KG 7113333K	<i>)</i> /1/201 <del>4</del>	7/1/2013		Ψ100,000		
DES	_I CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	L	chedule, if more space	is required)				
1	s certificate is issued on behalf o		•				Soccer League. Certifica	te Holder is		
	ditional Insured as respects the o									
CF	RTIFICATE HOLDER				CANCELLA	TION				
	ochester Hills Baptist Churc	.h			5,					
	600 Livernois	/11					DESCRIBED POLICIES BE CA			
1	ochester Hills, MI 48307					ON DATE THEREO LICY PROVISIONS	F, NOTICE WILL BE DELIVERE	D IN ACCORDANCE		
17(	)Chestel 111118, WII 4050/									
					AUTHORIZED REPI	RESENTATIVE	$\bigcap$			
					Vatilebel					



DATE (MM/DD/YYYY) 8/19/2014

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	eu of such endorsement(s).	DIICIES M	ay require an endorsement.	A statement on	tnis certificate o	ooes not conter rights to th	e certificate noider		
PRO	Pullen Insurance Se	ervices	Inc	CONTACT NAME: Sports Division					
	2560 River Park Pla			PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 76.	,	ine 300	E-MAIL ADDRESS:		. ,			
	Port Worth, IA 70.	110		PRODUCER CUSTO					
					FORDING COVI	EDAGE	NAIC #		
INSU	IDED 34.1. C. 37 1		A	+					
11430	Michigan State 1 Outil				ational Casualty		11991		
	9401 General Drive, S	Suite I	20		ational Union F	Fire Insurance Company	19445		
	Plymouth, MI 48170			Insurer C:					
				Insurer D:					
				Insurer E:					
				Insurer F:					
CO	VERAGES CE	RTIFIC	CATE NUMBER: 141168	REVISION NUMBER: 0					
IND CEF EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R XTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	REQUIRE Y PERTA CH POLIC	MENT, TERM OR CONDITION IN, THE INSURANCE AFFORI IES. LIMITS SHOWN MAY HAV	I OF ANY CONTF DED BY THE PO /E BEEN REDUCE	RACT OR OTHER LICIES DESCRIE ED BY PAID CLAI	R DOCUMENT WITH RESPECT TO	CT TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADD'L SUB INSRD WVI	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A	GENERAL LIABILITY	X	KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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			
	X HIRED AUTOS					(Per accident)			
	X NON-OWNED AUTOS								
A	UMBRELLA LIAB X OCCUR		XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
Л	X EXCESS LIAB CLAIMS-MADE		AKO 4088800	9/1/2014	9/1/2013	AGGREGATE	\$5,000,000		
	DEDUCTIBLE	1				AGGREGATE	Ψ5,000,000		
	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			
	,		GD G 01150051	0/1/2014	0/4/2017	E. L. DISEASE - POLICY LIMIT	¢100,000		
В	PARTICIPANT ACCIDENT MEDICAL		SRG 9115335A	9/1/2014	9/1/2015		\$100,000		
Thi	CERIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf o ditional Insured as respects the op	f Michig	gan State Youth Soccer As	ssociation & Mi	id-Michigan Yo	outh Soccer League. Certate association.	tificate Holder is		
CE	RTIFICATE HOLDER			CANCELLA	TION				
11	wosso at Parker Fields 77 Farr Ave. wosso, MI 48867			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 REP	RESENTATIVE	Datik Pull	-		



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain policy certain policy of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate o	loes not confer rights to the	e certificate holder		
PROI	Pullen Insurance Se	rvi	200	Inc	CONTACT NAME: Sports Division					
	2560 River Park Pl				PHONE: (81	17) 738-6100	FAX: (817) 738-29	93		
	Fort Worth, TX 76	,	Sui	.ic 500	E-MAIL ADDRESS:	contact@pu	llenins.com			
	Toft Worth, 124 70	110			PRODUCER CUSTO					
					INSURERS AFFORDING COVERAGE NAIC #					
INSU	IRED Michigan State Voyeth	Co		Association	Insurer A: National Casualty Company 11991					
	Michigan State 1 outil				Insurer B: National Union Fire Insurance Company 19445					
	9401 General Drive, S	Sulte	3 1 2	U	Insurer C:	monai Omon i	The misurance Company	17443		
	Plymouth, MI 48170									
					Insurer D:					
					Insurer E:					
~~	VED A OF C	- TI		ATE NUMBER: 141160	Insurer F:		DEVICIONI NUMBER:	0		
				ATE NUMBER: 141168			REVISION NUMBER:			
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREM RTAIN LICIE	ENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	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			
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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			
	X HIRED AUTOS						(Per accident)			
	X NON-OWNED AUTOS									
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
	X EXCESS LIAB CLAIMS-MADE				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AGGREGATE	\$5,000,000		
	DEDUCTIBLE	1					7.00.120.112	, - , ,		
	RETENTION \$									
	WORKERS COMPENSATION						WC STATU- OTH-			
	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									
В	DARTICIDANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000		
ъ	PARTICIPANT ACCIDENT MEDICAL			3KG 7113333K	9/1/2014	9/1/2013		Ψ100,000		
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VE	HICL F	S (Atta	ch ACORD 101 Additional Remarks S	chedule if more space	is required)				
Thi	s certificate is issued on behalf o ditional Insured as respects the op-	f Mi	chiga	an State Youth Soccer As	sociation & Mi	d-Michigan Yo	outh Soccer League. Cert ate association.	ificate Holder is		
CF	RTIFICATE HOLDER				CANCELLA	TION				
Ov 76	wosso High School 5 E North St wosso, MI 48867				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 REPI	RESENTATIVE	0 0			
							Vatik Oull			



DATE (MM/DD/YYYY) 8/19/2014

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

SCOMMERCIAL GENERAL LIABILITY	in lieu of such endorsement(s).	5.1.0.0	oa,	, roquiro un ondorocinona	r olalomoni on		iooo not oomor rigino to til		
PHONE:   \$2560 River Park Plaza, Suite 300   Fort Worth, TX 76116     PHONE:   \$400 River Park   Plaza, Suite 300   Phone:   Suite 200   Park   Plaza, Suite 300   Plaza, S	PRODUCER Pullen Insurance So	ervic	ces.	Inc.	CONTACT NAME:	Sports Divis	ion		
FORT Worth, TX 76116    E-MAIL ADDRESS   CONTRACT   PRODUCER QUISTORE RIDE   MID   NSURED   Michigan State Youth Soccer Association   9401 General Drive, Suite 120   Plymouth, MI 48170   Insurer E:					PHONE: (817) 738-6100 FAX: (817) 738-2993				
PRODUCER CUSTOMER DEP. MI INSURERS AFFORDING COVERAGE NAIC # INSURER A: National Casualty Company 11991 Insurer B: National Union Fire Insurance Company 19445 Insurer B: National Union Fire Insurance Company 19445 Insurer D: Insurer E: Insurer E: Insurer E: Insurer E: Insurer B: National Union Fire Insurance Company 19445 Insurer B: National Union Fire Insurance Company 19445 Insurer C: Insurer B: National Union Fire Insurance Company 19445 Insurer C: Insurer B: National Union Fire Insurance Company 19445 Insurer C: Insurer C: Insurer E: In					E-MAIL ADDRESS:	contact@pu	llenins.com		
Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170  Ensurer E: National Union Fire Insurance Company   19445 Insurer E: National Union Fire Insurance Company   19445 Insurer D: Insurer E: Insurer E: Insurer E: Insurer E: Insurer C: Insurer C: Insurer E: Insurer C: Insur	, , , , , , , , , , , , ,				PRODUCER CUSTO	OMER ID#: MI			
9401 General Drive, Suite 120 Plymouth, MI 48170    Insurer B:   National Union Fire Insurance Company   19445     Insurer C:					INSURERS AFFORDING COVERAGE			NAIC #	
Plymouth, MI 48170    Insurer B:   National Union Fire Insurance Company   19445   Insurer C:	INSURED Michigan State Youth	. Soc	ccer	Association	Insurer A: Na	ational Casualty	y Company	11991	
Plymouth, MI 48170    Insurer C:   Insurer D:   Insurer E:       Insurer E:     Insurer E:     Insurer E:     Insurer E:     Insurer E:     Insurer E:     Insurer E:     Insurer E:     Insurer E:     Insurer E:     Insurer E:     Insurer E:     Insurer E:     Insurer E:     Insurer E:     Insurer E:     Insurer E:       Insurer E:     Insurer E:     Insurer E:     Insurer E:     Insurer E:     Insurer E:     Insurer E:     Insurer E:     Insurer E:     Insurer E:     Insurer E:     Insurer E:     Insurer E:     Insurer E:     Insurer E:     Insurer E:     Insurer E:     Insurer E:     Insurer E:     Insurer E:     Insurer E:     Insurer E:     Insurer E:     Insurer E:     Insurer E:     Insurer E:     Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:   Insurer E:					Insurer B: Na	ational Union F	Fire Insurance Company	19445	
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COVERAGES  CERTIFICATE NUMBER: 14116873  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 PE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TEXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  TYPE OF HABURANCE  AND SUCH POLICY SUBJECT TO ALL THE TEXT OF THE POLICY PREFIXENCY PLANTS.  A GENERAL LIABILITY  A GENERAL LIABILITY  A GENERAL LIABILITY  CLAIMS MADE X OCCUR  CLAIMS MADE X OCCUR  PROJECT LOC  AND AUTOMOBILE LIABILITY  KRO 4688700  9/1/2014  9/1/2015  EACH OCCURRENCE MORNING LIMIT S 1,000 GENERAL AGREGATE UNILIMIT S 1,000 GENERAL AGREGATE LIMIT APPLIES PER.  POLICY PROJECT LOC  AND AUTOMOBILE LIABILITY  KRO 4688700  9/1/2014  9/1/2015  EACH OCCURRENCE MORNING LIMIT S 1,000 GENERAL LIABILITY  AND AUTOMOBILE LIABILITY  X KRO 4688700  9/1/2014  AND AUTOMOBILE LIABILITY  X KRO 4688700  9/1/2014  9/1/2015  EACH OCCURRENCE S 5,000 GENERAL LIABILITY  AND AUTOMOBILE LIABILITY  X KRO 4688700  9/1/2014  9/1/2015  EACH OCCURRENCE S 5,000 GENERAL LIABILITY  X WEXESSLUBB CLAIMS MADE  DEDUCTIBLE  RETERTION S  WORNED AUTOS  X EXCESS LIAB CLAIMS MADE  DEDUCTIBLE  RETERTION S  WORNED AUTOS  X EXCESS LIAB CLAIMS MADE  DEDUCTIBLE  RETERTION S  WORNED AUTOS  B ONLY WILDRY (Per posson)  B ODILY INJURY (Per posson)  B ODILY INJURY (Per accident)  TOTH- TORY WILDRY (Per accident)  E L L DISEASE - FA EMPLOYEE  INTO MORNING MORNING MORNING MORNING MORNING S Chedule, If more space is required)  This certificate is issued on behalf of Michigan State Youth Soccer Association & Mid-Michigan Youth Soccer League. Certificate Holde					Insurer D:				
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PERSONAL & ADV INJURY \$1,000 GENERAL AGGREGATE LIMIT APPLIES PER: DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  PERSONAL & ADV INJURY \$1,000 GENERAL AGGREGATE UNLIMIT PRODUCTS - COMPINIOR AGG \$1,000 PARTICIPANT LEGAL LIABILITY \$1,000 BODILLY INJURY (Per person) BODILLY INJURY (Per person) BODILLY INJURY (Per person) BODILLY INJURY (Per person) PROPERTY DAMAGE (Per accident) PROPERTY DAM	. — — —						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
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Contribution   Cont		N/A					E. L. EACH ACCIDENT		
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This certificate is issued on behalf of Michigan State Youth Soccer Association & Mid-Michigan Youth Soccer League. Certificate Holde	B PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
CERTIFICATE HOLDER CANCELLATION	This certificate is issued on behalf of Additional Insured as respects the o	of Mic	chiga	n State Youth Soccer As	sociation & Mi sanctioned act	d-Michigan Yo tivities of the st		ificate Holder is	

Powers High School G2040 W Carpenter Rd Flint, MI 48504

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 Ovel-



DATE (MM/DD/YYYY) 8/19/2014

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.

	conditions of the policy, certain po eu of such endorsement(s).	olicies m	ay require an endorsement.	A statement on	this certificate of	loes not confer rights to the	e certificate holder		
PROI	Pullen Insurance Se	rvices	Inc	CONTACT NAME: Sports Division					
	2560 River Park Pla			PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 761	,	ine 300	E-MAIL ADDRESS:	contact@pu	llenins.com			
	Toft Worth, 124 701	110		PRODUCER CUSTOMER ID#: MI					
						FRAGE	NAIC #		
INSU	RED Mishimor Ctata Wayth	Casa	an Association	INSURERS AFFORDING COVERAGE  Insurer A: National Casualty Company  11991					
	Michigan State 1 Outil			Insurer B: National Union Fire Insurance Company			19445		
	9401 General Drive, S	ouite i	20		ulonai Union F	The insurance Company	19443		
	Plymouth, MI 48170			Insurer C:					
				Insurer D:					
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	·/			Insurer F:					
			CATE NUMBER: 141168			REVISION NUMBER:			
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INSR LTR	TYPE OF INSURANCE	ADD'L SUE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A	GENERAL LIABILITY	X	KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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			
	X HIRED AUTOS					(Per accident)			
	X NON-OWNED AUTOS								
A	UMBRELLA LIAB X OCCUR		XKO 4688800	9/1/2014	9/1/2015	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			
В	PARTICIPANT ACCIDENT MEDICAL		SRG 9115335A	9/1/2014	9/1/2015	E. E. BIOLAGE T GLIGT EINIT	\$100,000		
_	THE THE THE PROPERTY INDICATE		511333311	7,1,2011	7/1/2015		, , , , , , , , , , , ,		
Thi	cription of operations/locations/vers certificate is issued on behalf of litional Insured as respects the op	f Michi	gan State Youth Soccer As	sociation & Mi	d-Michigan Yo		ificate Holder is		
CE	RTIFICATE HOLDER			CANCELLA	TION				
Sa 35	ginaw Township Soccer As 75 McCarty Rd. ginaw, MI 48603	soc.		SHOULD ANY THE EXPIRATI	OF THE ABOVE I	DESCRIBED POLICIES BE CAI F, NOTICE WILL BE DELIVERED			
				AUTHORIZED REP	RESENTATIVE	AUTHORIZED REPRESENTATIVE Satisfull			



DATE (MM/DD/YYYY) 8/19/2014

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 INSURENCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

and c	RTANT: If the certificate holder is conditions of the policy, certain p u of such endorsement(s).	s an Al olicies	DDI [*] s ma	FIONAL INSURED, the polic y require an endorsement.	cy(ies) must be A statement on	endorsed. If SU this certificate o	BROGATION IS WAIVED, s loes not confer rights to th	ubject to the terms e certificate holder		
PRODU	Pullen Insurance S	ervic	es.	Inc.	CONTACT NAME: Sports Division					
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 76				E-MAIL ADDRESS: contact@pullenins.com					
	, , , , , , , , , , , , , , , , , , , ,				PRODUCER CUSTOMER ID#: MI					
					INSURERS AFFORDING COVERAGE NAIC #			NAIC #		
INSUR	ED Michigan State Youth	ı Soc	cer	Association	Insurer A: National Casualty Company			11991		
	9401 General Drive,				Insurer B: Na	ational Union F	Fire Insurance Company	19445		
	Plymouth, MI 48170				Insurer C:					
	<b>,</b>				Insurer D:					
					Insurer E:					
					Insurer F:					
COV	<u>/ERAGES CE</u>	ERTIF	FIC/	ATE NUMBER: 140170	90	F	REVISION NUMBER:	0		
INDIC CERT EXCL	IS TO CERTIFY THAT THE POLICI CATED. NOTWITHSTANDING ANY I TIFICATE MAY BE ISSUED OR MA USIONS AND CONDITIONS OF SUC	REQUIF Y PER' CH POL	REM TAIN LICIE	ENT, TERM OR CONDITION  I, THE INSURANCE AFFORE  ES. LIMITS SHOWN MAY HAV	OF ANY CONTE DED BY THE PO E BEEN REDUCE	RACT OR OTHEF LICIES DESCRIE ED BY PAID CLAI	R DOCUMENT WITH RESPECT TO	CT TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADD'L S	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
' • ⊢	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
]	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000		

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

SRG 9115335A

N/A

This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

9/1/2014

CERTIFICATE HOLDER	CANCELLATION

ROMEO WASHINGTON BRUCE PARK & RECREATION /SHELBY LION PARK 8699 RONDALE SHELBY TWP, MI 48316

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

WC STATU-TORY LIMITS

E. L. EACH ACCIDENT

E. L. DISEASE - EA EMPLOYEE

E. L. DISEASE - POLICY LIMIT

\$100,000

AUTHORIZED REPRESENTATIVE

9/1/2015

DEDUCTIBLE RETENTION \$

If yes, describe under

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

PARTICIPANT ACCIDENT MEDICAL



DATE (MM/DD/YYYY) 8/19/2014

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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

PRODUCER Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116  Phone: (817) 738-6100 fax: (817) 738-2993  E-MAIL ADDRESS: contact@pullenins.com PRODUCER CUSTOMER ID#: MI INSURERS AFFORDING COVERAGE NAIC # INSURED Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170  Insurer A: National Casualty Company 11991 Insurer B: National Union Fire Insurance Company 19445 Insurer C: Insurer C: Insurer C: Insurer F:  COVERAGES  CERTIFICATE NUMBER: 14017091  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 PE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, THERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  A GENERAL LIABILITY X KRO 4688700  POLICY NUMBER  POLICY PRESCRIPTOR  A GENERAL LIABILITY X KRO 4688700  POLICY NUMBER POLICY PERECUTIVE PAIR (MIMODOYY) PAIR (MIMO
2560 River Park Plaza, Suite 300 Fort Worth, TX 76116 Fort Worth, TX 76116 Fort Worth, TX 76116    E-MAIL ADDRESS: contact@pullenins.com
Fort Worth, TX 76116  E-MAIL ADDRESS: contact@pullenins.com PRODUCER CUSTOMER ID#: MI INSURERS AFFORDING COVERAGE  NAIC # INSURED Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170  Insurer A: National Casualty Company Insurer B: National Union Fire Insurance Company Insurer C: Insurer C: Insurer E: Insurer F:  COVERAGES  CERTIFICATE NUMBER: 14017091  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 PE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INSURER TYPE OF INSURANCE  ADDIL SUBRE TYPE OF INSURANCE  ADDIL SUBR POLICY NUMBER  POLICY PRIMATION DATE (MIMODDITY)
PRODUCER CUSTOMER ID#: MI INSURED Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170  Insurer A: National Casualty Company Insurer B: National Union Fire Insurance Company Insurer C: Insurer D: Insurer E: Insurer F:  COVERAGES  CERTIFICATE NUMBER: 14017091  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 PE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INSURED MICHAEL STATES NATIONAL SUBJECT TO ALL THE TE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INSURED MICHAEL STATES NATIONAL STATES NATIONA
Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170    Insurer B: National Union Fire Insurance Company   19445
9401 General Drive, Suite 120 Plymouth, MI 48170  COVERAGES  CERTIFICATE NUMBER: 14017091  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.    NSR
Plymouth, MI 48170    Insurer C:
Insurer D: Insurer E: Insurer F:  COVERAGES  CERTIFICATE NUMBER: 14017091  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 PE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.    NSR
Insurer E: Insurer F:  COVERAGES  CERTIFICATE NUMBER: 14017091  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 PE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.    NSR
COVERAGES  CERTIFICATE NUMBER: 14017091  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 PE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.    NSR
COVERAGES  CERTIFICATE NUMBER: 14017091  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 PE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.    INSPENDING   ADDIT   SUBJECT TO ALL THE TE POLICY EXPENDENCE   POLICY EXPENDENCE   POLICY EXPENDENCE   POLICY EXPENDENCE   POLICY EXPENDENCE   PREMISES (Ea OCCURRENCE   \$1,000
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.    INST
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.    INST
A GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR  KRO 4688700  9/1/2014  9/1/2015  EACH OCCURRENCE \$1,000 DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person)  \$1,000
X COMMERCIAL GENERAL LIABILITY  CLAIMS MADE X OCCUR  DAMAGE TO RENTED PREMISES (Ea occurance)  S300  MED EXP (Any one person)  \$10,000
CLAIMS MADE X OCCUR  MED EXP (Any one person)  \$1.000
PERSONAL & ADV INJURY \$1,000
Thur
GENERAL AGGREGATE UNLIMI
GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY PROJECT LOC  PARTICIPANT LEGAL LIABILITY \$1,000
FAITIGIFAINI ELGAL LIADILITI \$1,000
A AUTOMOBILE LIABILITY KRO 4688700 9/1/2014 9/1/2015 COMBINED SINGLE LIMIT \$1,000
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 4688800 9/1/2014 9/1/2015 EACH OCCURRENCE \$5,000
X EXCESS LIAB CLAIMS-MADE S5,000
DEDUCTIBLE
RETENTION \$
WORKERS COMPENSATION WC STATU- TORY LIMITS ER
AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  N/A  N/A
(Mandatory in NH)
If yes, describe under  E. L. DISEASE - POLICY LIMIT
B   PARTICIPANT ACCIDENT MEDICAL     SRG 9115335A   9/1/2014   9/1/2015   \$100
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 & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.
12 regressional insured as respects the operations of the realised insured for salictioned activities of the state association.
CERTIFICATE HOLDER
CERTIFICATE HOLDER  ROMEO WASHINGTON BRIJCE PARK &

ROMEO WASHINGTON BRUCE PARK & RECREATION
361 MORTON ST.
ROMEO, MI 48065

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

Satil Ovel



DATE (MM/DD/YYYY) 8/19/2014

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	eu of such endorsement(s).	/110103 111	ay require an endorsement.	A statement on	inis certificate (	ioes not comer rights to th	e certificate florder		
PROI	Pullen Insurance Se	rvices.	Inc.	CONTACT NAME: Sports Division					
	2560 River Park Pla			PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 761			E-MAIL ADDRESS: contact@pullenins.com					
	1 010 11 01011, 111 7 0 3			PRODUCER CUSTOMER ID#: MI					
				INSURERS AF	NAIC #				
INSU	Michigan State Youth	Socce	r Association	Insurer A: Na	tional Casualt	v Company	11991		
	9401 General Drive, S					Fire Insurance Company	19445		
	Plymouth, MI 48170	ounce 12		Insurer C:	27.10				
	1 1ymoddi, 141 401 70			Insurer D:					
				Insurer E:					
				Insurer F:					
CO	VERAGES CE	RTIFIC	<b>ATE NUMBER:</b> 140172	-		REVISION NUMBER:	0		
THIS INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	S OF INS EQUIREN PERTAI H POLICI	SURANCE LISTED BELOW HAMENT, TERM OR CONDITION N, THE INSURANCE AFFORITES. LIMITS SHOWN MAY HAV	AVE BEEN ISSUE OF ANY CONTR DED BY THE PO E BEEN REDUCE	D TO THE INSU RACT OR OTHER LICIES DESCRIE ED BY PAID CLAI	RED NAMED ABOVE FOR TO R DOCUMENT WITH RESPE- BED HEREIN IS SUBJECT TO	HE POLICY PERIOD		
INSR LTR	TYPE OF INSURANCE	ADD'L SUBF		POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A	GENERAL LIABILITY	X	KRO 4688700	9/1/2014	9/1/2015	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  ANY AUTO		KRO 4688700	9/1/2014	9/1/2015	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					(r er accident)			
	NON-OWNED AUTOS								
A	UMBRELLA LIAB X OCCUR		XKO 4688800	9/1/2014	9/1/2015	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	NI/A				E. L. EACH ACCIDENT			
	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		SRG 9115335A	9/1/2014	9/1/2015		\$100,000		
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEI	HICLES (Att	ach ACORD 101, Additional Remarks S	chedule, if more space	is required)				
	s certificate is issued on behalf of				. ,	Soccer League. Certifica	te Holder is		
Ado	ditional Insured as respects the op-	perations	of the Named Insured for	sanctioned act	ivities of the s	tate association.			
CE	RTIFICATE HOLDER			CANCELLATION					
	ERRY PARK								
30	1 EDISON STREET ONTIAC, MI 48342			THE EXPIRATION	OF THE ABOVE ON DATE THEREC LICY PROVISIONS	DESCRIBED POLICIES BE CA PF, NOTICE WILL BE DELIVERE 	NCELLED BEFORE DINACCORDANCE		
				AUTHORIZED REPRESENTATIVE					



DATE (MM/DD/YYYY) 8/19/2014

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PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division					
	rullell Hisurance Services, Inc.	PHONE: (817) 738-6100 FAX: (817) 738-299	93				
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com					
		PRODUCER CUSTOMER ID#: MI					
		INSURERS AFFORDING COVERAGE	NAIC #				
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991				
		Insurer B: National Union Fire Insurance Company	19445				
	,	Insurer C:					
	•	Insurer D:					
		Insurer E:					
		Insurer F:					
COVERA	AGES CERTIFICATE NUMBER: 1401755	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 4688700	9/1/2014	9/1/2015	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  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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  ANY PROPRIETOR/PARTNER/EXECUTIVE  Y/N	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	111/7					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATIO
CENTIFICATE HULDEN	CANCELLATIO

SAGINAW VALLEY STATE UNIVERSITY Attn: MICHAEL O'HEARN 7400 BAY ROAD 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.



DATE (MM/DD/YYYY) 8/19/2014

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).

Michigan State Youth Soccer Association  Insurer A: National Casualty Company	)				
2560 River Park Plaza, Suite 300 Fort Worth, TX 76116    PHONE: (817) 738-6100   FAX: (817) 738-299     E-MAIL ADDRESS: contact@pullenins.com     PRODUCER CUSTOMER ID#: MI     INSURERS AFFORDING COVERAGE     Insurer A: National Casualty Company     Insurer B: National Union Fire Insurance Company     Insurer C:     Insurer D:					
2560 River Park Plaza, Suite 300 Fort Worth, TX 76116    PHONE: (817) 738-6100   FAX: (817) 738-299     E-MAIL ADDRESS: contact@pullenins.com     PRODUCER CUSTOMER ID#: MI     INSURED   Michigan State Youth Soccer Association     9401 General Drive, Suite 120     PHONE: (817) 738-6100   FAX: (817) 738-299     E-MAIL ADDRESS: contact@pullenins.com     PRODUCER CUSTOMER ID#: MI     INSURERS AFFORDING COVERAGE     Insurer A: National Casualty Company     Insurer B: National Union Fire Insurance Company     Insurer C:					
2560 River Park Plaza, Suite 300 Fort Worth, TX 76116  PHONE: (817) 738-6100 FAX: (817) 738-299 E-MAIL ADDRESS: contact@pullenins.com PRODUCER CUSTOMER ID#: MI INSURERS AFFORDING COVERAGE  INSURED Michigan State Youth Soccer Association 9401 General Drive, Suite 120  PHONE: (817) 738-6100 FAX: (817) 738-299 E-MAIL ADDRESS: contact@pullenins.com PRODUCER CUSTOMER ID#: MI INSURERS AFFORDING COVERAGE Insurer A: National Casualty Company Insurer B: National Union Fire Insurance Company					
2560 River Park Plaza, Suite 300 Fort Worth, TX 76116  PHONE: (817) 738-6100 FAX: (817) 738-299 E-MAIL ADDRESS: contact@pullenins.com PRODUCER CUSTOMER ID#: MI INSURERS AFFORDING COVERAGE INSURED Michigan State Youth Soccer Association  Insurer A: National Casualty Company					
2560 River Park Plaza, Suite 300 Fort Worth, TX 76116  PHONE: (817) 738-6100 FAX: (817) 738-299 E-MAIL ADDRESS: contact@pullenins.com PRODUCER CUSTOMER ID#: MI INSURERS AFFORDING COVERAGE	19445				
2560 River Park Plaza, Suite 300 Fort Worth, TX 76116  PHONE: (817) 738-6100 FAX: (817) 738-299 E-MAIL ADDRESS: contact@pullenins.com PRODUCER CUSTOMER ID#: MI	11991				
2560 River Park Plaza, Suite 300 Fort Worth, TX 76116  PHONE: (817) 738-6100 FAX: (817) 738-299 E-MAIL ADDRESS: contact@pullenins.com	NAIC #				
2560 River Park Plaza, Suite 300  PHONE: (817) 738-6100 FAX: (817) 738-299	PRODUCER CUSTOMER ID#: MI				
Tunen insurance betwees, me.					
Producer Pullen Insurance Services, Inc.   Contact Name: Sports Division	93				
STORPHOTO THE STORPHOTO CONTRACTOR OF THE STORPHOTO CONTRA					

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	
Α	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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  ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	111/7					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER CANO	NCELLATION
-------------------------	------------

ROMEO/WASHINGTON/BRUCE PARKS AND REC SENIOR CENTER ROMEO Community Schools

AUTHORIZED REPRESENTATIVE

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

Satik Dueli-

**ROMEO, MI 48065** 

361 MORTON



DATE (MM/DD/YYYY) 8/19/2014

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PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division					
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993  E-MAIL ADDRESS: contact@pullenins.com  PRODUCER CUSTOMER ID#: MI					
	Fort Worth, TX 76116						
		INSURERS AFFORDING COVERAGE	NAIC #				
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991				
		Insurer B: National Union Fire Insurance Company	19445				
	•	Insurer C:					
	•	Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 1402013	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 SLICH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUICED 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 4688700	9/1/2014	9/1/2015	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  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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	
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E. L. EACH ACCIDENT	
	(Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

SAGINAW VALLEY STATE UNIVERSITY SOCCER FIELD 7400 BAY 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.



DATE (MM/DD/YYYY) 8/19/2014

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in li	ieu of such endorsement(s).		Ja	y roquiro un ondorcomonar	i otatomoni o		iooo not comor rigino to th			
PRO	Pullen Insurance Se	ervic	es.	Inc.	CONTACT NAME: Sports Division					
	2560 River Park Pla				PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 76		~ 0,1		E-MAIL ADDRESS: contact@pullenins.com					
	1010 ((01011, 111 / 01	110			PRODUCER CUSTOMER ID#: MI					
					INSURERS A	FFORDING COVI	ERAGE	NAIC #		
INSL	Michigan State Youth	Soc	CAT	Association	Insurer A: N	11991				
	9401 General Drive, S	Suita	12	Association		Vational Casualty Vational Union F	Fire Insurance Company	19445		
	Plymouth, MI 48170	Juic	12	U	Insurer C:	tational Cilion I	ne insurance company	15113		
	1 lyllloutii, lvii 481 /0				Insurer D:					
					Insurer E:					
					Insurer F:					
CO	OVERAGES CE	RTII	FIC	ATE NUMBER: 1402054			REVISION NUMBER:	0		
THI: IND CEF EXC	S IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	ES OF REQUI PER CH PO	INS REM RTAIN LICIE	URANCE LISTED BELOW HA ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	VE BEEN ISSU OF ANY CONT DED BY THE PO E BEEN REDUC	IED TO THE INSU TRACT OR OTHER OLICIES DESCRIE CED BY PAID CLAI	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT TO	HE POLICY PERIOD 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			
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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				KRO 4688700	9/1/2014	9/1/2015	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			
	X HIRED AUTOS						(Per accident)			
	X NON-OWNED AUTOS									
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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  ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE			
	If yes, describe under						E. L. DISEASE - POLICY LIMIT			
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000		
Thi	CRIPTION OF OPERATIONS / LOCATIONS / VE is certificate is issued on behalf o ditional Insured as respects the operations.	f Mic	higa	an State Youth Soccer Ass	sociation & M	Iichigan Youth		te Holder is		
CERTIFICATE HOLDER					CANCELL	ATION				
76	OLLING HILLS PARK 660 STONY CREEK RD. PSILANTI, MI 48197				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 Satisfull					



DATE (MM/DD/YYYY) 8/19/2014

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and conditions of the policy, certain point lieu of such endorsement(s).		Jilla	, roquire un ondorsement.				o ostanoute noide	
Pullen Insurance Se	ervi	ces,	Inc.	CONTACT NAME: Sports Division				
2560 River Park Pla				PHONE: (8)	17) 738-6100	FAX: (817) 738-29	993	
Fort Worth, TX 762				E-MAIL ADDRESS:	contact@pul	lenins.com		
,				PRODUCER CUSTO	OMER ID#: MI			
				INSURERS AF	FORDING COVE	RAGE	NAIC #	
INSURED Michigan State Youth	So	ccer	Association	Insurer A: Na	tional Casualty	Company	11991	
9401 General Drive, S				Insurer B: Na	tional Union F	ire Insurance Company	19445	
Plymouth, MI 48170				Insurer C:				
•				Insurer D:				
				Insurer E:				
				Insurer F:				
COVERAGES CE	RTI	FIC	ATE NUMBER: 140205	50	R	EVISION NUMBER:	0	
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUC	REQU / PEF :H PC	IREM RTAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAIN	DOCUMENT WITH RESPECT TO	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		
A GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000	
DEDUCTIBLE	1							
RETENTION \$								
WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER		
AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE  Y/N	NI/A					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			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE:	S (Atta	L ch ACORD 101, Additional Remarks S	L Schedule, if more space	L is required)			
This certificate is issued on behalf o						Soccer League. Certifica	te Holder is	
Additional Insured as respects the op-								

CERTIFICATE HOLDER	CANCELLATION
SAGINAW VALLEY STATE UNIVERSITY 7400 BAY RD SAGINAW, MI 48602	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 Pull



DATE (MM/DD/YYYY) 8/19/2014

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PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division					
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-29	93				
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com					
		PRODUCER CUSTOMER ID#: MI					
		INSURERS AFFORDING COVERAGE	NAIC #				
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991				
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445				
	,	Insurer C:					
	· · · · · · · · · · · · · · · · · · ·	Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 1400123	REVISION NUMBER: (	)				
TI IIO IO T	O OFFICE THAT THE BOLIGIES OF MOURANCE HOTER RELOWAND	VE DEEN JOOUED TO THE MIGHER MANEE ABOVE FOR TH	E BOLIOV BEDIOD				

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 4688700	9/1/2014	9/1/2015	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  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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  ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CENTIFICATE HOLDEN	CANCELLATION
Springfield Township Parks & Rec (Ford Field) 52700 Van Dyke Ave Shelby Township, MI 48316	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 Satik Pull

CANCELL ATION

CEDTIFICATE HOLDED



DATE (MM/DD/YYYY) 8/19/2014

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.

	conditions of the policy, certain po eu of such endorsement(s).	olicies	s may	y require an endorsement.	A statement on t	this certificate o	loes not confer rights to the	e certificate holder	
PROI	Pullen Insurance Se	rvic	es	Inc	CONTACT NAME: Sports Division				
	2560 River Park Pla				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 761	,	Sui	ic 300	E-MAIL ADDRESS: contact@pullenins.com				
	Toft Worth, 12 70	110			PRODUCER CUSTO				
						FORDING COVE	FRAGE	NAIC #	
INSU	IRED M: -1-: C4-4- X/41-	C		A:-4:	1			11991	
	Michigan State 1 Outil					tional Casualty			
	9401 General Drive, S	suite	120	0		ulonai Union F	Fire Insurance Company	19445	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:				
				ATE NUMBER: 140012			REVISION NUMBER:		
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	REQUI PER H PO	REMI TAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	OF ANY CONTR DED BY THE POL E BEEN REDUCE	ACT OR OTHER LICIES DESCRIB D BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	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		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
								Φ# 000 000	
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	13/7					E. L. DISEASE - EA EMPLOYEE		
	If yes, describe under						E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VEI s certificate is issued on behalf of						Fogger Loogue Contificati	to Holdonia	
	ditional Insured as respects the op							te Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
Sp 37	vencer Park 01 John R. Road ochester Hills, MI 48309				SHOULD ANY THE EXPIRATION	OF THE ABOVE I	DESCRIBED POLICIES BE CAI F, NOTICE WILL BE DELIVEREI	NCELLED BEFORE D IN ACCORDANCE	
					AUTHORIZED REPRESENTATIVE Jatik Pull				



DATE (MM/DD/YYYY) 8/19/2014

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.

	conditions of the policy, certain policy, cert	olicie	s ma	y require an endorsement. <i>I</i>	A statement on	inis certificate d	loes not conter rights to the	e certificate noider	
PROI	Pullen Insurance Se	rvic	es	Inc	CONTACT NAME: Sports Division				
	2560 River Park Pla				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76.	,	Sui	ic 300	E-MAIL ADDRESS: contact@pullenins.com				
	Toft Worth, IA 70.	110			PRODUCER CUSTOMER ID#: MI				
						FORDING COVI		NAIC #	
INSU	RED M: -1-: C4-4- X741-	C -		A				11991	
	Michigan State 1 Outil					tional Casualty		+	
	9401 General Drive, S	Suite	12	U		ulonai Union F	Fire Insurance Company	19445	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
	VED 4 0 E 0	- TII	-10	ATE MUMBER 140010	Insurer F:	-	NEVIOLONI NUMBER		
				ATE NUMBER: 1400125			REVISION NUMBER:		
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	REQUI / PER CH PO	REM RTAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	OF ANY CONTR DED BY THE POI E BEEN REDUCE	ACT OR OTHER LICIES DESCRIB D BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	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		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE	]					AGGREGATE	\$5,000,000	
	DEDUCTIBLE								
	RETENTION \$								
	WORKERS COMPENSATION						WC STATU- OTH- TORY LIMITS ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	111/74					E. L. DISEASE - EA EMPLOYEE		
	If yes, describe under						E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VE							. II.11	
Ado	s certificate is issued on behalf o ditional Insured as respects the op-	f Mic perati	ions	of the Named Insured for	sanction & Mi sanctioned act	chigan Youth Sivities of the st	soccer League. Certificat ate association.	te Holder is	
CF	RTIFICATE HOLDER				CANCELLA	TION			
St. 49	Paul Lutheran School 5 Earhart Road nn Arbor, MI 48105				SHOULD ANY THE EXPIRATION	OF THE ABOVE I	DESCRIBED POLICIES BE CAI F, NOTICE WILL BE DELIVERED	NCELLED BEFORE D IN ACCORDANCE	
				AUTHORIZED REPRESENTATIVE					



 $\begin{array}{c} \text{DATE (MM/DD/YYYY)} \\ 8/19/2014 \end{array}$ 

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in li	eu of such endorsement(s).								
PROI	Pullen Insurance Se	ervio	es.	Inc.	CONTACT NAME: Sports Division				
	2560 River Park Pla				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 761		~ ~~		E-MAIL ADDRESS:	contact@pu	llenins.com		
	Total World, 111 70				PRODUCER CUSTOMER ID#: MI				
					INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSU	Michigan State Youth	Soc	cer	Association	Insurer A: Na	tional Casualty	y Company	11991	
	9401 General Drive, S	Suite	12	0			Fire Insurance Company	19445	
	Plymouth, MI 48170	Juite			Insurer C:				
	Trymodin, wir 10170				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTII	FIC/	ATE NUMBER: 1400125	58	F	REVISION NUMBER:	0	
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R ITIFICATE MAY BE ISSUED OR MAY ILUSIONS AND CONDITIONS OF SUC	EQUI PEF H PO	REM RTAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD IS. LIMITS SHOWN MAY HAVI	OF ANY CONTR DED BY THE PO E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	T 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		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015		\$5,000,000	
A	X EXCESS LIAB CLAIMS-MADE			AKU 4000000	9/1/2014	9/1/2013	AGGREGATE	\$5,000,000	
	DEDUCTIBLE						AGGREGATE	Ψ5,000,000	
	RETENTION \$								
	WORKERS COMPENSATION						WC STATU- TORY LIMITS ER		
	AND EMPLOYERS' LIABILITY Y/N						TORY LIMITS ERE. L. EACH ACCIDENT		
	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			SRG 9115335A	9/1/2014	9/1/2015	E. E. BIOLAGE I OLIOT LIMIT	\$100,000	
_	THETTER THE TREE BEINT MEDICIE			5110 711033011	<i>y</i> , 1, 201 .	7,1,2015		,,,,,,,,,	
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VEI	HICLES	S (Atta	ch ACORD 101, Additional Remarks So	chedule, if more space	ı is required)	I		
	s certificate is issued on behalf or ditional Insured as respects the op							e Holder is	
	RTIFICATE HOLDER				CANCELLA	TION		1	
70	mpson Park 199 Campground omeo, MI 48065				THE EXPIRATION		DESCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVERED		



in lieu of such endorsement(s).

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/19/2014

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

PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division  PHONE: (817) 738-6100 FAX: (817) 738-2993					
	2560 River Park Plaza, Suite 300						
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com					
	1 010 11 01110	PRODUCER CUSTOMER ID#: MI					
		INSURERS AFFORDING COVERAGE	NAIC #				
NSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991				
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445				
	Plymouth, MI 48170	Insurer C:					
	<b>,</b> ,	Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 140012	88 REVISION NUMBER:	n				

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 4688700	9/1/2014	9/1/2015	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  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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)	
	<del></del>						(Fer accident)	
	X NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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  ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
Switzer Elementary School 53200 Shelby Road Shelby Township, MI 48316	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 Satik Pull



DATE (MM/DD/YYYY) 8/19/2014

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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

	litions of the policy, certain po such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate of	loes not confer rights to the	e certificate holder		
PRODUCER	Pullen Insurance Se	ervio	es.	Inc.	CONTACT NAME: Sports Division					
	2560 River Park Pl				PHONE: (8	17) 738-6100	FAX: (817) 738-2	993		
	Fort Worth, TX 76	,	~ ~ ~		E-MAIL ADDRESS:	contact@pu	llenins.com			
					PRODUCER CUSTO	OMER ID#: MI				
					INSURERS AF	FORDING COVI	ERAGE	NAIC #		
INSURED	Michigan State Youth	Soc	ccer	Association	Insurer A: Na	ational Casualty	y Company	11991		
	9401 General Drive, S				Insurer B: Na	ational Union F	Fire Insurance Company	19445		
	Plymouth, MI 48170			~	Insurer C:		-			
	<b>,</b>				Insurer D:					
					Insurer E:					
					Insurer F:					
COVER	AGES CE	RTII	FIC	<b>ATE NUMBER:</b> 140013:	25	25 REVISION NUMBER: 0				
INDICATE CERTIFIC	O CERTIFY THAT THE POLICIED. NOTWITHSTANDING ANY F ATE MAY BE ISSUED OR MAY DNS AND CONDITIONS OF SUC	REQUI Y PER CH PO	REM RTAIN LICIE	IENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE PO E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPE SED 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			
A GENE	RAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE	\$1,000,000		
Xc	OMMERCIAL 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		
P	OLICY PROJECT LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000		
I ^ <b>^</b> ⊢	A AUTOMOBILE LIABILITY KRO 4688700				9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
I <del></del>	LL OWNED AUTOS						BODILY INJURY (Per person)			
l <del>–</del>	CHEDINED AUTOS						BODILY INJURY (Per accident)			

PROPERTY DAMAGE HIRED AUTOS (Per accident) NON-OWNED AUTOS \$5,000,000 UMBRELLA LIAB X OCCUR XKO 4688800 9/1/2014 9/1/2015 EACH OCCURRENCE CLAIMS-MADE \$5,000,000 **EXCESS LIAB** AGGREGATE DEDUCTIBLE RETENTION \$

SRG 9115335A 9/1/2014 9/1/2015 PARTICIPANT ACCIDENT MEDICAL

Y/N

N/A

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 & Mid-Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
Transportation Center-Clio Varsity Soccer Field 2242 E Vienna Rd Clio, MI 48420	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 Pull

WC STATU-TORY LIMITS

E. L. EACH ACCIDENT

E. L. DISEASE - EA EMPLOYEE

E. L. DISEASE - POLICY LIMIT

\$100,000

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

If yes, describe under

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)



DATE (MM/DD/YYYY) 8/19/2014

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ou o. o	aon ondorodinoni(o).					
PRODUCER Pullen Insurar	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division				
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-29	93			
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com				
	1 310 11 31011, 111 7 3110	PRODUCER CUSTOMER ID#: MI				
		INSURERS AFFORDING COVERAGE	NAIC #			
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991			
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445			
	*	Insurer C:				
		Insurer D:				
		Insurer E:				
		Insurer F:				
COVERA	AGES CERTIFICATE NUMBER: 1400232	REVISION NUMBER: (	)			
THIS IS TO	CERTIEV THAT THE DOLLOISE OF INCLIDANCE LISTED BELOW HA	LE BEEN ICCLIED TO THE INCLIDED NAMED ABOVE FOR TH	E DOLICY DEDIOD			

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 4688700	9/1/2014	9/1/2015	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  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(i ei accident)	
	NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
	DEDUCTIBLE	1						
	RETENTION \$							
	WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER	
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE  Y/N	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATIO

Shelby Township Parks & Rec (Shelby Twp Ford Field) Attention: Dave Moore, Parks & Rec

52700 Van Dyke Ave

Shelby Township, MI 48316

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



DATE (MM/DD/YYYY) 8/19/2014

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.

in lie	u of	such end	orsement	t(s).							
PRODUCER Pullen Insurance Services, Inc.					Inc.	CONTACT NAME: Sports Division					
2560 River Park Plaza, Suite 300								PHONE:	(817) 738-6100	FAX: (817) 738-2	2993
								E-MAIL ADDRESS: contact@pullenins.com			
		1 011	, ,, 01 111	., 111 / 0	110			PRODUCER CL	JSTOMER ID#: MI		
								INSURERS	AFFORDING COV	'ERAGE	NAIC #
INSUF	RED	Michie	ran Sta	te Voutl	1 So	ccer	Association	Insurer A:	National Casualt	v Company	11991
		0///10/11/2	Gan Sta General	Drive,	Snit	2 1 2	Association			Fire Insurance Company	19445
				I 48170	Suru	J 12	U	Insurer C:	Tuttonar emon i	The insurance company	17113
		1 Tyllio	um, wn	1401/0				Insurer D:			
								Insurer E:			
								Insurer F:			
CO1	/ED	AGES		CI	DTI		ATE NUMBER: 140034			REVISION NUMBER:	0
THIS INDIC	IS T CATE TIFIC	O CERTIF D. NOTWI	THSTAND BE ISSUE	HE POLICI DING ANY I ED OR MA	ES OI REQU Y PEI	F INS IREM RTAIN	URANCE LISTED BELOW HAENT, TERM OR CONDITION  I, THE INSURANCE AFFORD  S. LIMITS SHOWN MAY HAV	VE BEEN ISS OF ANY COM DED BY THE	SUED TO THE INSUNTRACT OR OTHE POLICIES DESCRI	IRED NAMED ABOVE FOR 1 R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT 1	THE POLICY PERIOD ECT TO WHICH THIS
INSR LTR			OF INSURANCE			SUBR	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/Y)			
A	GENE	RAL LIABILI	TY		X	WVD	KRO 4688700	9/1/2014	9/1/2015		\$1,000,000
Λ.		OMMERCIAL		IARII ITV	Α.		KKO 4000700	9/1/2014	9/1/2013	EACH OCCURRENCE  DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	$\Delta$		MADE X								\$5,000
	—, └	OLAIIVIO	WADE A	OOOOK						MED EXP (Any one person)	\$1,000,000
	-									PERSONAL & ADV INJURY	UNLIMITED
		AGGREGATE	LIMIT ADDI I							GENERAL AGGREGATE	\$1,000,000
	_		PROJECT	LOC						PRODUCTS - COMP/OP AGG	
				LOC			WD 0 4600700	0/1/2014	0/1/2015	PARTICIPANT LEGAL LIABILITY	\$1,000,000
A		MOBILE LIAI NY AUTO	BILITY				KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	А	LL OWNED A	UTOS							BODILY INJURY (Per person)	
	s	CHEDULED A	UTOS							BODILY INJURY (Per accident)	
	XН	IRED AUTOS								PROPERTY DAMAGE (Per accident)	
		ON-OWNED /								,	
	71										
A	U	MBRELLA LI	AB X OC	CUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000
**		XCESS LIAB	==	AIMS-MADE			1110 1000000	<i>)</i> , 1, 201 .	7/1/2015	AGGREGATE	\$5,000,000
		EDUCTIBLE			1					AGOREGATE	ΨΕ,000,000
	_	ETENTION	\$								
					+					WC STATU- OTH-	
	AND I	KERS COMPE EMPLOYERS	LIABILITY	Y/N						TORY LIMITS ER	
	OFFICE	ROPRIETOR/PA ER/MEMBER EX	RTNER/EXECU	JTIVE	N/A					E. L. EACH ACCIDENT	
		atory in NH) describe under								E. L. DISEASE - EA EMPLOYEE	
_							GDG 0115225 A	0/1/2014	0/1/2017	E. L. DISEASE - POLICY LIMIT	¢100 000
B	PAR'	ΓICIPANT A	ACCIDENT	MEDICAL	'		SRG 9115335A	9/1/2014	9/1/2015		\$100,000
DE00	DIDTI	211.05.0550	A TIONIO / I O	.04710110 /1/			1 ACCED 404 A LIVI - LD - L - C				
I .							ch ACORD 101, Additional Remarks S			Sagar Laggia Cartifia	eta Holdoria
This certificate is issued on behalf of Michigan State Youth Soccer Ass Additional Insured as respects the operations of the Named Insured for									ate Holder is		
Additional histied as respects the operations of the trained histied for s						.10113	of the realised histored for	sanctioned	activities of the s	tate association.	
		ICATE I		<u>R</u>				CANCEL	LATION		
St. Peters Lutheran Attn: Yvonne Curtis 67055 Gratiot Road				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
Ric	hm	ond, Ml	1 48062	į.				AUTHORIZED F	REPRESENTATIVE	0 0	
ľ								Satikbull-	_		



DATE (MM/DD/YYYY) 8/19/2014

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in lie	eu of such endorsement(s).								
PRODUCER Pullen Insurance Services, Inc.				CONTACT NAME: Sports Division					
2560 River Park Plaza, Suite 300						PHONE: (817) 738-6100 FAX: (817) 738-2993			
				E-MAIL ADDRESS: contact@pullenins.com					
						STOMER ID#: MI			
E						AFFORDING COVI	ERAGE	NAIC #	
INSU	Michigan State Youth	So	ccer	· Association	Insurer A: 1	National Casualt	v Company	11991	
	9401 General Drive, S	Smite	12 a	0			Fire Insurance Company	19445	
	Plymouth, MI 48170	Juin	. 12	O	Insurer C:			-,	
	Trymodin, wir 10170				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTI	FIC	ATE NUMBER: 140034		F	REVISION NUMBER:	0	
INDI CER EXC	IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY F TIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUC	REQU / PEI :H PC	IREM RTAIN LICIE	IENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONDED BY THE P E BEEN REDU	TRACT OR OTHEF OLICIES DESCRIE CED BY PAID CLAI	R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT TO	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		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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	ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000	
	DEDUCTIBLE	1							
	RETENTION \$								
	WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER		
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE	NI/A					E. L. EACH ACCIDENT		
	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			SRG 9115335A	9/1/2014	9/1/2015	·	\$100,000	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VE	HIC! F	S (A#2	ch ACORD 101 Additional Remarks S	chedule if more so	ace is required)			
This	s certificate is issued on behalf o itional Insured as respects the o	f Mi	chiga	an State Youth Soccer Ass	sociation & N	Michigan Youth		te Holder is	
	RTIFICATE HOLDER				CANCELL	ATION			
					CANCELL	AIION			
1	Peters Lutheran Church				SHOULD AN	Y OF THE ABOVE	DESCRIBED POLICIES BE CA	NCELLED BEFORE	
Attn: Yvonne Curtis 52941 Romeo Plank Rd					THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				

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52941 Romeo Plank Rd. Macomb, MI 48042



in lieu of such endorsement(s).

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/19/2014

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

PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division				
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-299	93			
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com				
		PRODUCER CUSTOMER ID#: MI				
		INSURERS AFFORDING COVERAGE	NAIC #			
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991			
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445			
	Plymouth, MI 48170	Insurer C:				
	,	Insurer D:				
		Insurer E:				
		Insurer F:				
COVED	ACCC CERTIFICATE NUMBER: 1400244	DEVICION NUMBER. O				

COVERAGES CERTIFICATE NUMBER: 14003466 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	
Α	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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  ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	111/7					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CENTILICATE HOLDEN	CANCELLATION
St. Peters Lutheran Church Attn: Yvonne Curtis 37601 31 Mile 480.62	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Richmond, MI 48062	AUTHORIZED REPRESENTATIVE  Satisfull

CANCELL ATION

CEDTIEICATE HOLDED



DATE (MM/DD/YYYY) 8/19/2014

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PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division					
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com					
	1 010 17 01111, 111 7 0110	PRODUCER CUSTOMER ID#: MI					
		INSURERS AFFORDING COVERAGE	NAIC #				
NSURED 1	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991				
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445				
	Plymouth, MI 48170	Insurer C:					
	<b>,</b> ,	Insurer D:					
		Insurer E:					
		Insurer F:					
COVERAGES CERTIFICATE NUMBER: 14004255 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	
Α	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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  ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	111/7					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000

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

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CERTIFICATE HOLDER	CANCELLATIO
CENTIFICATE HULDEN	CANCELLATIO

ST. PAUL ALBANIAN CHRUCH Attn: YVONNE CURTIS 525 W. AUBURN RD ROCHESTER HILLS, MI 48307

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



DATE (MM/DD/YYYY) 8/19/2014

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ACCUEDA A CO. ACCUEDATE NUMBER 1400 CO.O. BEVIOLON NUMBER 0						
		Insurer F:				
		Insurer E:				
	·	Insurer D:				
	Plymouth, MI 48170	Insurer C:				
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445			
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991			
		INSURERS AFFORDING COVERAGE	NAIC #			
	Fort Worth, TX 76116	PRODUCER CUSTOMER ID#: MI				
		E-MAIL ADDRESS: contact@pullenins.com				
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-29	93			
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division				

CERTIFICATE NUMBER: 14005080 COVERAGES REVISION NUMBER: 0

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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 4688700	9/1/2014	9/1/2015	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  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If yes, describe under						E. L. EACH ACCIDENT	
							E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	·
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Mid-Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Certificate Holder & Most Reverend Bishop Earl Boyea, Diocese of Lansing, and St. Thomas Aquinas Church are named as additional insureds regarding the use of facilities, work or services; outside grounds, all locations.

CERTIFICATE HOLDER	CANCELLATION			
St. Thomas Aquinas Church 955 Alton Rd East Lansing, MI 48823	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 Pull			



DATE (MM/DD/YYYY) 8/19/2014

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).

COVER	AGES CERTIFICATE NUMBER: 1400513	REVISION NUMBER: 0	)
		Insurer F:	
		Insurer E:	
	•	Insurer D:	
	Plymouth, MI 48170	Insurer C:	
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991
		INSURERS AFFORDING COVERAGE	NAIC #
		PRODUCER CUSTOMER ID#: MI	
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com	
		PHONE: (817) 738-6100 FAX: (817) 738-299	93
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division	
	• • • • • • • • • • • • • • • • • • • •		

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 4688700	9/1/2014	9/1/2015	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  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(i ei accident)	
	NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
	DEDUCTIBLE	1						
	RETENTION \$							
	WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER	
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE  Y/N	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION

SOCCER FIELDS AT RIVER BENDS PARK Attn: YVONNE CURTIS 5700 22 MILE ROAD SHELBY TWP, MI 48317

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

Satik Dull_



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain pole of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on t	this certificate o	loes not confer rights to the	e certificate holder		
PRO	Pullen Insurance Se	ervi	ces	Inc	CONTACT NAME:	Sports Divis	ion			
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 76	,	Sui	200	E-MAIL ADDRESS: contact@pullenins.com					
	Toft Worth, 121 70	110			PRODUCER CUSTO	OMER ID#: MI				
					INSURERS AF	FORDING COVI	ERAGE	NAIC #		
INSU	RED Michigan State Vouth	So	0001	· Association	-	tional Casualty		11991		
	Wildingan State Touth						Fire Insurance Company	19445		
	9401 General Drive, S	Sult	e 12	0		monai Omon i	The misurance Company	17443		
	Plymouth, MI 48170				Insurer C:					
					Insurer D:					
					Insurer E:					
	VED 4.050	- N T I		ATE NUMBER 140054	Insurer F:	-	NEW MOLONIAN MARKET			
				ATE NUMBER: 140054			REVISION NUMBER:			
IND CEF EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREM RTAIN DLICIE	IENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	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			
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
	ANY AUTO						BODILY INJURY (Per person)			
	ALL OWNED AUTOS						` ' '			
	SCHEDULED AUTOS						PROPERTY DAMAGE			
	X HIRED AUTOS						(Per accident)			
	X NON-OWNED AUTOS									
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
	X EXCESS LIAB CLAIMS-MADE			11120 1000000	7,1,201	), 1, <b>2</b> 010	AGGREGATE	\$5,000,000		
	DEDUCTIBLE	1					AGGREGATE	42,000,000		
	RETENTION \$									
							WC STATU- TORY LIMITS OTH- ER			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N									
	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			
				CDC 0115225 A	0/1/2014	0/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000		
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	ch ACORD 101 Additional Remarks S	chedule if more space	is required)				
	s certificate is issued on behalf o						Soccer League Certifica	te Holder is		
	ditional Insured as respects the op-							ic from is		
<u> </u>	DTIFICATE LIQUEDED				CANCELLA	TION				
	RTIFICATE HOLDER				CANCELLA	IIUN		1		
	Paul's Lutheran Church				SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA	NCELLED BEFORE		
	5 Earhart Rd				THE EXPIRATION	ON DATE THEREO	F, NOTICE WILL BE DELIVERE	DINACCORDANCE		
Ar	nn Arbor, MI 48105				WITH THE POL	ICY PROVISIONS	•			
					AUTHORIZED REPR	RESENTATIVE	0 0			
							Vatik Culling			
						,	x)awice were	-		

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DATE (MM/DD/YYYY) 8/19/2014

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PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division	
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-299	93
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com	
	1 010 11 01011, 111 7 0110	PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991
		Insurer B: National Union Fire Insurance Company	19445
	•	Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	
COVER	AGES CERTIFICATE NUMBER: 1400563	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 4688700	9/1/2014	9/1/2015	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  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(i ei accident)	
	NON-OWNED AUTOS							
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
	DEDUCTIBLE	1						
	RETENTION \$							
	WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER	
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE  Y/N	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Mid-Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATIO

St. Thomas Acquinas Church Soccer Fields and Most Reverend Bishop Earl Boyea, Diocese of Lansing and St Thoma 955 Alton Road East Lansing, MI 48823

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



DATE (MM/DD/YYYY) 8/19/2014

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and	conditions of the policy, certain poly eu of such endorsement(s).	olicies	s may require an endorsement.	A statement on	this certificate of	does not confer rights to the	e certificate holder		
PROI	Pullen Insurance Se	rvic	es Inc	CONTACT NAME: Sports Division					
	2560 River Park Pla			PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 76.		Buile 300	E-MAIL ADDRESS:	contact@pu	<u>`</u>			
	101t Worth, 12t 70.	110		PRODUCER CUSTO					
				INSURERS AF	FORDING COVI	ERAGE	NAIC #		
INSU	Michigan State Youth	Soc	cer Association		ational Casualt		11991		
	9401 General Drive, S					Fire Insurance Company	19445		
	Plymouth, MI 48170	, 6110	120	Insurer C:		1			
	Trymodin, wir 10170			Insurer D:					
				Insurer E:					
				Insurer F:					
СО	VERAGES CE	RTIE	FICATE NUMBER: 140056	571	F	REVISION NUMBER:	0		
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY R ITIFICATE MAY BE ISSUED OR MAN LUSIONS AND CONDITIONS OF SUC	EQUI PER H PO	REMENT, TERM OR CONDITION TAIN, THE INSURANCE AFFORI LICIES. LIMITS SHOWN MAY HAV	I OF ANY CONTR DED BY THE PO /E BEEN REDUCE	RACT OR OTHER LICIES DESCRIE ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	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			
A	GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY	X	KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE  DAMAGE TO RENTED PREMISES (Ea occurance)	\$1,000,000 \$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 ANY AUTO		KRO 4688700	9/1/2014	9/1/2015	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					(i or additionly)			
	A NON SWILLD NOTES								
Α	UMBRELLA LIAB X OCCUR		XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
	X EXCESS LIAB CLAIMS-MADE		71110 1000000	7/1/2011	7,1,2015	AGGREGATE	\$5,000,000		
	DEDUCTIBLE					ACCINE .	++,000,000		
	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			
В	PARTICIPANT ACCIDENT MEDICAL		SRG 9115335A	9/1/2014	9/1/2015		\$100,000		
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VE	HICI ES	(Attach ACORD 101, Additional Remarks 5	L Schedule, if more space	e is required)				
Thi	s certificate is issued on behalf o ditional Insured as respects the op	f Mic	higan State Youth Soccer As	sociation & Mi	chigan Youth		te Holder is		
CE	RTIFICATE HOLDER			CANCELLA	TION				
So 67	uth Side Baptist Tabernacle 10 Textile Road osilanti, MI 48197	e Soc	ccer Fields (SSBT)	SHOULD ANY THE EXPIRATION	OF THE ABOVE	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE D IN ACCORDANCE		
				AUTHORIZED REPRESENTATIVE					



DATE (MM/DD/YYYY) 8/19/2014

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COVERA		Insurer F: 75 REVISION NUMBER: 0	
		Insurer E:	
	· ·	Insurer D:	
	Plymouth, MI 48170	Insurer C:	
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991
		INSURERS AFFORDING COVERAGE	NAIC #
		PRODUCER CUSTOMER ID#: MI	
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com	
	,	PHONE: (817) 738-6100 FAX: (817) 738-299	93
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division	

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 4688700	9/1/2014	9/1/2015	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  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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  ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000

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

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CERTIFICATE HOLDER	CANCELLATIO

St. MATTHIAS CATHOLIC COMMUNITY Attn: YVONNE CURTIS 12311 NINETEEN MILE ROAD Sterling Heights, MI 48313

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



DATE (MM/DD/YYYY) 8/19/2014

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.	CONTACT NAME: Sports Division					
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com					
	1010 (1010), 111 / 0110	PRODUCER CUSTOMER ID#: MI					
		INSURERS AFFORDING COVERAGE	NAIC #				
INSURED ]	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991				
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445				
	Plymouth, MI 48170	Insurer C:					
	,	Insurer D:					
		Insurer E:					
		Insurer F:					
COVERA	AGES CERTIFICATE NUMBER: 1400578	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	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 4688700	9/1/2014	9/1/2015	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  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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  ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	111/7					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION

SPORTS ACADEMY Attn: YVONNE CURTIS 30845 23 MILE ROAD CHESTERFIELD, MI 48047

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



DATE (MM/DD/YYYY) 8/19/2014

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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 liquid of such and expenses (c)

iii iica oi .	suon endorsement(s).							
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division						
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-299	93					
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com						
	,,	PRODUCER CUSTOMER ID#: MI						
		INSURERS AFFORDING COVERAGE	NAIC #					
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991					
		Insurer B: National Union Fire Insurance Company	19445					
	Plymouth, MI 48170	Insurer C:						
	· · · · · · · · · · · · · · · · · · ·	Insurer D:						
		Insurer E:						
		Insurer F:						
COVER	AGES CERTIFICATE NUMBER: 1400584	4 REVISION NUMBER: 0	)					
	CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA							

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 SLICH 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 4688700	9/1/2014	9/1/2015	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  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(* 5. 555.55)	
	NON-OWNED AUTOC							
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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  ANY PROPRIETOR/PARTNER/EXECUTIVE  Y/N	N/A					E. L. EACH ACCIDENT	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
SHERMAN MIDDLE SCHOOL Attn: YVONNE CURTIS 14470 HOLLY ROAD	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
HOLLY, MI 48442	AUTHORIZED REPRESENTATIVE Jatik Dull



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain policy, cert	olicies	s ma	y require an endorsement. <i>I</i>	A statement on	inis certificate d	loes not conter rights to the	e certificate noider		
PROI	Pullen Insurance Se	rvic	es	Inc	CONTACT NAME: Sports Division					
	2560 River Park Pla				PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 762	,	Sui	16 300	E-MAIL ADDRESS: contact@pullenins.com					
	FOIL WOLLI, IA 70.	110			PRODUCER CUSTOMER ID#: MI					
						FORDING COVI	=PAGE	NAIC #		
INSU	DED AC 1									
INSU	Michigan State 1 Outil					tional Casualty		11991		
	9401 General Drive, S	Suite	12	0	Insurer B: National Union Fire Insurance Company			19445		
	Plymouth, MI 48170				Insurer C:					
					Insurer D:					
					Insurer E:					
					Insurer F:					
CO	VERAGES CE	RTIF	FICA	ATE NUMBER: 1400621	19	F	REVISION NUMBER: (	0		
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R ITIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUC	REQUI / PER CH POI	REM TAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	OF ANY CONTR ED BY THE POI E BEEN REDUCE	ACT OR OTHER LICIES DESCRIB D BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	T 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			
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
	ANY AUTO						,			
	ALL OWNED AUTOS						BODILY INJURY (Per person)			
	SCHEDULED AUTOS						PROPERTY DAMAGE			
	X HIRED AUTOS						(Per accident)			
	X NON-OWNED AUTOS									
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000		
	DEDUCTIBLE	1						, ,		
	RETENTION \$									
	WORKERS COMPENSATION						WC STATU- OTH-			
	AND EMPLOYERS' LIABILITY Y/N						TORY LIMITS ER  E. L. EACH ACCIDENT			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A								
	(Mandatory in NH) If yes, describe under						E. L. DISEASE - EA EMPLOYEE			
В	DA DEIGIDA NELA COIDENE MEDICA I			SRG 9115335A	9/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000		
Ь	PARTICIPANT ACCIDENT MEDICAL			3KU 9113333A	9/1/2014	9/1/2013		\$100,000		
Thi	CRIPTION OF OPERATIONS/LOCATIONS/VE s certificate is issued on behalf or ditional Insured as respects the op	f Mic	higa	n State Youth Soccer Ass	sociation & Mi	chigan Youth S	Soccer League. Certificat ate association.	e Holder is		
CF	RTIFICATE HOLDER				CANCELLA	TION				
Sp 41	iritus Sanctus Academy 01 E. Joy Rd. nn Arbor, MI 48105				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 Satisfaction					



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain policy of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate of	loes not confer rights to the	e certificate holder		
PRO	Pullen Insurance Se	-rvi	CAS	Inc	CONTACT NAME: Sports Division					
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 76		Sui	ie 300	E-MAIL ADDRESS: contact@pullenins.com					
	Fort Worth, 1A 70	110			PRODUCER CUSTOMER ID#: MI					
					INSURERS AFFORDING COVERAGE NAIC #					
INSU	IRED M: -1-: Ct - t - X/ 41-	. C -			Insurer A: National Casualty Company 11991					
"100	Michigan State 1 Out	1 50	ccei	Association						
	9401 General Drive, S	Suit	e 12	.0	Insurer B: Na	19445				
	Plymouth, MI 48170				Insurer C:					
					Insurer D:					
					Insurer E:					
	VED 1 0 5 0			ATE MUMBER 44004	Insurer F:		EVIOLONI NUMBER			
				ATE NUMBER: 1400650			REVISION NUMBER:			
IND CEF EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IIREM RTAIN DLICIE	IENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE PO E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	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			
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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			
	X HIRED AUTOS						(Per accident)			
	X NON-OWNED AUTOS									
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
	X EXCESS LIAB CLAIMS-MADE			11110 1000000	), 1, <b>2</b> 01 .	37172010	AGGREGATE	\$5,000,000		
	DEDUCTIBLE	1					NOONEONIE	+=,==,==		
	RETENTION \$									
							WC STATU- OTH-			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N						TORY LIMITS ER  E. L. EACH ACCIDENT			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A								
	(Mandatory in NH) If yes, describe under						E. L. DISEASE - EA EMPLOYEE			
D	DA DEIGIDA NEL A COIDENTE MEDICAL			SDC 0115225 A	0/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2013		\$100,000		
DEC			C (A#a	ah ACORD 404 Additional Remarks C	ahadula if mana anas	a in an action of				
	cription of operations / locations / ve s certificate is issued on behalf o						outh Soccar Lagoua Cost	ificate Holder is		
	ditional Insured as respects the o							incate Holder is		
CE	RTIFICATE HOLDER				CANCELLA	TION				
	van Valley High School									
	occer Field						DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE			
	tn: Tom Curatti				WITH THE POL	LICY PROVISIONS	, NOTICE WILL BE DELIVERED.	J IN ACCORDANCE		
	00 O'Hern									
	ginaw, MI 48609				AUTHORIZED REP	RESENTATIVE	0 - 10			
Sa	gmaw, 1 <b>v11</b> 40009				Jatik Dieli-					

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DATE (MM/DD/YYYY) 8/19/2014

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ın li	ieu of such endorsement(s).									
PRO	Pullen Insuranc	e Serv	ices.	Inc.	CONTACT NAME:	Sports Divis	ion			
	2560 River Parl				PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX				E-MAIL ADDRESS:	contact@pu	llenins.com			
	_ 010 01 <b>011,</b> 111		•		PRODUCER CUSTOMER ID#: MI					
					INSURERS AF	NAIC #				
INSU	Michigan State Yo	outh S	occer	Association	Insurer A: Na	11991				
	9401 General Driv	ve Sui	te 12	1 1330C1at1011	Insurer B: Na	19445				
	Plymouth, MI 481		10 12	U	Insurer C:	15.10				
	1 Tymoum, WH 401	170			Insurer D:					
					Insurer E:					
					Insurer F:					
CO	VERAGES	CERT	TFIC/	ATE NUMBER: 1400659		F	REVISION NUMBER:	0		
THIS IND CER EXC	S IS TO CERTIFY THAT THE PO ICATED. NOTWITHSTANDING A RTIFICATE MAY BE ISSUED OR CLUSIONS AND CONDITIONS OF	OLICIES ( NY REQ R MAY PI F SUCH P	OF INS UIREM ERTAIN POLICIE	URANCE LISTED BELOW HA ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	VE BEEN ISSUE OF ANY CONTF DED BY THE PO E BEEN REDUCE	ED TO THE INSUITED TO THE FORM OF THE FORM	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT T	HE POLICY PERIOD CT TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADD INSF	L SUBR RD WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A	GENERAL LIABILITY	X	r k	KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY	Y					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 LC	С					PARTICIPANT LEGAL LIABILITY	\$1,000,000		
A	AUTOMOBILE LIABILITY			KRO 4688700	9/1/2014	9/1/2015	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			
	X HIRED AUTOS						(Per accident)			
	X NON-OWNED AUTOS									
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
	X EXCESS LIAB CLAIMS-MA	ADE					AGGREGATE	\$5,000,000		
	DEDUCTIBLE							. , ,		
	RETENTION \$									
	WORKERS COMPENSATION		+				WC STATU- TORY LIMITS ER			
	AND EMPLOYERS' LIABILITY	Y/N					E. L. EACH ACCIDENT			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/	4				E. L. DISEASE - EA EMPLOYEE			
	(Mandatory in NH)  If yes, describe under						E. L. DISEASE - POLICY LIMIT			
В	PARTICIPANT ACCIDENT MEDI	ICAI	+	SRG 9115335A	9/1/2014	9/1/2015	E. L. DISEASE - POLICY LIVIT	\$100,000		
ן ו	TAKTICIFANT ACCIDENT MEDI	ICAL		5KG /113333A	<i>)</i> /1/2014	)/1/2013		φ100,000		
DESC	_  CRIPTION OF OPERATIONS / LOCATION	IS / VEHICL	ES (Atta	L Ch ACORD 101, Additional Remarks S	chedule, if more space	e is required)				
	is certificate is issued on beh		,				Soccer League. Certifica	te Holder is		
	ditional Insured as respects t									
	•	•								
CE	RTIFICATE HOLDER				CANCELLA	TION				
				CANCELLA	TION					
At 49	. Clair County RESA ttn: Yvonne Curtis 99 Range Rd				THE EXPIRATI	OF THE ABOVE I ON DATE THEREC LICY PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE ED IN ACCORDANCE		
M	arysville, MI 48040				AUTHORIZED REP	RESENTATIVE	Patik Dull	-		

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DATE (MM/DD/YYYY) 8/19/2014

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and	ORTANT: If the certificate holder is conditions of the policy, certain pole of such endorsement(s).										
PRO	Pullen Insurance Se	rvi	res	Inc	CONTACT NAME:	Sports Divis	ion				
	2560 River Park Pl				PHONE: (81	17) 738-6100	FAX: (817) 738-29	993			
	Fort Worth, TX 76		Sui	ic 500	E-MAIL ADDRESS: contact@pullenins.com						
	Tott Worth, 171 70	110			PRODUCER CUSTOMER ID#: MI						
					INSURERS AF	FORDING COVI	ERAGE	NAIC #			
INSU	Michigan State Youth	So	ccer	Association	Insurer A: Na	tional Casualty	v Company	11991			
	9401 Ğeneral Drive, S						Fire Insurance Company	19445			
	Plymouth, MI 48170				Insurer C:						
					Insurer D:						
					Insurer E:						
					Insurer F:						
				ATE NUMBER: 140066			REVISION NUMBER:				
IND CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREM RTAIN DLICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	OF ANY CONTR DED BY THE POI E BEEN REDUCE	ACT OR OTHER LICIES DESCRIB D BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	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				
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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	ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(Fer accident)				
	A NON-OWNED AUTOS										
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000			
Л	X EXCESS LIAB CLAIMS-MADE			AKO 4000000	9/1/2014	9/1/2013	AGGREGATE	\$5,000,000			
	DEDUCTIBLE	1					AGGREGATE	ψ5,000,000			
	RETENTION \$										
	WORKERS COMPENSATION						WC STATU- OTH-				
	AND EMPLOYERS' LIABILITY Y/N						TORY LIMITS ER  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			SRG 9115335A	9/1/2014	9/1/2015	L. L. DISEASE - FOLICT LIMIT	\$100,000			
D	TARTICII AIVI ACCIDEIVI MEDICAL			SKG 711333311	)/1/201 <del>4</del>	7/1/2013		Ψ100,000			
DES	L CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	L ch ACORD 101, Additional Remarks S	chedule, if more space	is required)	1				
Thi	s certificate is issued on behalf o ditional Insured as respects the op-	f Mi	chiga	an State Youth Soccer Ass	sociation & Mi	chigan Youth S		te Holder is			
CE	RTIFICATE HOLDER				CANCELLA	TION					
Th At 52	ne Sports Academy Outdoor tn: Yvonne Curtis 029 SIERRA DRIVE				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Ch	nesterfield Township, MI 48	s047	/		AUTHORIZED REPRESENTATIVE Jatik Pull						



DATE (MM/DD/YYYY) 8/19/2014

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in li	eu of such endorsement(s).							- Continuato notaci		
PRO	Pullen Insurance Se	ervice	es. I	nc.	CONTACT NAME: Sports Division					
	2560 River Park Pla				PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 762				E-MAIL ADDRESS: contact@pullenins.com					
	,				PRODUCER CUSTOMER ID#: MI					
					INSURERS AF	FORDING COV	ERAGE	NAIC #		
INSU	Michigan State Youth	Soc	cer	Association	Insurer A: Na	ational Casualty	y Company	11991		
	9401 General Drive, S				Insurer B: Na	ational Union F	Fire Insurance Company	19445		
	Plymouth, MI 48170				Insurer C:					
	5				Insurer D:					
					Insurer E:					
					Insurer F:					
CO	VERAGES CE	RTIF	ICA	TE NUMBER: 1400673	31	F	REVISION NUMBER:	0		
IND CEF EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	EQUIF PER H POL	REME TAIN, LICIES	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVI	OF ANY CONTR DED BY THE PO E BEEN REDUCI	RACT OR OTHER LICIES DESCRIE ED BY PAID CLAI	R DOCUMENT WITH RESPECT TO	CT TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADD'L S	WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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	ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(* 5: 55555)			
	A new swills he les									
A	UMBRELLA LIAB X OCCUR		-	XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
	X EXCESS LIAB CLAIMS-MADE				<i>&gt;,</i> 1, <b>2</b> 01 .	7,1,2016	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			
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLES	(Attach	ACORD 101, Additional Remarks So	chedule, if more spac	e is required)				
	is certificate is issued on behalf of ditional Insured as respects the op-							te Holder is		
	RTIFICATE HOLDER				CANCELLA	TION				
At 19	oindler Park tn: Yvonne Curtis 400 Stephens Drive				THE EXPIRATI	OF THE ABOVE ON DATE THEREC LICY PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE DINACCORDANCE		
Ea	ast Pointe, MI 48021				AUTHORIZED REP	RESENTATIVE	Patik Dull	_		



 $\begin{array}{c} \text{DATE (MM/DD/YYYY)} \\ 8/19/2014 \end{array}$ 

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	conditions of the policy, certain peeu of such endorsement(s).	olicie	es ma	y require an endorsement.	Á statement on	this certificate of	loes not confer rights to the	e certificate holder			
PRO	Pullen Insurance So	-rvi	CES	Inc	CONTACT NAME:	Sports Divis	ion				
	2560 River Park Pl				PHONE: (8	17) 738-6100	FAX: (817) 738-29	993			
	Fort Worth, TX 76	,		iic 300	E-MAIL ADDRESS:	contact@pu	` /				
	Fort Worth, 124 70	110			PRODUCER CUSTOMER ID#: MI						
					INSURERS AF		FRAGE	NAIC #			
INSU	RED Mishimor Ctata Vand	Co		. A association	INSURERS AFFORDING COVERAGE  Insurer A: National Casualty Company  11991						
	Michigan State 1 out					Fire Insurance Company	19445				
	9401 General Drive, S	Suit	e 12	.0		The misurance Company	19443				
	Plymouth, MI 48170				Insurer C:						
					Insurer D:						
					Insurer E:						
	VED 1 0 5 0			ATE NUMBER 140004	Insurer F:		EVIOLONI NUMBER				
				ATE NUMBER: 140094			REVISION NUMBER:				
IND CEF EXC	S IS TO CERTIFY THAT THE POLICI ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MA' CLUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IIREN RTAII DLICIE	IENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE PO E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO MS.	CT TO WHICH THIS			
INSR LTR	TYPE OF INSURANCE	INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS				
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000			
	<del>-</del>						BODILY INJURY (Per person)				
	ALL OWNED AUTOS						BODILY INJURY (Per accident)				
	SCHEDULED AUTOS						PROPERTY DAMAGE				
	X HIRED AUTOS						(Per accident)				
	X NON-OWNED AUTOS										
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000			
	X EXCESS LIAB CLAIMS-MADE			11110 1000000	), 1, <b>2</b> 01 .	7/1/2010	AGGREGATE	\$5,000,000			
	DEDUCTIBLE	1					NOONEONIE	+=,===,===			
	RETENTION \$										
	WORKERS COMPENSATION						WC STATU- OTH-				
	AND EMPLOYERS' LIABILITY Y/N						TORY LIMITS ER  E. L. EACH ACCIDENT				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A									
	(Mandatory in NH) If yes, describe under						E. L. DISEASE - EA EMPLOYEE				
D	-			SDC 0115225 A	0/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000			
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2013		\$100,000			
DEC	CRIPTION OF OPERATIONS / LOCATIONS / VE			ah ACORD 404 Additional Remarks C	ahadula if mana anas	io romino d\					
l .	s certificate is issued on behalf of						Socoar Langua Cartifica	to Holdor is			
	ditional Insured as respects the o							te Holder is			
	DTIFICATE HOLDED				CANCELLA	TION					
	RTIFICATE HOLDER				CANCELLA	IIUN					
30	TALAN CHURCH 77 GLOUCHESTER DRIV ROY , MI 48084	Æ			THE EXPIRATION	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 REP	RESENTATIVE	0 0				
					Jatik Well-						



DATE (MM/DD/YYYY) 8/19/2014

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and	COI	TANT: If the certificate h nditions of the policy, ce of such endorsement(s).	ertain polic	ADD ies m	TIONAL INSURED, the policy require an endorsement.	cy(ies) must be A statement on	endorsed. If SU this certificate	BROGATION IS WAIVED, s does not confer rights to th	ubject to the terms e certificate holder
PRO	DUC	Pullen Insura	nce Serv	ices	Inc.	CONTACT NAME:	Sports Divis	sion	
		2560 River Pa				PHONE: (8	17) 738-6100	FAX: (817) 738-2	993
		Fort Worth, T		,		E-MAIL ADDRESS:	contact@pu	llenins.com	
		1 010 // 01011, 1	, 011			PRODUCER CUST	OMER ID#: MI		
						INSURERS AF	FORDING COV	ERAGE	NAIC #
INSU	RED	Michigan State	Youth So	occe	r Association	Insurer A: Na	ational Casualt	y Company	11991
		9401 General D				Insurer B: Na	ational Union I	Fire Insurance Company	19445
		Plymouth, MI 4				Insurer C:		1	
		11/11100011, 1/11	0170			Insurer D:			
						Insurer E:			
						Insurer F:			
CO	VΕ	RAGES	CER1	ΓIFIC	<b>ATE NUMBER:</b> 140099	067	ı	REVISION NUMBER:	0
IND CEF EXC	CAT	TED. NOTWITHSTANDING ICATE MAY BE ISSUED (	S ANY REQ OR MAY PI OF SUCH F	UIREI ERTAI POLICI	SURANCE LISTED BELOW HAMENT, TERM OR CONDITION N, THE INSURANCE AFFORI ES. LIMITS SHOWN MAY HAV	I OF ANY CONTF DED BY THE PO /E BEEN REDUCE	RACT OR OTHER PLICIES DESCRIE ED BY PAID CLAI	R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT T	CT TO WHICH THIS
INSR LTR		TYPE OF INSURANCE	ADD INSF	C'L SUBI	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GE	NERAL LIABILITY	X	X	KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE	\$1,000,000
	X	COMMERCIAL GENERAL LIABI	LITY					DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
		CLAIMS MADE X OCC	CUR					MED EXP (Any one person)	\$5,000
								PERSONAL & ADV INJURY	\$1,000,000
								GENERAL AGGREGATE	UNLIMITED
	GEI	N'L AGGREGATE LIMIT APPLIES PE	ER:					PRODUCTS - COMP/OP AGG	\$1,000,000
		POLICY PROJECT	LOC					PARTICIPANT LEGAL LIABILITY	\$1,000,000
A	AU'	TOMOBILE LIABILITY ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(Fel accident)	
	Λ	INON-OWNED AUTOS							
A		UMBRELLA LIAB X OCCUR	1		XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000
Λ	X	EXCESS LIAB CLAIMS			7110 +000000	7/1/2017	7/1/2013	AGGREGATE	\$5,000,000
		DEDUCTIBLE						AGGILGATE	Ψ2,000,000
		RETENTION \$							

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

SRG 9115335A

N/A

This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

9/1/2014

9/1/2015

CERTIFICATE HOLDER	CANCELLATION
SOCCER FIELDS AT FORD HERITAGE PARK 8399 TEXTILE RD. YPSILANTI , MI 48197	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 Pull

WC STATU-TORY LIMITS

E. L. EACH ACCIDENT

E. L. DISEASE - EA EMPLOYEE

E. L. DISEASE - POLICY LIMIT

\$100,000

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

PARTICIPANT ACCIDENT MEDICAL

If yes, describe under



DATE (MM/DD/YYYY) 8/19/2014

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IMPORTANT: If the contificate holder is an ADDITIONAL INSURED, the policy/iss) must be endersed. If SURPORATION IS WAIVED, subject to the term

and conditions of the policy, certain in lieu of such endorsement(s).	POLICIE	:5 III3	y require an endorsemen	i. A Statement On	uns cermicate c	ioes not comer rights to tr	ie cei unicate noider			
PRODUCER Pullen Insurance	Servi	ces,	Inc.	CONTACT NAME:	F					
2560 River Park		PHONE: (8	PHONE: (817) 738-6100 FAX: (817) 738-2993							
Fort Worth, TX 7		E-MAIL ADDRESS:	contact@pul	llenins.com						
- · · · · · · · · · · · · · · · · · · ·				PRODUCER CUSTO	OMER ID#: MI					
				INSURERS AF	FORDING COVE	ERAGE	NAIC #			
INSURED Michigan State You	th So	cceı	· Association	Insurer A: Na	ational Casualty	Company	11991			
9401 General Drive				Insurer B: Na	ational Union F	ire Insurance Company	19445			
Plymouth, MI 4817	,		~	Insurer C:		•				
				Insurer D:						
				Insurer E:						
				Insurer F:						
COVERAGES (	ERTI	FIC	ATE NUMBER: 14009	968	F	REVISION NUMBER:	0			
THIS IS TO CERTIFY THAT THE POLI- INDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR M EXCLUSIONS AND CONDITIONS OF S	JCH PC	R I AII DLICIE	N, THE INSURANCE AFFOR ES. LIMITS SHOWN MAY HA	VE BEEN REDUCE	ED BY PAID CLAII	ED HEREIN IS SUBJECT T	THE POLICY PERIOD ECT TO WHICH THIS O ALL THE TERMS,			
INSR LTR TYPE OF INSURANCE	ADD'L INSRE	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS				
A GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(i el accident)				
A UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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	1					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 MEDICA	L		SRG 9115335A	9/1/2014	9/1/2015	Z. Z. DIOLAGE TOLIGITEINIT	\$100,000			
DESCRIPTION OF OPERATIONS / LOCATIONS / This certificate is issued on behalf		,	·		. ,		. II 11 '			

Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION

SOCCER FIELDS AT FORD LAKE PARK 9075 S. HURON RIVER ROAD YPSILANTI, MI 48197

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



DATE (MM/DD/YYYY) 8/19/2014

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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).

· ,					
PRODUCER Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division				
2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993				
Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com				
	PRODUCER CUSTOMER ID#: MI				
	INSURERS AFFORDING COVERAGE NAIC #				
Michigan State Youth Soccer Association	Insurer A: National Casualty Company 11991				
9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company 19445				
Plymouth, MI 48170	Insurer C:				
,	Insurer D:				
	Insurer E:				
	Insurer F:				
COVERAGES CERTIFICATE NUMBER: 140099	69 <b>REVISION NUMBER:</b> 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.

_	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	
Α	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(i ei accident)	
	A NON-OWNED ACTOS							
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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  ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

SOCCER FIELDS AT BRANDON HIGH SCHOOL 1025 S. ORTONVILLE RD ORTONVILLE, MI 48462

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 Pulli



DATE (MM/DD/YYYY) 8/19/2014

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 liquid of such endorsement(s)

iii iica oi c	suon endorsement(s).					
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division				
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com				
		PRODUCER CUSTOMER ID#: MI				
		INSURERS AFFORDING COVERAGE	NAIC #			
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991			
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445			
	Plymouth, MI 48170	Insurer C:				
	•	Insurer D:				
		Insurer E:				
		Insurer F:				
COVER	AGES CERTIFICATE NUMBER: 140099	70 REVISION NUMBER: (	)			
THIS IS TO	CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR TH	IE POLICY PERIOD			

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 CLAIM.

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
TYPE OF INSURANCE	ADD'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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
AUTOMOBILE LIABILITY			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
						BODILY INJURY (Per person)	
						BODILY INJURY (Per accident)	
X HIRED AUTOS						PROPERTY DAMAGE (Per accident)	
X NON-OWNED AUTOS							
UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000
X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
DEDUCTIBLE							
RETENTION \$							
WORKERS COMPENSATION						WC STATU- TORY LIMITS ER	
ANY PROPRIETOR/PARTNER/EXECUTIVE	Ν/Δ					E. L. EACH ACCIDENT	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	14//					E. L. DISEASE - EA EMPLOYEE	
If yes, describe under						E. L. DISEASE - POLICY LIMIT	
PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000
	GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY  CLAIMS MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY PROJECT LOC  AUTOMOBILE LIABILITY  ANY AUTO  ALL OWNED AUTOS  SCHEDULED AUTOS  X HIRED AUTOS  X NON-OWNED AUTOS  UMBRELLA LIAB X OCCUR  X EXCESS LIAB CLAIMS-MADE  DEDUCTIBLE  RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR PARTNER EXECUTIVE OFFICER MEMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under	GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY  CLAIMS MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY PROJECT LOC  AUTOMOBILE LIABILITY  ANY AUTO  ALL OWNED AUTOS  SCHEDULED AUTOS  X HIRED AUTOS  X NON-OWNED AUTOS  UMBRELLA LIAB X OCCUR  EXCESS LIAB CLAIMS-MADE  DEDUCTIBLE  RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OMERICANIES (Mandatory in NH)  If yes, describe under	GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY  CLAIMS MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC  AUTOMOBILE LIABILITY  ANY AUTO  ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS  VIMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DEDUCTIBLE RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) If yes, describe under	GENERAL LIABILITY  COMMERCIAL GENERAL LIABILITY  CLAIMS MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC  AUTOMOBILE LIABILITY  ANY AUTO  ALL OWNED AUTOS  SCHEDULED AUTOS  NON-OWNED AUTOS  VINDER LIABILITY  VINDER LIABILITY  ANY AUTO  ALL OWNED AUTOS  CLAIMS-MADE  DEDUCTIBLE RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) If yes, describe under	GENERAL LIABILITY  COMMERCIAL GENERAL LIABILITY  CLAIMS MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC  AUTOMOBILE LIABILITY  ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS SCHEDULED AUTOS X HIRED AUTOS NON-OWNED AUTOS  VIMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DEDUCTIBLE RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY ANY POPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) If yes, describe under  KRO 4688700  9/1/2014  KRO 4688800  9/1/2014	GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY  CLAIMS MADE X OCCUR  GENTL AGGREGATE LIMIT APPLIES PER:  POLICY PROJECT LOC  AUTOMOBILE LIABILITY  ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS X NON-OWNED AUTOS DEDUCTIBLE RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS LIABILITY  N/A  WORKERS COMPENSATION N/A NO PROPRIETOR PARTNER EXECUTIVE OFFICER MEMBER EXCLUSED?  WIGHARDONY)  KRO 4688700  9/1/2014  9/1/2015  KRO 4688800  9/1/2014  9/1/2015  XKO 4688800  9/1/2014  9/1/2015	RECOMPREDICT SOCIETY    STATE (MMNDDNY)   DATE (MMNDDNY)   DATE (MMNDDNY)

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 & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION

SOCCER FIELDS AT BRANDON SCHOOLS ATHLETIC COMPLEX 209 VARSITY DRIVE ORTONVILLE, MI 48462

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

Satik Duel ____



DATE (MM/DD/YYYY) 8/19/2014

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		Insurer E:				
	Try mount, wit 10170	Insurer C: Insurer D:				
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445			
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991			
		INSURERS AFFORDING COVERAGE	NAIC #			
		PRODUCER CUSTOMER ID#: MI				
		E-MAIL ADDRESS: contact@pullenins.com				
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993				
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division				

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 SLICH POLICIES ALIMITS SHOWN MAY HAVE BEEN REDUICED 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 4688700	9/1/2014	9/1/2015	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  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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	
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E. L. EACH ACCIDENT	
	(Mandatory in NH)	3//3					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATIO
CENTIFICATE HULDEN	CANCELLATIO

SOCCER FIELDS AT BRANDON FLETCHER INTERMEDIATE SCHOOL 300 SOUTH STREET ORTONVILLE, MI 48462

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



DATE (MM/DD/YYYY) 8/19/2014

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		Insurer D:				
	Plymouth, MI 48170	Insurer C:				
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445			
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991			
		INSURERS AFFORDING COVERAGE	NAIC #			
	,	PRODUCER CUSTOMER ID#: MI				
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com				
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993				
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division				

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	
Α	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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  ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	111/7					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

SOCCER FIELDS AT HARVEY SWANSON ELEMENTARY SCHOOL 209 VARSITY DRIVE Ortonville, MI 48462

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DATE (MM/DD/YYYY) 8/19/2014

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PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division				
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-29	93			
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com				
	1010 11 01110	PRODUCER CUSTOMER ID#: MI				
		INSURERS AFFORDING COVERAGE	NAIC #			
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991			
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445			
	· · · · · · · · · · · · · · · · · · ·	Insurer C:				
	•	Insurer D:				
		Insurer E:				
		Insurer F:				
COVERA	AGES CERTIFICATE NUMBER: 1400997	73 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	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 4688700	9/1/2014	9/1/2015	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  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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  ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION

SOCCER FIELDS AT OAKWOOD ELEMENTARY SCHOOL 2839 OAKWOOD ORTONVILLE, MI 48462

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



DATE (MM/DD/YYYY) 8/19/2014

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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)

PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division	
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-299	93
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991
		Insurer B: National Union Fire Insurance Company	19445
	Plymouth, MI 48170	Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	
COVERA	AGES CERTIFICATE NUMBER: 1400997	74 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 4688700	9/1/2014	9/1/2015	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  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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	
	AND EMPLOYERS' LIABILITY  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						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

|--|

#### **CANCELLATION**

SOCCER FIELDS AT DEER RUN SOCCER COMPLEX 16021 LINDEN ROAD Linden, MI 48451

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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DATE (MM/DD/YYYY) 8/19/2014

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.	CONTACT NAME: Sports Division	
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-29	93
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991
		Insurer B: National Union Fire Insurance Company	19445
	•	Insurer C:	
	•	Insurer D:	
		Insurer E:	
		Insurer F:	
COVER	AGES CERTIFICATE NUMBER: 1401095	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	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 4688700	9/1/2014	9/1/2015	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  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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  ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CENTIFICATE HOLDEN	CANCELLATION
ST. PAUL'S LUTHERAN CHURCH 42681 HAYES ROAD STERLING HEIGHTS, MI 48313	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 Satikbull

CANCELL ATION

CERTIFICATE HOLDER



DATE (MM/DD/YYYY) 8/19/2014

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PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division				
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com				
	· · · · · · · · · · · · · · · · · · ·	PRODUCER CUSTOMER ID#: MI				
		INSURERS AFFORDING COVERAGE	NAIC #			
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991			
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445			
	Plymouth, MI 48170	Insurer C:				
	•	Insurer D:				
		Insurer E:				
		Insurer F:				
COVERA	AGES CERTIFICATE NUMBER: 1401198	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	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 4688700	9/1/2014	9/1/2015	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  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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  ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

SHELBY LIONS (Romeo Community Schools & other

Romeo Washington Bruce Parks & Rec/Senior Centers 8699 RONDALE

SHELBY TWP, MI 48316

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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 $\begin{array}{c} \text{DATE (MM/DD/YYYY)} \\ 8/19/2014 \end{array}$ 

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	eu of such endorsement(s).	Diicies	may require an endorsement.	A statement on	this certificate o	loes not confer rights to the	e certificate noider	
PROI	Pullen Insurance Se	rvice	s Inc	CONTACT NAME: Sports Division  PHONE: (817) 738-6100 FAX: (817) 738-2993  E-MAIL ADDRESS: contact@pullenins.com				
	2560 River Park Pla							
	Fort Worth, TX 76.	,	oute 300					
	Fort Worth, IA 70.	110						
					PRODUCER CUSTOMER ID#: MI INSURERS AFFORDING COVERAGE NAIC #			
INICLI	IDED 3.51.1. G. T. J.							
INSU	Michigan State 1 Outil				ational Casualty		11991	
	9401 General Drive, S	Suite	120	Insurer B: Na	ational Union F	Fire Insurance Company	19445	
	Plymouth, MI 48170			Insurer C:				
				Insurer D:				
				Insurer E:				
				Insurer F:				
CO	VERAGES CE	RTIFI	CATE NUMBER: 140119	990	F	REVISION NUMBER:	0	
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUC	REQUIR 7 PERT 3H POLI	EMENT, TERM OR CONDITION AIN, THE INSURANCE AFFORI CIES. LIMITS SHOWN MAY HA\	I OF ANY CONTF DED BY THE PO /E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADD'L SU	JBR VD POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X	KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
	X HIRED AUTOS					(Per accident)		
	X NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR		XKO 4688800	9/1/2014	9/1/2015	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		
В	PARTICIPANT ACCIDENT MEDICAL		SRG 9115335A	9/1/2014	9/1/2015	E. E. BIOL/NOL T GEIGT ENVIT	\$100,000	
D	TARTICITARY ACCIDENT MEDICAL		SKG 711333311	<i>3/1/2011</i>	7/1/2013		Ψ100,000	
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLES (	LAttach ACORD 101, Additional Remarks 9	L Schedule, if more space	is required)			
	s certificate is issued on behalf o					Soccer League. Certificat	te Holder is	
Ado	ditional Insured as respects the o	peratio	ns of the Named Insured for	r sanctioned act	tivities of the st	tate association.		
	•	-						
CE	RTIFICATE HOLDER			CANCELLA	TION			
				CANCELLA	TION			
	HELBY JR. HIGH			SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA	NCELLED BEFORE	
	700 VAN DYKE DR.			THE EXPIRATI	ON DATE THEREO	)F, NOTICE WILL BE DELIVERE	DINACCORDANCE	
SF	HELBY TWP, MI 48316			WITH THE POI	LIOT FROVISIONS	•		
				AUTHORIZED REP	RESENTATIVE	Λ		
						Vatik Culling	_	
					,	yawiy w	-	



DATE (MM/DD/YYYY) 8/19/2014

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.

in li	eu of such endorsement(s).							
PRO	Pullen Insurance Se	ervice	s, Inc.	CONTACT NAME: Sports Division				
	2560 River Park Pla	aza, S	uite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 762	116		E-MAIL ADDRESS: contact@pullenins.com				
	,			PRODUCER CUST	OMER ID#: MI			
				INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSU	RED Michigan State Youth	Socc	er Association	Insurer A: Na	ational Casualt	y Company	11991	
	9401 General Drive, S	Suite 1	20	Insurer B: Na	ational Union F	Fire Insurance Company	19445	
	Plymouth, MI 48170			Insurer C:				
	11/11/04/11/101/0			Insurer D:				
				Insurer E:				
				Insurer F:				
CO	VERAGES CE	RTIFI	CATE NUMBER: 140126		F	REVISION NUMBER:	0	
IND CEF EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R ITIFICATE MAY BE ISSUED OR MAY ILUSIONS AND CONDITIONS OF SUC	EQUIRE PERTA H POLIC	EMENT, TERM OR CONDITION AIN, THE INSURANCE AFFORI CIES. LIMITS SHOWN MAY HAV	I OF ANY CONTF DED BY THE PO /E BEEN REDUCE	RACT OR OTHER LICIES DESCRIE ED BY PAID CLAI	R DOCUMENT WITH RESPECT TO	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADD'L SU INSRD W	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X	KRO 4688700	9/1/2014	9/1/2015	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  ANY AUTO		KRO 4688700	9/1/2014	9/1/2015	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					(i or assissing		
	A non-emile noise							
A	UMBRELLA LIAB X OCCUR		XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
11	X EXCESS LIAB CLAIMS-MADE		7110 1000000	9/1/2011	7/1/2013	AGGREGATE	\$5,000,000	
	DEDUCTIBLE					AGGREGATE	42,000,000	
	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		
	If yes, describe under					E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL		SRG 9115335A	9/1/2014	9/1/2015	E. E. BIOLINGE T GEIGT EIMIT	\$100,000	
							·	
Thi	CRIPTION OF OPERATIONS/LOCATIONS/VE s certificate is issued on behalf or ditional Insured as respects the op	f Mich	igan State Youth Soccer As	sociation & Mi	ichigan Youth		te Holder is	
CF	RTIFICATE HOLDER			CANCELLA	TION			
Total Soccer - Fraser 34300 Utica Rd. Fraser, MI 48026				SHOULD ANY THE EXPIRATI	OF THE ABOVE	DESCRIBED POLICIES BE CA PF, NOTICE WILL BE DELIVERE		
	•			AUTHORIZED REP	RESENTATIVE	Patik Dull	-	



DATE (MM/DD/YYYY) 8/19/2014

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PRODUCE	R D II I C			т	CONTACT NAME:	Sporte Divie	ion		
, KODOCE	i unen msurance se				CONTACT NAME: Sports Division  PHONE: (817) 738-6100 FAX: (817) 738-2993				
	2560 River Park Pl	,		te 300	E-MAIL ADDRESS: contact@pullenins.com				
	Fort Worth, TX 76	116			PRODUCER CUSTOMER ID#: MI				
							-DAGE	NIAIO #	
111011050						FORDING COVE		NAIC #	
INSURED	Michigan State Youth Soccer Association					ational Casualty		11991	
	9401 General Drive, S	Suite	e 12	0		ational Union F	ire Insurance Company	19445	
	Plymouth, MI 48170				Insurer C:			_	
					Insurer D:				
					Insurer E:				
					Insurer F:				
				ATE NUMBER: 140126			REVISION NUMBER:		
INDICAT CERTIFIC	TO CERTIFY THAT THE POLICIE ED. NOTWITHSTANDING ANY F CATE MAY BE ISSUED OR MAY IONS AND CONDITIONS OF SUC	REQU Y PEI	IIREM RTAIN	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	OF ANY CONTR DED BY THE PO	RACT OR OTHER LICIES DESCRIB	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADD'L	SUBR	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
	IERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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	
I **	OMOBILE LIABILITY  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
I <del>  </del>	ALL OWNED AUTOS						BODILY INJURY (Per person)		
I <del>  </del>	SCHEDULED AUTOS						BODILY INJURY (Per accident)		
I <del>  </del>	HIRED AUTOS						PROPERTY DAMAGE (Per accident)		
	NON-OWNED AUTOS						,		
21									
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
^ <b>-</b>	EXCESS LIAB CLAIMS-MADE			7110 1000000	7/1/2011	7/1/2013	AGGREGATE	\$5,000,000	
	DEDUCTIBLE	1					AGGREGATE	42,000,000	
	RETENTION \$								
	RKERS COMPENSATION						WC STATU- TORY LIMITS ER		
AND	EMPLOYERS' LIABILITY Y/N						E. L. EACH ACCIDENT		
OFFI	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED? datory in NH)	N/A					E. L. DISEASE - EA EMPLOYEE		
1 1	, describe under						E. L. DISEASE - POLICY LIMIT		
В РАБ	RTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
This cer	ion of operations/locations/vertificate is issued on behalf of an al Insured as respects the operations of the operation of t	f Mi	chiga	an State Youth Soccer As	sociation & M	ichigan Youth S		te Holder is	
<b>CERTI</b>	FICATE HOLDER				CANCELLA	TION			

Total Soccer - Wixom 30990 S Wixom Rd. Wixom, MI 48393

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



DATE (MM/DD/YYYY) 8/19/2014

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.

	eu of such endorsement(s).	olicies	s ma	y require an endorsement. <i>I</i>	A statement on	inis certificate d	loes not conter rights to the	e certificate noider	
PROI	Pullen Insurance Se	rvic	es	Inc	CONTACT NAME: Sports Division  PHONE: (817) 738-6100  FAX: (817) 738-2993				
	2560 River Park Pla								
	Fort Worth, TX 76.		Sui	10 300	E-MAIL ADDRESS: contact@pullenins.com				
	Toft Worth, 1A 70.	110			PRODUCER CUSTO				
						FORDING COVI		NAIC #	
INICII	INSURED Michigan State Vouth Soccer Association							11991	
11400	Michigan State 1 Outil					tional Casualty			
	9401 General Drive, S	Suite	12	0		tional Union F	Fire Insurance Company	19445	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTII	FICA	ATE NUMBER: 1401266	50	F	REVISION NUMBER:	0	
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	REQUI / PER CH PO	REM TAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	OF ANY CONTR ED BY THE POI E BEEN REDUCE	ACT OR OTHER LICIES DESCRIB D BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADD'L INSRD	WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
	X HIRED AUTOS						(Per accident)		
	NON-OWNED AUTOS								
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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  ANY PROPRIETOR/PARTNER/EXECUTIVE	NI/A					E. L. EACH ACCIDENT		
	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			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VE								
Thi Add	s certificate is issued on behalf or ditional Insured as respects the op-	f Mic perati	chiga ons	an State Youth Soccer Ass of the Named Insured for	sociation & Mi sanctioned act	chigan Youth Sivities of the st	Soccer League. Certificat ate association.	te Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
To 41	otal Soccer - Novi 550 Grand River Ave ovi, MI 48375				SHOULD ANY THE EXPIRATION	OF THE ABOVE I	DESCRIBED POLICIES BE CAI F, NOTICE WILL BE DELIVERED	NCELLED BEFORE D IN ACCORDANCE	
11011, 1111 10313				AUTHORIZED REPRESENTATIVE Satisfull					



DATE (MM/DD/YYYY) 8/19/2014

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.

	eu of such endorsement(s).	nicies	may require an endorsem	ent. A statement on	inis certificate (	ioes not conier rights to th	e certificate noider		
PROI	Pullen Insurance Se	rvice	es. Inc.	CONTACT NAME:	CONTACT NAME: Sports Division  PHONE: (817) 738-6100 FAX: (817) 738-2993  E-MAIL ADDRESS: contact@pullenins.com				
	2560 River Park Pla			PHONE: (8					
	Fort Worth, TX 762	,	outic 500	E-MAIL ADDRESS:					
	Toft Worth, 12 70	110		PRODUCER CUSTO					
					FORDING COVI	FRAGE	NAIC #		
INSU	IRED Michigan State Voyeth	Cooc	nam Association		tional Casualt		11991		
	Michigan State 1 Outil				•	Fire Insurance Company	19445		
	9401 General Drive, S	suite	120		monai Omon i	The misurance Company	17443		
	Plymouth, MI 48170			Insurer C:					
				Insurer D:					
				Insurer E:					
~~	VEDACES OF	DTIF	ICATE NUMBER: 140	Insurer F:		DEVICION NUMBER.	0		
			CATE NUMBER: 140			REVISION NUMBER:			
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R XTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	EQUIR PERT H POLI	EMENT, TERM OR CONDIT AIN, THE INSURANCE AFF ICIES. LIMITS SHOWN MAY	TION OF ANY CONTR FORDED BY THE PO HAVE BEEN REDUCE	RACT OR OTHER LICIES DESCRIE ED BY PAID CLAI	R DOCUMENT WITH RESPECT TO	CT TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADD'L SU	UBR POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A	GENERAL LIABILITY	X	KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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			
	X HIRED AUTOS					(Per accident)			
	X NON-OWNED AUTOS								
Α	UMBRELLA LIAB X OCCUR		XKO 4688800	9/1/2014	9/1/2015	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  ANY PROPRIETOR/PARTNER/EXECUTIVE	L./.				E. L. EACH ACCIDENT			
	OFFICER/MEMBER EXCLUDED?	N/A				E. L. DISEASE - EA EMPLOYEE			
	If yes, describe under					E. L. DISEASE - POLICY LIMIT			
В	PARTICIPANT ACCIDENT MEDICAL		SRG 9115335A	9/1/2014	9/1/2015		\$100,000		
	CRIPTION OF OPERATIONS / LOCATIONS / VE	,							
Thi Ado	s certificate is issued on behalf or ditional Insured as respects the op-	f Mich peratio	nigan State Youth Soccer ons of the Named Insured	Association & Mi I for sanctioned act	chigan Youth sivities of the st	Soccer League. Certificate association.	te Holder is		
CE	RTIFICATE HOLDER			CANCELLA	TION				
Silverdome & Minidome 1200 Featherstone Rd. Pontiac, MI 48342				THE EXPIRATION	OF THE ABOVE I ON DATE THEREC LICY PROVISIONS	DESCRIBED POLICIES BE CA PF, NOTICE WILL BE DELIVERE	NCELLED BEFORE D IN ACCORDANCE		
				AUTHORIZED REPI	AUTHORIZED REPRESENTATIVE Satisfull				



DATE (MM/DD/YYYY) 8/19/2014

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	eu of such endorsement(s).	J.1016	J ma	, roquire an endorsement.	- Julienieni VIII			o ooi iiiioate iioidei	
Producer Pullen Insurance Services, Inc.					CONTACT NAME: Sports Division				
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993  E-MAIL ADDRESS: contact@pullenins.com				
	Fort Worth, TX 76								
	,,,				PRODUCER CUSTO	MER ID#: MI			
					INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSU	RED Michigan State Youth	Soc	cer	Association	Insurer A: Na	tional Casualty	y Company	11991	
	9401 General Drive, Suite 120						Fire Insurance Company	19445	
	Plymouth, MI 48170	Juite	. 12	O	Insurer C:		1 7		
	Trymouth, wir 10170				Insurer D:				
					Insurer E:				
					Insurer F:				
СО	VERAGES CE	RTII	FIC/	ATE NUMBER: 140126	1	F	REVISION NUMBER:	0	
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUC	REQUI Y PER CH PO	REM TAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	OF ANY CONTR DED BY THE POL E BEEN REDUCE	ACT OR OTHER LICIES DESCRIB D BY PAID CLAI	R DOCUMENT WITH RESPECT TO	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		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(i ei accident)		
	NON-OWNED AUTOU								
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000	
	DEDUCTIBLE	1							
	RETENTION \$								
	WORKERS COMPENSATION						WC STATU- TORY LIMITS ER		
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE  Y/N	N/A					E. L. EACH ACCIDENT		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE		
	If yes, describe under						E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
	 CRIPTION OF OPERATIONS/LOCATIONS/VE s certificate is issued on behalf o						Soccer League Certifica	te Holder is	
	ditional Insured as respects the op							te Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
The New Rink 50625 Van Dyke Ave Shelby Twp, MI 48317					THE EXPIRATION	OF THE ABOVE I ON DATE THEREO ICY PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE D IN ACCORDANCE	
					AUTHORIZED REPR	RESENTATIVE	Patik Dull	-	



DATE (MM/DD/YYYY) 8/19/2014

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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

iii iieu oi s	such endorsement(s).					
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division				
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com  PRODUCER CUSTOMER ID#: MI				
		INSURERS AFFORDING COVERAGE	NAIC #			
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991			
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445			
	Plymouth, MI 48170	Insurer C:				
	,	Insurer D:				
		Insurer E:				
		Insurer F:				
COVER	AGES CERTIFICATE NUMBER: 1401266	REVISION NUMBER: 0	)			
THIS IS TO	CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR TH	E POLICY PERIOD			

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 4688700	9/1/2014	9/1/2015	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  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ALL OWNED AUTOS						BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
	X HIRED AUTOS						PROPERTY DAMAGE (Per accident)	
	X NON-OWNED AUTOS						(i ei accident)	
	NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
	DEDUCTIBLE	1						
	RETENTION \$							
	WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER	
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE  Y/N	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
Total Soccer - Royal Oak 1319 Lexington Blvd Royal Oak, MI 48073	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 Satik Dull



DATE (MM/DD/YYYY) 8/19/2014

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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).							
PRODUCER Pullen Insurance Services, Inc.			CONTACT NAME: Sports Division				
2560 River Park Pl			PHONE: (817) 738-6100 FAX: (817) 738-2993				
Fort Worth, TX 76	,		E-MAIL ADDRESS: contact@pullenins.com				
, , , , , , , , , , , , ,			PRODUCER CUSTOMER ID#: MI				
			INSURERS A	FFORDING COVE	RAGE	NAIC #	
INSURED Michigan State Youth	Socce	er Association	Insurer A: N	lational Casualty	Company	11991	
9401 General Drive,	Suite 1	20			ire Insurance Company	19445	
Plymouth, MI 48170	June 1	20	Insurer C:		1 7		
l lymoddi, wil tol to			Insurer D:				
			Insurer E:				
			Insurer F:				
COVERAGES CE	RTIFIC	CATE NUMBER: 140128		R	REVISION NUMBER:	0	
THIS IS TO CERTIFY THAT THE POLICI INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MA' EXCLUSIONS AND CONDITIONS OF SUC	REQUIRE Y PERTA CH POLIC	MENT, TERM OR CONDITION IN, THE INSURANCE AFFORE IES. LIMITS SHOWN MAY HAV	OF ANY CONT DED BY THE PO E BEEN REDUC	RACT OR OTHER OLICIES DESCRIB CED BY PAID CLAIM	DOCUMENT WITH RESPECT TO	CT TO WHICH THIS	
INSR LTR TYPE OF INSURANCE	ADD'L SUE INSRD WV		POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A GENERAL LIABILITY	X	KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO		KRO 4688700	9/1/2014	9/1/2015	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					(i or desident)		
A NON OWNED NOTES							
A UMBRELLA LIAB X OCCUR		XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
X EXCESS LIAB CLAIMS-MADE		AKO 4000000	9/1/2014	9/1/2013		\$5,000,000	
DEDUCTIBLE	1				AGGREGATE	ψ3,000,000	
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  E. L. DISEASE - EA EMPLOYEE		
(Mandatory in NH)  If yes, describe under					E. L. DISEASE - POLICY LIMIT		
B PARTICIPANT ACCIDENT MEDICAL		SRG 9115335A	9/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000	
B PARTICIPANT ACCIDENT MEDICAL		5KG /113333K	7/1/2014	7/1/2013		Ψ100,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VE This certificate is issued on behalf of Additional Insured as respects the o	f Michi	gan State Youth Soccer As	sociation & M	lichigan Youth S		te Holder is	
CERTIFICATE HOLDER			CANCELL	ATION			
Total Soccer Training Center					DESCRIBED POLICIES RE CA	NCELLED REFORE	
26083 Groesbeck Hwy			THE EXDIDIAT	TION DATE THEREO	DESCRIBED POLICIES BE CA	DINACCORDANCE	

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Warren, MI 48089

WITH THE POLICY PROVISIONS.



DATE (MM/DD/YYYY) 8/19/2014

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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 liquid of such and expenses (s)

in lieu of	such endorsement(s).						
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division  PHONE: (817) 738-6100  FAX: (817) 738-2993					
	2560 River Park Plaza, Suite 300						
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com					
	1 510 11 51111, 111 7 51115	PRODUCER CUSTOMER ID#: MI					
		INSURERS AFFORDING COVERAGE	NAIC #				
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991				
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445				
	Plymouth, MI 48170	Insurer C:					
	,	Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 1401381	7 REVISION NUMBER: (	)				
INDICATE! CERTIFICA	D CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAD. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION ATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDINS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE	OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPEC ED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO	T TO WHICH THIS				

INSR LTR TYPE OF INSURANCE ADD'L INSRD SUBR POLICY NUMBER POLICY EFFECTIVE DATE (MM/DD/YY) POLICY EXPIRATION DATE (MM/DD/YY) LIMITS GENERAL LIABILITY \$1,000,000 X 9/1/2014 A KRO 4688700 9/1/2015 EACH OCCURRENCE X COMMERCIAL GENERAL LIABILITY \$300,000 \$5,000 CLAIMS MADE X OCCUR MED EXP (Any one person) \$1,000,000 PERSONAL & ADV INJURY **UNLIMITED** GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: \$1,000,000 PRODUCTS - COMP/OP AGG POLICY PROJECT \$1,000,000 PARTICIPANT LEGAL LIABILITY \$1,000,000 **AUTOMOBILE LIABILITY** KRO 4688700 9/1/2014 9/1/2015 COMBINED SINGLE LIMIT (Ea accident) ANY AUTO BODILY INJURY (Per person) ALL OWNED AUTOS **BODILY INJURY (Per accident)** SCHEDULED AUTOS PROPERTY DAMAGE HIRED AUTOS (Per accident) NON-OWNED AUTOS \$5,000,000 UMBRELLA LIAB X OCCUR XKO 4688800 9/1/2014 9/1/2015 Α EACH OCCURRENCE CLAIMS-MADE \$5,000,000 X EXCESS LIAB AGGREGATE DEDUCTIBLE RETENTION \$ WC STATU-TORY LIMITS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E. L. EACH ACCIDENT N/A E. L. DISEASE - EA EMPLOYEE If ves. describe under E. L. DISEASE - POLICY LIMIT SRG 9115335A 9/1/2014 9/1/2015 \$100,000 PARTICIPANT ACCIDENT MEDICAL

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 & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
STEENLAND ELEMENTARY 16335 CHURCH ROSEVILLE, MI 48066	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 Pull



DATE (MM/DD/YYYY) 8/19/2014

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

	conditions of the policy, certain per eu of such endorsement(s).	olicies	may	require an endorsement. <i>I</i>	A statement on	this certificate d	oes not confer rights to t	the certificate holder	
PROD	UCER Pullen Insurance So	Pullen Insurance Services, Inc.					ion		
	2560 River Park Pl				PHONE: (8	PHONE: (817) 738-6100 FAX: (817) 738-2993			
	Fort Worth, TX 76		<i>.</i>		E-MAIL ADDRESS:	contact@pul	lenins.com		
	1 310 (1 31011, 111 7 3	110			PRODUCER CUSTO	OMER ID#: MI			
							RAGE	NAIC #	
INSUR	Michigan State Youth Soccer Association					tional Casualty	Company	11991	
	9401 General Drive,				Insurer B: Na	19445			
	Plymouth, MI 48170				Insurer C:				
	<b>,</b> ,				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	ERTIF	ICA	TE NUMBER: 1401435	51	R	<b>EVISION NUMBER:</b>	0	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD NDICATED. 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 S	UBR	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	3	
	GENERAL LIABILITY	Y		KPO 4688700	9/1/2014	9/1/2015	EACH OCCUPPENCE	\$1,000,000	

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 4688700	9/1/2014	9/1/2015	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  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(Fer accident)	
	NON-OWNED AUTOS							
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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  ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
Starr Jaycee Park 13 Mile (one block East of Crooks) Royal Oak, MI 48068	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 Satisfull



DATE (MM/DD/YYYY) 8/19/2014

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COVED	AGES CEPTIFICATE NUMBER: 1401576	DEVISION NUMBED: (	1				
		Insurer F:					
		Insurer E:					
	•	Insurer D:					
	Plymouth, MI 48170	Insurer C:					
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445				
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991				
		INSURERS AFFORDING COVERAGE	NAIC #				
	,,	PRODUCER CUSTOMER ID#: MI					
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com					
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-29	93				
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division					

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 4688700	9/1/2014	9/1/2015	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  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
	DEDUCTIBLE							
	RETENTION \$							
	WORKERS COMPENSATION						WC STATU- OTH- TORY LIMITS ER	
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E. L. EACH ACCIDENT	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	14/7					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

SPRINGFIELD PLAINS ELEMENTARY SCHOOL 8650 HOLCOMB RD CLARKSTON, MI 48348

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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DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain p eu of such endorsement(s).	olicie	s ma	y require an endorsement.	Á statement on t	this certificate o	loes not confer rights to the	e certificate holder		
PROI	Pullen Insurance Se	ervi	ces	Inc	CONTACT NAME: Sports Division					
	2560 River Park Plaza, Suite 300				PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 76	,	Sui	500	E-MAIL ADDRESS:	contact@pul	llenins.com			
	1 of t worth, 121 70	110			PRODUCER CUSTO					
					INSURERS AF	FORDING COVE	ERAGE	NAIC #		
INSU	Michigan State Youth	. 50	CCOI	Association	-	tional Casualty		11991		
	9401 General Drive,	200	12	Association			Fire Insurance Company	19445		
	Plymouth, MI 48170	Sulu	C 12	U	Insurer C:	monar Cmon r	ne insurance company	17443		
	Flyilloutii, Mii 46170				Insurer D:					
					Insurer E:					
					Insurer F:					
	VERAGES CE	DTI	FIC	ATE NUMBER: 1411668	-		REVISION NUMBER:	0		
THIS INDI CER EXC	S IS TO CERTIFY THAT THE POLICI ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MA CLUSIONS AND CONDITIONS OF SUC	ES O REQU Y PEI CH PC	F INS IREM RTAIN OLICIE	URANCE LISTED BELOW HA ENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAV	VE BEEN ISSUE OF ANY CONTR DED BY THE POI E BEEN REDUCE	D TO THE INSUI RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	RED NAMED ABOVE FOR TH R DOCUMENT WITH RESPEC ED HEREIN IS SUBJECT TO MS.	HE POLICY PERIOD CT TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	********		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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	ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(i ei accident)			
	A NON-OWNED ACTOS									
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
А	X EXCESS LIAB CLAIMS-MADE			AKO 4000000	7/1/2014	7/1/2013	AGGREGATE	\$5,000,000		
	DEDUCTIBLE	1					AGGREGATE	ψ5,000,000		
	RETENTION \$									
	<u> </u>						WC STATU- TORY LIMITS ER			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N						TORY LIMITS ER  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			SRG 9115335A	9/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000		
D	TAKTICII ANT ACCIDENT MEDICAL			SKG 711333311	2/1/2014	7/1/2013		Ψ100,000		
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	L	chedule, if more space	l e is required)				
Thi	s certificate is issued on behalf of ditional Insured as respects the o	f Mi	chig	an State Youth Soccer Ass	sociation & Mi	chigan Youth S	Soccer League. Certificate association.	te Holder is		
CF	RTIFICATE HOLDER				CANCELLA	TION				
Springfield Township Parks and Recreation 12000 Davisburg Rd Davisburg, MI 48350					SHOULD ANY THE EXPIRATION	OF THE ABOVE I ON DATE THEREO LICY PROVISIONS	DESCRIBED POLICIES BE CAI F, NOTICE WILL BE DELIVEREI			
					AUTHORIZED REP	RESENTATIVE	0 . $0$ .			
					hatik bull					



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain policy certain policy and such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on t	this certificate o	loes not confer rights to the	e certificate holder	
PRODUCER Pullen Insurance Services, Inc.					CONTACT NAME: Sports Division				
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993  E-MAIL ADDRESS: contact@pullenins.com				
	Fort Worth, TX 76	,	Sui	10 300					
	Toft Worth, 1A 70	110			PRODUCER CUSTO				
						FORDING COVE	=RAGE	NAIC #	
INSU	RED N. 1. C N1			A : .:				11991	
11130	Michigan State 1 out					tional Casualty			
	9401 General Drive, S	Suite	e 12	O		itional Union F	Fire Insurance Company	19445	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:				
				ATE NUMBER: 141166			REVISION NUMBER:		
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREM RTAIN DLICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	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		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000	
	DEDUCTIBLE	1						. , ,	
	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?	N/A					E. L. DISEASE - EA EMPLOYEE		
	(Mandatory in NH)  If yes, describe under								
В	DADTICIDANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000	
Ъ	PARTICIPANT ACCIDENT MEDICAL			SKU 7113333A	9/1/2014	9/1/2013		φ100,000	
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	ch ACORD 101 Additional Remarks S	chedule if more space	is required)			
	s certificate is issued on behalf o						Soccer League Certificat	te Holder is	
Ado	ditional Insured as respects the o	perat	ions	of the Named Insured for	sanctioned act	ivities of the st	rate association.	ic Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
40	Michaels Activity Center 501 Hayes erling Heights, MI 48013				THE EXPIRATION		DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE		
					AUTHORIZED REPR	RESENTATIVE	<u> </u>		
					AUTHORIZED REPI	NEGENTATIVE	Vatik Pulling	_	



DATE (MM/DD/YYYY) 8/19/2014

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in lieu of such endorsement(s).							
PRODUCER Pullen Insurance Se	ervices	Inc.	CONTACT NAME:	Sports Divis			
2560 River Park Pla			PHONE: (817) 738-6100 FAX: (817) 738-2993				
Fort Worth, TX 76	,		E-MAIL ADDRESS: contact@pullenins.com				
			PRODUCER CUSTOMER ID#: MI				
			INSURERS AFFORDING COVERAGE NAIC #			NAIC #	
INSURED Michigan State Youth	Socce	er Association	Insurer A: National Casualty Company 1			11991	
9401 General Drive, S	Suite 1	20	Insurer B: Na	19445			
Plymouth, MI 48170		_ v	Insurer C:				
]			Insurer D:				
			Insurer E:				
			Insurer F:				
COVERAGES CE	RTIFIC	ATE NUMBER: 141166	582	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	REQUIRE / PERTA :H POLIC	MENT, TERM OR CONDITION IN, THE INSURANCE AFFORI IES. LIMITS SHOWN MAY HAV	I OF ANY CONTE DED BY THE PO /E BEEN REDUCI	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	CT TO WHICH THIS	
INSR LTR TYPE OF INSURANCE	ADD'L SUB INSRD WV	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A GENERAL LIABILITY	X	KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO		KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
X EXCESS LIAB CLAIMS-MADE			7, 7, 2, 2, 2, 1		AGGREGATE	\$5,000,000	
DEDUCTIBLE						. , ,	
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		
B PARTICIPANT ACCIDENT MEDICAL		SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
This certificate is issued on behalf o Additional Insured as respects the open control of the co	f Michig	gan State Youth Soccer As	sociation & Mi	ichigan Youth		te Holder is	

CERTIFICATE HOLDER	CANCELLATION
St. John Lutheran School 1011 W University Rochester, MI 48307	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 Satik Pull
	C 4000 0000 4 CODD CODD CD ATTOM ATT I I I



DATE (MM/DD/YYYY) 8/19/2014

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.

	conditions of the policy, certain policy, cert	olicies	s ma	y require an endorsement. <i>I</i>	A statement on t	inis certificate d	loes not conter rights to the	e certificate noider	
PROI	Pullen Insurance Se	rvic	es	Inc	CONTACT NAME:	Sports Divis	ion		
	2560 River Park Pla				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76.	,	Sui	ic 300	E-MAIL ADDRESS: contact@pullenins.com				
	Toft Worth, TA 70.	110			PRODUCER CUSTOMER ID#: MI				
					INSURERS AF	NAIC #			
INSU	RED 34: 1: C 37 .1	<u> </u>		A				11991	
	Michigan State 1 Outil				Insurer A: National Casualty Company Insurer B: National Union Fire Insurance Company				
	9401 General Drive, S	suite	12	0		ulonai Union F	ire insurance Company	19445	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
	VED 4 0 E 0	TIE	-10	ATE MUMBER 1411.60	Insurer F:	-	NEVIOLONI NUMBER		
				ATE NUMBER: 1411668			REVISION NUMBER:		
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	REQUII 7 PER 3H POL	REM TAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	OF ANY CONTR ED BY THE POI E BEEN REDUCE	ACT OR OTHER LICIES DESCRIB D BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	T TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADD'L INSRD	SUBR	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
	X HIRED AUTOS						(Per accident)		
	NON-OWNED AUTOS								
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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  ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE		
	If yes, describe under						E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLES	(Atta	ch ACORD 101, Additional Remarks So	chedule, if more space	is required)			
Thi	s certificate is issued on behalf or ditional Insured as respects the op-	f Mic	higa	on State Youth Soccer Ass	sociation & Mi	chigan Youth	Soccer League. Certificat	e Holder is	
<i>1</i> 100	artional insured as respects the of	perati	OHS	of the Tunned Insured for	sanctioned act	ivides of the st	ate association.		
CE	RTIFICATE HOLDER				CANCELLA	TION			
14	Leonard's Port Maurice 057 East 9 Mile arren, MI 48089				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 REPR	RESENTATIVE	Patik Dueli		



DATE (MM/DD/YYYY) 8/19/2014

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	eu of such endorsement(s).	nicies	may require an endorsement.	A statement on	uns ceruncate o	ioes not conier rights to the	e certificate noider	
PROI	Pullen Insurance Se	rvice	es Inc	CONTACT NAME:	Sports Divis	sion		
	2560 River Park Pla			PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 762	,	rate 300	E-MAIL ADDRESS: contact@pullenins.com				
	Toft Worth, 12 70	110		PRODUCER CUSTOMER ID#: MI				
				INSURERS AF	NAIC #			
INSU	IRED Michigan State Voyeth	Coor	non Association	+			11991	
	Michigan State 1 Outil			Insurer A: National Casualty Company Insurer B: National Union Fire Insurance Company			19445	
	9401 General Drive, S	sune	120		ulonai Omon i	The misurance Company	17443	
	Plymouth, MI 48170			Insurer C:				
				Insurer D:				
				Insurer E:				
~~	VEDAGES OF	DTIE	OATE NUMBER - 14116	Insurer F:		SEVICION NUMBER	0	
			CATE NUMBER: 141166			REVISION NUMBER:		
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R ITIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	EQUIR PERT H POLI	EMENT, TERM OR CONDITION TAIN, THE INSURANCE AFFOR ICIES. LIMITS SHOWN MAY HAV	N OF ANY CONTE DED BY THE PO VE BEEN REDUCE	RACT OR OTHER LICIES DESCRIE ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADD'L SI	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X	KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
	X HIRED AUTOS					(Per accident)		
	X NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR		XKO 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	NI/A				E. L. EACH ACCIDENT		
	OFFICER/MEMBER EXCLUDED?	N/A				E. L. DISEASE - EA EMPLOYEE		
	If yes, describe under					E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL		SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
Thi	CRIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf o	f Mich	nigan State Youth Soccer As	ssociation & Mi	chigan Youth	Soccer League. Certificat	te Holder is	
Ado	ditional Insured as respects the op	peratio	ons of the Named Insured fo	r sanctioned act	tivities of the st	tate association.		
CE	RTIFICATE HOLDER			CANCELLA	TION			
Sto 57	oney Creek High School 5 E Tienker ochester Hills, MI 48306			SHOULD ANY THE EXPIRATI	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 REP	RESENTATIVE	Patik Dull	-	



DATE (MM/DD/YYYY) 8/19/2014

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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

	onditions of the policy, certain p u of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate of	loes not confer rights to the	ne certificate holder		
PRODU	Pullen Insurance S	ervio	ces.	Inc.	CONTACT NAME: Sports Division					
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 76	,			E-MAIL ADDRESS: contact@pullenins.com					
	, , , , , , , , , , , , , , , , , , , ,				PRODUCER CUSTOMER ID#: MI					
					INSURERS AI	NAIC #				
INSUR	Michigan State Youtl	ı So	ccer	Association	Insurer A: N	11991				
	9401 General Drive,				Insurer B: National Union Fire Insurance Company 19445					
	Plymouth, MI 48170				Insurer C:					
	,				Insurer D:					
					Insurer E:					
					Insurer F:					
COV	ERAGES CI	ERTI	FIC/	ATE NUMBER: 141166	85	F	REVISION NUMBER:	0		
INDIC CERT	IS TO CERTIFY THAT THE POLICI ATED. NOTWITHSTANDING ANY IFICATE MAY BE ISSUED OR MA USIONS AND CONDITIONS OF SU	REQU Y PEF	IREM RTAIN	ENT, TERM OR CONDITION  I, THE INSURANCE AFFORD	OF ANY CONT	RACT OR OTHER DLICIES DESCRIB	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			
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE	\$1,000,000		
	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		
L							GENERAL AGGREGATE	UNLIMITED		
	BEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000		
	POLICY PROJECT LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000		
A	AUTOMOBILE LIABILITY  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		

						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 ANY AUTO		KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000
	X EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$5,000,000
	DEDUCTIBLE	1					
	RETENTION \$						
	WORKERS COMPENSATION					WC STATU- TORY LIMITS OTH- ER	
	AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E. L. EACH ACCIDENT	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A				E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under					E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL		SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CENTILICATE HOLDEN	CANCELLATION
Township of Shelby (Ford Field) Attn: Dave Moore, Parks & Rec 52602 Van Dyke	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Shelby Township, MI 48316	AUTHORIZED REPRESENTATIVE Satikbull

CANCELL ATION

CERTIFICATE HOLDER



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain policy, cert	olicies	s ma	y require an endorsement. <i>I</i>	A statement on t	inis certificate d	loes not conter rights to the	e certificate noider	
PROI	Pullen Insurance Se	rvic	es	Inc	CONTACT NAME:	Sports Divis	ion		
	2560 River Park Pla				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76.	,	Sui	ic 300	E-MAIL ADDRESS: contact@pullenins.com				
	Toft Worth, IA 70.	110			PRODUCER CUSTOMER ID#: MI				
					INSURERS AF	NAIC #			
INSU	RED 34: 1: C. 4 37 41			A				11991	
11400	Michigan State 1 Outil				Insurer A: National Casualty Company			+	
	9401 General Drive, S	Suite	12	0		tional Union F	Fire Insurance Company	19445	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTIF	FIC/	ATE NUMBER: 1411687	75 REVISION NUMBER: 0				
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	REQUI / PER CH POI	REM TAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	OF ANY CONTR ED BY THE POI E BEEN REDUCE	ACT OR OTHER LICIES DESCRIB D BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	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		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE		
	If yes, describe under						E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
Thi	CRIPTION OF OPERATIONS/LOCATIONS/VE s certificate is issued on behalf o ditional Insured as respects the op	f Mic	higa	n State Youth Soccer Ass	sociation & Mi	d-Michigan Yo		ificate Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
90	Paul Lutheran School/Chur Millville Rd peer, MI 48446	rch			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 REPR	RESENTATIVE	Patik Dueli	-	



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain policy certain pole of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate o	loes not confer rights to the	e certificate holder	
PRO	Pullen Insurance Se	rvio	es	Inc	CONTACT NAME: Sports Division				
	2560 River Park Pla				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76	,	Dui	500	E-MAIL ADDRESS: contact@pullenins.com				
	1 of worth, 121 70	110			PRODUCER CUSTOMER ID#: MI				
					INSURERS AFFORDING COVERAGE NAIC #				
INSU	IRED Michigan State Vouth	C ₀		Association		11991			
	Michigan State 1 Outil					<u>itional Casualty</u>	Fire Insurance Company	19445	
	9401 General Drive, S	Suite	2 12	U		19443			
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
	VED 4 0 5 0				Insurer F:				
				ATE NUMBER: 141168			REVISION NUMBER:		
IND CEF EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	REQU / PEF :H PC	IREM RTAIN LICIE	ENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	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		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
11	X EXCESS LIAB CLAIMS-MADE			7110 4000000	7/1/2014	7/1/2013	AGGREGATE	\$5,000,000	
	DEDUCTIBLE	-					AGGREGATE	ψ3,000,000	
	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		
				CDC 0115225 A	0/1/2014	0/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VE		C / ^ #=	ah ACORD 101 Additional Remarks S	Sahadula if mana angan	in required)			
	s certificate is issued on behalf o						outh Sagar I aggue Cort	tificata Holder is	
	ditional Insured as respects the op-							inicate Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
	Lorenz Church								
10	30 W. Tuscola Rd ankenmuth, MI 48734				THE EXPIRATION	OF THE ABOVE I ON DATE THEREC LICY PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE DINACCORDANCE	
					AUTHORIZED REPI	RESENTATIVE	0 0		
							Vatil Pull	-	



DATE (MM/DD/YYYY) 8/19/2014

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

PRODUCER Pullen I	nsurance So	ervio	es	Inc	CONTACT NAME: Sports Division				
	ver Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	orth, TX 76		Sui	200	E-MAIL ADDRESS: contact@pullenins.com				
1010 111	7111, 111 / 0	110			PRODUCER CUSTOMER ID#: MI				
					INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSURED Michigan	State Youth	ı Soo	ccer	Association	Insurer A: Na	ational Casualty	y Company	11991	
	eral Drive, S				Insurer B: Na	19445			
	MI 48170				Insurer C:				
J					Insurer D:				
					Insurer E:				
					Insurer F:				
COVERAGES	CE	RTI	FIC/	ATE NUMBER: 141168	377	F	REVISION NUMBER:	0	
CERTIFICATE MAY BE IS EXCLUSIONS AND COND	SSUED OR MA'	Y PEF	RTAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFOR S. LIMITS SHOWN MAY HAV	DED BY THE PO /E BEEN REDUCE	LICIES DESCRIE ED BY PAID CLAI	ED HEREIN IS SUBJECT T		
INSR LTR TYPE OF INSU	RANCE	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 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE	\$1,000,000	
X COMMERCIAL GENE							DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
CLAIMS MADE	XOCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
GEN'L AGGREGATE LIMIT							PRODUCTS - COMP/OP AGG	\$1,000,000	
POLICY PROJ	CT LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000	
A AUTOMOBILE LIABILITY ANY AUTO				KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
X EXCESS LIAB	CLAIMS-MADE						AGGREGATE	\$5,000,000	
DEDUCTIBLE									
RETENTION \$									
WORKERS COMPENSAT							WC STATU- TORY LIMITS OTH- ER		
AND EMPLOYERS' LIABI ANY PROPRIETOR/PARTNER, OFFICER/MEMBER EXCLUDE		N/A					E. L. EACH ACCIDENT		
OFFICER/MEMBER EXCLUDE (Mandatory in NH)	)?	'''					E. L. DISEASE - EA EMPLOYEE		

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

SRG 9115335A

This certificate is issued on behalf of Michigan State Youth Soccer Association & Mid-Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

9/1/2014

9/1/2015

CERTIFICATE HOLDER	CANCELLATION
Sunnyside Park 1511 Elm St. Mt Pleasant, MI 48858	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 Satik Pull

E. L. DISEASE - POLICY LIMIT

\$100,000

If yes, describe under

PARTICIPANT ACCIDENT MEDICAL



DATE (MM/DD/YYYY) 8/19/2014

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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 liquid to the policy of such and response.

PRO	Pullen Insurance Se			CONTACT NAME:	F				
	2560 River Park Pla	aza, Sui	te 300	PHONE: (8	(01),100 0100				
	Fort Worth, TX 762	116		E-MAIL ADDRESS:	F				
				PRODUCER CUSTO					
				INSURERS AF	FORDING COVI	ERAGE	NAIC #		
INSU	RED Michigan State Youth	Soccer	Association	Insurer A: Na	Insurer A: National Casualty Company				
	9401 General Drive, S			Insurer B: Na	Insurer B: National Union Fire Insurance Company				
	Plymouth, MI 48170			Insurer C:					
	<b>,</b> ,			Insurer D:					
				Insurer E:					
				Insurer F:					
CO	VERAGES CE	RTIFIC	ATE NUMBER: 1411	6878	F	REVISION NUMBER:	0		
CEF EXC	S IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY R ITIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUC	REQUIREM Y PERTAIN CH POLICIE	ENT, TERM OR CONDITI N, THE INSURANCE AFFO	ON OF ANY CONTF DRDED BY THE PO IAVE BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECT TO	CT TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADD'L SUBR INSRD WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
Α	GENERAL LIABILITY	X	KRO 4688700	9/1/2014	9/1/2015	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		
Α	AUTOMOBILE LIABILITY  ANY AUTO		KRO 4688700	9/1/2014	9/1/2015	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					(i or doordonly			
	<del></del>			1	I				
A	UMBRELLA LIAB X OCCUR		XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
A	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE		XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE AGGREGATE			
A			XKO 4688800	9/1/2014	9/1/2015				
A	X EXCESS LIAB CLAIMS-MADE		XKO 4688800	9/1/2014	9/1/2015				
A	X EXCESS LIAB CLAIMS-MADE  DEDUCTIBLE  RETENTION \$  WORKERS COMPENSATION		XKO 4688800	9/1/2014	9/1/2015	AGGREGATE  WC STATU- OTH-			
A	X EXCESS LIAB CLAIMS-MADE  DEDUCTIBLE  RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N		XKO 4688800	9/1/2014	9/1/2015	AGGREGATE  WC STATU- OTH-			
A	X EXCESS LIAB CLAIMS-MADE  DEDUCTIBLE  RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/PMEMBER EXCLUDED?	N/A	XKO 4688800	9/1/2014	9/1/2015	AGGREGATE  WC STATU- TORY LIMITS  E. L. EACH ACCIDENT			
A	X EXCESS LIAB CLAIMS-MADE  DEDUCTIBLE  RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N	N/A	XKO 4688800	9/1/2014	9/1/2015	AGGREGATE  WC STATU- TORY LIMITS  OTH- ER	\$5,000,000 \$5,000,000		

This certificate is issued on behalf of Michigan State Youth Soccer Association & Mid-Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
Swartz Creek Church of the Nazarene 7154 Morrish Rd Swartz Creek, MI 48473	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  Satisfull



DATE (MM/DD/YYYY) 8/19/2014

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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

	conditions of the policy, certain pe eu of such endorsement(s).	olicie	s ma	y require an endorsement.	Á statement on	this certificate of	loes not confer rights to the	e certificate holder	
PROI	Pullen Insurance Se	-rvi	ces	Inc	CONTACT NAME: Sports Division  PHONE: (817) 738-6100				
	2560 River Park Pl								
	Fort Worth, TX 76	,	Du	300	E-MAIL ADDRESS: contact@pullenins.com				
	Toft Worth, 124 70	110			PRODUCER CUSTOMER ID#: MI				
					INSURERS AF	NAIC #			
INSU	RED Michigan State Vouth	· Co		. Association	Insurer A: Na	11991			
	Michigan State 1 out						Fire Insurance Company	19445	
	9401 General Drive, S	Sulu	e 12	.U		ulonai Omon i	The misurance Company	17443	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
	VED A OF C	. D. T.		ATE MUMDED: 141120	Insurer F:		SEVICIONI NUMBER:	0	
				ATE NUMBER: 141168			REVISION NUMBER:		
INDI CER EXC	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 CH PC	IREN RTAIN DLICIE	IENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE PO E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	ALL OWNED AUTOS						BODILY INJURY (Per person)		
	<del>-</del>						BODILY INJURY (Per accident)		
	SCHEDULED AUTOS						PROPERTY DAMAGE		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EAGU GOOUDDENOS	\$5,000,000	
A	X EXCESS LIAB CLAIMS-MADE			AKU 4000000	9/1/2014	9/1/2013	EACH OCCURRENCE	\$5,000,000	
	DEDUCTIBLE	1					AGGREGATE	\$3,000,000	
	<del>-</del>								
	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		
_	-			GD G 01150051	0/1/2014	0/4/2047	E. L. DISEASE - POLICY LIMIT	Φ100 000	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
DE0/			0 (1)						
	cription of operations / locations / ve s certificate is issued on behalf o						outh Cooper Loogue Cort	ificata Holdonia	
	ditional Insured as respects the o							incate Holder is	
CE	DTIEICATE HOLDED				CANCELLA	TION			
Swartz Creek Junior High School 8230 Crapo St. Swartz Creek, MI 48473					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 REP	RESENTATIVE	$\cap$		
							Vatil Pull	-	



 $\begin{array}{c} \text{DATE (MM/DD/YYYY)} \\ 8/19/2014 \end{array}$ 

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and conditions of the policy, certain p in lieu of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate o	loes not conter rights to th	ie certificate noider	
PRODUCER Pullen Insurance Se	ervi	ces	Inc	CONTACT NAME: Sports Division				
2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993				
Fort Worth, TX 76	,	Sui	<b>10</b> 300	E-MAIL ADDRESS: contact@pullenins.com				
Tort worth, 121 70	110			PRODUCER CUSTOMER ID#: MI				
				INSURERS AF	NAIC #			
INSURED Michigan State Youth	So	ccer	Association	Insurer A: Na	ntional Casualty	/ Company	11991	
9401 General Drive,						ire Insurance Company	19445	
Plymouth, MI 48170	Juin	. 12	O	Insurer C:				
				Insurer D:				
				Insurer E:				
				Insurer F:				
COVERAGES CE	RTI	FIC/	ATE NUMBER: 141168	80	F	REVISION NUMBER:	0	
THIS IS TO CERTIFY THAT THE POLICI INDICATED. NOTWITHSTANDING ANY FOR CERTIFICATE MAY BE ISSUED OR MATERICLUSIONS AND CONDITIONS OF SUC	REQU Y PEF CH PC	IREM RTAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE PO E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPE JED 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		
A GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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  ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	14/7					E. L. DISEASE - EA EMPLOYEE		
If yes, describe under						E. L. DISEASE - POLICY LIMIT		
B PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VE This certificate is issued on behalf of Additional Insured as respects the of  CERTIFICATE HOLDER	of Mi	chiga	an State Youth Soccer As	sociation & Mi	d-Michigan Yo ivities of the st		tificate Holder is	
Taymouth Township Park				JANGELLA	11014			

Taymouth Township Park 2386 E. Burt Rd Birch Run, MI 48415

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

Satik Pulli



in lieu of such endorsement(s).

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/19/2014

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.

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PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division					
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993					
		E-MAIL ADDRESS: contact@pullenins.com					
		PRODUCER CUSTOMER ID#: MI					
		INSURERS AFFORDING COVERAGE	NAIC #				
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991				
		Insurer B: National Union Fire Insurance Company	19445				
	Plymouth, MI 48170	Insurer C:					
	· ·	Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 1401701	5 <b>REVISION NUMBER:</b> 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 4688700	9/1/2014	9/1/2015	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  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(i ei accident)	
	NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
	DEDUCTIBLE	1						
	RETENTION \$							
	WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER	
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE  Y/N	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
ST. CLAIR HIGH SCHOOL 2200 CLINTON AVENUE ST. CLAIR, MI 48079	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 Satik Pull



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain p eu of such endorsement(s).	olicie	s ma	y require an endorsement.	Á statement on	this certificate o	loes not confer rights to the	e certificate holder	
PROI	Pullen Insurance Se	ervi	ces	Inc	CONTACT NAME: Sports Division				
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76	,	Sui	500	E-MAIL ADDRESS: contact@pullenins.com				
	1 of t worth, 121 70	110			PRODUCER CUSTO				
					INSURERS AF	NAIC #			
INSU	Michigan State Youth	. 50	CCOT	Association	1	tional Casualty		11991	
	9401 General Drive,	200	12	ASSOCIATION		•	Fire Insurance Company	19445	
	Plymouth, MI 48170	Sulu	C 12	U	Insurer C:	ttionar Omon I	ne insurance company	17443	
	Flyilloutii, Mii 48170				Insurer D:				
					Insurer E:				
					Insurer F:				
	VERAGES CE	DTI	FIC	ATE NUMBER: 140170			REVISION NUMBER:	0	
THIS INDI CER EXC	S IS TO CERTIFY THAT THE POLICI ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MA LUSIONS AND CONDITIONS OF SUC	ES O REQU Y PEI CH PC	F INS IREM RTAIN OLICIE	URANCE LISTED BELOW HA ENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAV	VE BEEN ISSUE OF ANY CONTR DED BY THE POI E BEEN REDUCE	D TO THE INSUI RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	RED NAMED ABOVE FOR TI R DOCUMENT WITH RESPEC BED HEREIN IS SUBJECT TO MS.	HE POLICY PERIOD CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	*	
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
$\vdash$	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	ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(i or additionly		
	A non smiles no rec								
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
А	X EXCESS LIAB CLAIMS-MADE			AKO 4000000	<i>)</i> /1/201 <del>4</del>	7/1/2013	AGGREGATE	\$5,000,000	
	DEDUCTIBLE	1					AGGREGATE	ψ5,000,000	
	RETENTION \$								
	<u> </u>						WC STATU- OTH-		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						TORY LIMITS ER  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								
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000	
ט	PARTICIPANT ACCIDENT MEDICAL			5KG /113333A	<i>)</i> /1/201 <del>4</del>	7/1/2013		Ψ100,000	
DESC	 CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	L	chedule, if more space	le is required)			
Thi	s certificate is issued on behalf of ditional Insured as respects the o	f Mi	chiga	an State Youth Soccer Ass	sociation & Mi	chigan Youth	Soccer League. Certificate association.	te Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
ST 43	C. CLAIR MIDDLE SCHO 35 YANKEE RD C. CLAIR, MI 48079	OL			SHOULD ANY THE EXPIRATION	OF THE ABOVE I	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE		
					AUTHORIZED REPI	RESENTATIVE	$\bigcap$		
							Vatik Gull	-	



DATE (MM/DD/YYYY) 8/19/2014

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	eu of such endorsement(s).	DIICIES I	may require an endorsement.	A statement on	tnis certificate o	does not conter rights to the	e certificate noider	
PROI	Pullen Insurance Se	ervice	s Inc	CONTACT NAME:	Sports Divis	sion		
	2560 River Park Pla			PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76.	,	oute 300	E-MAIL ADDRESS: contact@pullenins.com				
	FOR WORLI, IA 70	110		PRODUCER CUSTOMER ID#: MI				
					FORDING COVI	EDAGE	NAIC #	
INICLI	IDED 3.51.1. G. T. J.							
INSU	Michigan State 1 Outil				ational Casualty		11991	
	9401 General Drive, S	Suite	120		ational Union F	Fire Insurance Company	19445	
	Plymouth, MI 48170			Insurer C:				
				Insurer D:				
				Insurer E:				
				Insurer F:				
CO	VERAGES CE	RTIFI	CATE NUMBER: 140171	43	F	REVISION NUMBER:	0	
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUC	REQUIRI 7 PERT 3H POLI	EMENT, TERM OR CONDITION AIN, THE INSURANCE AFFORI CIES. LIMITS SHOWN MAY HA\	I OF ANY CONTF DED BY THE PO /E BEEN REDUCE	RACT OR OTHER LICIES DESCRIE ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADD'L SU	JBR VD POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X	KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
	X HIRED AUTOS					(Per accident)		
	X NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR		XKO 4688800	9/1/2014	9/1/2015	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  ANY PROPRIETOR/PARTNER/EXECUTIVE  Y/N					E. L. EACH ACCIDENT		
	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		SRG 9115335A	9/1/2014	9/1/2015	2. 2. 3.02.7.02	\$100,000	
							. ,	
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLES (	Attach ACORD 101, Additional Remarks S	Schedule, if more space	e is required)	1		
Thi	s certificate is issued on behalf o	f Mich	igan State Youth Soccer As	sociation & Mi	chigan Youth	Soccer League. Certificat	te Holder is	
Ado	ditional Insured as respects the op-	peratio	ns of the Named Insured for	r sanctioned act	tivities of the st	tate association.		
CF	RTIFICATE HOLDER			CANCELLA	TION			
	T. JOHNS HIGH SCHOOL			3,				
	1 S SICKELS ST.			SHOULD ANY	OF THE ABOVE	DESCRIBED POLICIES BE CA	NCELLED BEFORE	
					LICY PROVISIONS	DF, NOTICE WILL BE DELIVERE 5.	D IN ACCURDANCE	
31	T. JOHNS., MI 48879							
				AUTHORIZED REP	RESENTATIVE	0 . $0$ .		
						Vatik Pulling	-	
				1		· · · · · · · · · · · · · · · · · · ·		



DATE (MM/DD/YYYY) 8/19/2014

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in li	eu of such endorsement(s).			y require an endorsement.					
PRO	Pullen Insurance So	ervi	ces.	Inc.	CONTACT NAME: Sports Division				
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76		~ ~		E-MAIL ADDRESS: contact@pullenins.com				
	1 010 11 01011, 111 7 0				PRODUCER CUSTOMER ID#: MI				
					INSURERS AF	FORDING COVE	ERAGE	NAIC #	
INSU	Michigan State Youth	So	ccer	Association	Insurer A: Na	tional Casualty	Company	11991	
	9401 General Drive, S						ire Insurance Company	19445	
	Plymouth, MI 48170	J (41 t)			Insurer C:				
	11,1110 0011, 1/11 10170				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTI	FIC	ATE NUMBER: 140187	09	F	REVISION NUMBER:	0	
IND CEF EXC	S IS TO CERTIFY THAT THE POLICII CATED. NOTWITHSTANDING ANY F ITIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREM RTAIN DLICIE	ENT, TERM OR CONDITION  I, THE INSURANCE AFFORD	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	DOCUMENT WITH RESPECT ED HEREIN IS SUBJECT TO	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		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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	ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
Thi	PRIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf of ditional Insured as respects the o	f Mi	chiga	an State Youth Soccer Ass	sociation & Mi	chigan Youth S		e Holder is	

**CERTIFICATE HOLDER** 

CANCELLATION

ST. CLAIR COUNTY RESA 499 RANGE ROAD MARYSVILLE, MI 48040

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

Satik Pull



DATE (MM/DD/YYYY) 8/19/2014

\$5,000,000

\$100,000

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and	cond	ANT: If the certificate holder is ditions of the policy, certain persuch endorsement(s).	s an <i>l</i> olicie	ADDI ⁻ es ma	TIONAL INSURED, the polic y require an endorsement.	cy(ies) must b A statement o	e endorsed. If SUE on this certificate d	BROGATION IS WAIVED, so loes not confer rights to the	ubject to the terms e certificate holder
PROD	DUCE	Pullen Insurance S	ervi	ces.	Inc.	CONTACT NAME	: Sports Divis	ion	
		2560 River Park Pl				PHONE: (	(817) 738-6100	FAX: (817) 738-29	993
		Fort Worth, TX 76				E-MAIL ADDRES	s: contact@pul	llenins.com	
						PRODUCER CUS	STOMER ID#: MI		
						INSURERS A	AFFORDING COVE	ERAGE	NAIC #
INSU	RED	Michigan State Youth	ı So	ccer	Association	Insurer A:	National Casualty	Company Company	11991
9401 General Drive, Suite 120						Insurer B:	National Union F	ire Insurance Company	19445
		Plymouth, MI 48170				Insurer C:			
		<i>j</i> ,				Insurer D:			
						Insurer E:			
						Insurer F:			
CO	VEF	RAGES CE	ERTI	FIC	ATE NUMBER: 140193	97	R	REVISION NUMBER:	0
INDI CER	CATE	TO CERTIFY THAT THE POLICI ED. NOTWITHSTANDING ANY I CATE MAY BE ISSUED OR MA ONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IIREM RTAIN OLICIE	IENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CON DED BY THE F E BEEN REDU	TRACT OR OTHER POLICIES DESCRIB CED BY PAID CLAIR	DOCUMENT WITH RESPECT TO	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	
A	GEN	ERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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'I	AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000
	F	POLICY PROJECT LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000
A	AUT	OMOBILE LIABILITY			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	$\vdash$	NY AUTO						BODILY INJURY (Per person)	
	$\vdash$	ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	$\mathbf{H}$	SCHEDULED AUTOS HIRED AUTOS						PROPERTY DAMAGE (Per accident)	
		ION-OWNED AUTOS						(i oi acolueiti)	
		MOIN-ONNINED HOLOS							
A	ļ	IMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000

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

SRG 9115335A

This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

9/1/2014

CERTIFICATE HOLDER	CANCELLATION

ST. JOHN VIANNEY CATHOLIC CHURCH 54045 SCHOENHERR ROAD SHELBY TOWNSHIP, MI 48315

CLAIMS-MADE

Y/N

N/A

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

EACH OCCURRENCE

WC STATU-TORY LIMITS

E. L. EACH ACCIDENT

E. L. DISEASE - EA EMPLOYEE

E. L. DISEASE - POLICY LIMIT

AGGREGATE

AUTHORIZED REPRESENTATIVE

9/1/2015

**EXCESS LIAB** 

DEDUCTIBLE RETENTION \$

If yes, describe under

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

PARTICIPANT ACCIDENT MEDICAL



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain policy, certain policy and such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate of	loes not confer rights to the	e certificate holder	
PRO	Pullen Insurance Se	2rvi	CAS	Inc	CONTACT NAME: Sports Division				
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76			ic 500	E-MAIL ADDRESS: contact@pullenins.com				
	Fort Worth, 12 70	110			PRODUCER CUSTOMER ID#: MI				
					INSURERS AFFORDING COVERAGE NAIC #				
INSU	RED Minhimor Chata Mausth			A a a a si a ti a m		ational Casualty		11991	
	Michigan State Youth 9401 General Drive, S						Fire Insurance Company	19445	
	Plymouth, MI 48170			•	Insurer C:				
	11/11/04/11/11/10/17				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTI	FICA	ATE NUMBER: 140200	77	F	REVISION NUMBER:	0	
IND CEF EXC	S IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY F ITIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IIREM RTAIN DLICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE PO E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	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		
A	GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE  DAMAGE TO RENTED PREMISES (Ea occurance)	\$1,000,000 \$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 4688700	9/1/2014	9/1/2015	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		
	X HIRED AUTOS						(Per accident)		
	NON-OWNED AUTOS								
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000	
	DEDUCTIBLE	1							
	RETENTION \$								
	WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER		
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE  Y/N	NI/A					E. L. EACH ACCIDENT		
	OFFICER/MEMBER EXCLUDED?	N/A					E. L. DISEASE - EA EMPLOYEE		
	If yes, describe under						E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
DEC	CRIPTION OF OPERATIONS / LOCATIONS / VE		C (^#-	oh ACORD 101 Additional Bons - Is C	obodulo if mare as -	a io required'			
1	s certificate is issued on behalf o						Soccer League Certifica	te Holder is	
	ditional Insured as respects the or							1101401 15	
	of the second se	1							
	DTIEICATE HOLDED				CANCELLA	TION			
	RTIFICATE HOLDER	1.	. 1 .	1011	CANCELLA	IION			
Sto	erling Heights (Warren Cor	isol	ıdate	ea School)			DESCRIBED POLICIES BE CA		
1	901 15 Mile Rd				THE EXPIRATI		F, NOTICE WILL BE DELIVERE		
Sto	erling Heights, MI 48312						=	l l	

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AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 8/19/2014

\$5,000,000

\$5,000,000

\$100,000

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

	onditions of the policy, certain p u of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate of	loes not confer rights to th	e certificate holder		
PRODU	Pullen Insurance S	ervi	ces.	Inc	CONTACT NAME:	Sports Divis	ion			
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 76			ac 500	E-MAIL ADDRESS: contact@pullenins.com					
	1010 ((01011, 111 / 0	110			PRODUCER CUST	OMER ID#: MI				
					INSURERS AI	FFORDING COVE	ERAGE	NAIC #		
INSUR	Michigan State Youth	ı So	ccei	· Association	Insurer A: N	ational Casualty	Company	11991		
	9401 General Drive,				Insurer B: N	ational Union F	ire Insurance Company	19445		
	Plymouth, MI 48170	S 6710			Insurer C:		•			
					Insurer D:					
					Insurer E:					
					Insurer F:					
COV	ERAGES CE	ERTI	FIC	ATE NUMBER: 140012	30	F	REVISION NUMBER:	0		
INDIC CERT	IS TO CERTIFY THAT THE POLICI ATED. NOTWITHSTANDING ANY I IFICATE MAY BE ISSUED OR MA USIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREM RTAIN DLICIE	IENT, TERM OR CONDITION N, THE INSURANCE AFFORI ES. LIMITS SHOWN MAY HAV	OF ANY CONT DED BY THE PO 'E BEEN REDUC	RACT OR OTHER DLICIES DESCRIB ED BY PAID CLAII	DOCUMENT WITH RESPECT TO	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			
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE	\$1,000,000		
	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		
	BEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000		
	POLICY PROJECT LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000		
A	AUTOMOBILE LIABILITY  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
-	ALL OWNED AUTOS						BODILY INJURY (Per person)			
-	SCHEDULED AUTOS						BODILY INJURY (Per accident)			
	K HIRED AUTOS						PROPERTY DAMAGE (Per accident)			

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

XKO 4688800

SRG 9115335A

This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

9/1/2014

9/1/2014

9/1/2015

9/1/2015

CERTIFICATE HOLDER	CANCELLATION
Warren Woods Christian School 14000 Thirteen Mile Rd Warren, MI 48088	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 Satisfull

EACH OCCURRENCE

WC STATU-TORY LIMITS

E. L. EACH ACCIDENT

E. L. DISEASE - EA EMPLOYEE

E. L. DISEASE - POLICY LIMIT

AGGREGATE

X NON-OWNED AUTOS

**EXCESS LIAB** 

DEDUCTIBLE RETENTION \$

If yes, describe under

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

PARTICIPANT ACCIDENT MEDICAL

Α

UMBRELLA LIAB X OCCUR

CLAIMS-MADE

Y/N

N/A



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain policy certain pole of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on t	this certificate o	loes not confer rights to the	e certificate holder	
PRO	Pullen Insurance Se	rvi	es	Inc	CONTACT NAME:	Sports Divis	ion		
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993  E-MAIL ADDRESS: contact@pullenins.com				
	Fort Worth, TX 76	,	Dui						
	1 of worth, 121 70	110			PRODUCER CUSTOMER ID#: MI				
					INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSU	RED Michigan State Vouth	Co		Association		tional Casualty		11991	
	Michigan State Touth					-	Fire Insurance Company	19445	
	9401 General Drive, S	Suite	2 12	U		monai Omon r	The insurance Company	19443	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:				
				ATE NUMBER: 140012:			REVISION NUMBER:		
IND CEF EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	REQU / PEI :H PC	IREM RTAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	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		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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							\$1,000,000	
A	AUTOMOBILE LIABILITY			KRO 4688700	9/1/2014	9/1/2015	PARTICIPANT LEGAL LIABILITY  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		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
Л	X EXCESS LIAB CLAIMS-MADE			AKO 4000000	)/1/201 <del>4</del>	7/1/2013		\$5,000,000	
	DEDUCTIBLE	1					AGGREGATE	Ψ5,000,000	
	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		
_				an a	0.44.004.4	0/4/2042	E. L. DISEASE - POLICY LIMIT	Φ100 000	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
DES	.I CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	ch ACORD 101, Additional Remarks S	chedule, if more space	: is required)	1		
	s certificate is issued on behalf o						Soccer League. Certificat	te Holder is	
	ditional Insured as respects the o								
	DTIFICATE LIQUED				OANOFILA	TION			
	RTIFICATE HOLDER				CANCELLA	IIUN			
Tr	oy Parks & Rec (Beach Par	k)			SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA	NCELLED BEFORE	
	0 W. Big Beaver				THE EXPIRATION	ON DATE THEREO	F, NOTICE WILL BE DELIVERE	DINACCORDANCE	
	oy, MI 48084				WITH THE POL	LICY PROVISIONS			
	-				AUTHORIZED REPR	RESENTATIVE	<u> </u>		
						2	V.T. Hellel		
					1		YIM MUTCH VILLE	-	



DATE (MM/DD/YYYY) 8/19/2014

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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

	I conditions of the policy, certain policy of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate of	loes not confer rights to the	e certificate holder	
PRO	Pullen Insurance Se	273/1/	CAS	Inc	CONTACT NAME:	Sports Divis	ion		
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993  E-MAIL ADDRESS: contact@pullenins.com				
	Fort Worth, TX 76		, Dui	.tc 300					
	101t Worth, 124 70	110			PRODUCER CUSTOMER ID#: MI				
					INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSL	Michigan State Youth	So	CCEI	· Association	Insurer A: Na	ational Casualty	v Company	11991	
	9401 General Drive, S	Snit	a 12	Association			Fire Insurance Company	19445	
	Plymouth, MI 48170	Juit	C 12	U	Insurer C:		in insurance company	17.10	
	1 1y1110utii, 1v11 +01 / 0				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTI	FIC	ATE NUMBER: 140034:	-	F	REVISION NUMBER:	0	
THI: IND CEF EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	ES O REQU Y PEI CH PC	F INS IIREM RTAIN DLICIE	URANCE LISTED BELOW HA IENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	AVE BEEN ISSUE OF ANY CONTR DED BY THE PO E BEEN REDUCE	ED TO THE INSUITED TO THE FORM OF THE FORM	RED NAMED ABOVE FOR THE DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	HE POLICY PERIOD OT TO WHICH THIS	
INSR LTR			SUBR WVD		POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	** ***	
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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	ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(i or additional)		
	A NON COMED ACTOC								
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EAGU GOOUDDENOE	\$5,000,000	
Α.	X EXCESS LIAB CLAIMS-MADE			AKO 4000000	9/1/2014	9/1/2013	EACH OCCURRENCE	\$5,000,000	
	DEDUCTIBLE	1					AGGREGATE	ψ3,000,000	
	RETENTION \$								
							WC STATU- OTH-		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						TORY LIMITS ER  E. L. EACH ACCIDENT		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A							
	(Mandatory in NH)  If yes, describe under						E. L. DISEASE - EA EMPLOYEE		
В				SRG 9115335A	9/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000	
Ь	PARTICIPANT ACCIDENT MEDICAL			3KU 9113333A	9/1/2014	9/1/2013		Ψ100,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	Lach ACORD 101, Additional Remarks S	Lichedule, if more space	l e is required)			
l .	is certificate is issued on behalf o						Soccer League. Certificat	e Holder is	
	ditional Insured as respects the o								
CF	RTIFICATE HOLDER				CANCELLA	TION			
		1			JANGELLA				
At 62	est Maple Elementary Schoot: Yvonne Curtis 75 Inkster	001			THE EXPIRATION		DESCRIBED POLICIES BE CA IF, NOTICE WILL BE DELIVERE		
Bi	rmingham, MI 48009				AUTHORIZED REP	RESENTATIVE	Patik Dull	-	



DATE (MM/DD/YYYY) 8/19/2014

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iii iieu oi s	such endorsement(s).		
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division	
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-29	93
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com	
	, <b>,</b>	PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991
		Insurer B: National Union Fire Insurance Company	19445
	Plymouth, MI 48170	Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	
COVER	AGES CERTIFICATE NUMBER: 1400426	REVISION NUMBER: 0	)
THIS IS TO	CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR TH	E POLICY PERIOD

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 4688700	9/1/2014	9/1/2015	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  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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  ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION

WEST MIDDLE SCHOOL Attn: YVONNE CURTIS 500 OLD PERCH ROCHESTER HILLS, MI 48309

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

Satik Ovel



DATE (MM/DD/YYYY) 8/19/2014

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and	ORTANT: If the certificate conditions of the policy, ceu of such endorsement(s	ertain polici	ADDI es ma	TIONAL INSURED, the policy require an endorsement.	cy(ies) must be A statement on	endorsed. If SU this certificate of	BROGATION IS WAIVED, s loes not confer rights to th	ubject to the terms e certificate holder
PROI	Pullen Insura	ance Servi	ces	Inc	CONTACT NAME:	Sports Divis	sion	
	2560 River I				PHONE: (8	17) 738-6100	FAX: (817) 738-2	993
	Fort Worth,		,	300	E-MAIL ADDRESS:	contact@pu	llenins.com	
	Tore worth,	111 /0110			PRODUCER CUST	OMER ID#: MI		
					INSURERS AF	FORDING COV	ERAGE	NAIC #
INSU	Michigan State	Youth So	occei	r Association	Insurer A: Na	ational Casualt	v Company	11991
	9401 General I	Drive Suit	e 12	0			Fire Insurance Company	19445
	Plymouth, MI		.0 12	.0	Insurer C:			
	1 Tymoddi, 1411	10170			Insurer D:			
					Insurer E:			
					Insurer F:			
СО	VERAGES	CERT	IFIC	ATE NUMBER: 140044		F	REVISION NUMBER:	0
INDI CER EXC	ICATED. NOTWITHSTANDIN RTIFICATE MAY BE ISSUED CLUSIONS AND CONDITIONS	IG ANY REQU OR MAY PE SOF SUCH P	JIREN RTAII OLICII	SURANCE LISTED BELOW HATENT, TERM OR CONDITION N, THE INSURANCE AFFORI ES. LIMITS SHOWN MAY HAV	I OF ANY CONTF DED BY THE PO /E BEEN REDUCE	RACT OR OTHEF LICIES DESCRIE ED BY PAID CLAI	R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT T	CT TO WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADD' INSR	L SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
Α	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIA						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X O	CCUR					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  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(rel accident)	
	A INCIN-COVINED ACTOS							
A	UMBRELLA LIAB X OCCU	IR .		XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000
	X EXCESS LIAB CLAIN	IS-MADE					AGGREGATE	\$5,000,000
	DEDUCTIBLE							
	RETENTION \$							

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

SRG 9115335A

N/A

This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

9/1/2014

OEDTIFICATE HOLDED	CANCELLATIO
CERTIFICATE HOLDER	CANCELLATIO

UNIVERSITY OF DETROIT Attn: YVONNE CURTIS 4001 WEST MCNICHOLS ROAD **DETROIT** , MI 48221

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

WC STATU-TORY LIMITS

E. L. EACH ACCIDENT

E. L. DISEASE - EA EMPLOYEE

E. L. DISEASE - POLICY LIMIT

\$100,000

AUTHORIZED REPRESENTATIVE

9/1/2015

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

PARTICIPANT ACCIDENT MEDICAL

If yes, describe under



DATE (MM/DD/YYYY) 8/19/2014

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	I conditions of the policy, certain policy of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate of	loes not confer rights to the	certificate holder	
PRO	Pullen Insurance Se	273/1/	CAS	Inc	CONTACT NAME:	Sports Divis	ion		
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993  E-MAIL ADDRESS: contact@pullenins.com				
	Fort Worth, TX 76		, Dui	<i>w</i> 300					
	101t Worth, 124 70	110			PRODUCER CUSTO				
					INSURERS AF	FORDING COVE	ERAGE	NAIC #	
INSL	Michigan State Youth	So	CCEI	· Association	Insurer A: Na	tional Casualty	v Company	11991	
	9401 General Drive, S	Snit	a 12	Association			Fire Insurance Company	19445	
	Plymouth, MI 48170	Juit	C 12	U	Insurer C:	tuonar emon r	ne insurance company	15113	
	1 1ymoum, wn 40170				Insurer D:				
					Insurer E:				
					Insurer F:				
CC	VERAGES CE	RTI	FIC	ATE NUMBER: 140054		F	REVISION NUMBER:	)	
THI: IND CEF EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	ES O REQU Y PEI CH PC	F INS IIREM RTAIN DLICIE	URANCE LISTED BELOW HA IENT, TERM OR CONDITION I, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	VE BEEN ISSUE OF ANY CONTR DED BY THE POI E BEEN REDUCE	D TO THE INSUI RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	RED NAMED ABOVE FOR TH R DOCUMENT WITH RESPEC ED HEREIN IS SUBJECT TO MS.	HE POLICY PERIOD OT TO WHICH THIS	
INSR LTR			SUBR WVD		POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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	ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(i or assistant)		
	A new swills he see								
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
11	X EXCESS LIAB CLAIMS-MADE			7110 4000000	)/1/201 <del>4</del>	7/1/2013	AGGREGATE	\$5,000,000	
	DEDUCTIBLE	1					AGGREGATE	ψ2,000,000	
	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			SRG 9115335A	9/1/2014	9/1/2015	E. L. DISEASE - POLIC I LIWIT	\$100,000	
ן ו	PARTICIPANT ACCIDENT MEDICAL			5KG 7113333K	<i>)</i> /1/201 <del>4</del>	7/1/2013		Ψ100,000	
DES	_  CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLF	S (Atta	ch ACORD 101. Additional Remarks S	chedule, if more space	is required)	<u> </u>		
Thi	is certificate is issued on behalf o ditional Insured as respects the o	f Mi	chiga	an State Youth Soccer Ass	sociation & Mi	chigan Youth S		e Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
18	ashtenaw Intermediate Scho 19 S. Wagner Rd nn Arbor, MI 48106	ool	Dist	rict	THE EXPIRATION		DESCRIBED POLICIES BE CAI F, NOTICE WILL BE DELIVEREI		
					AUTHORIZED REPI	RESENTATIVE	Jatik Dull-		



DATE (MM/DD/YYYY) 8/19/2014

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)

iii iieu oi s	such endorsement(s).		
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division	
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-29	93
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991
		Insurer B: National Union Fire Insurance Company	19445
	Plymouth, MI 48170	Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	
COVER	AGES CERTIFICATE NUMBER: 1400673	REVISION NUMBER: (	)
THIS IS TO	CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR TH	E POLICY PERIOD

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	X	****	KRO 4688700	9/1/2014	9/1/2015	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  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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	
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E. L. EACH ACCIDENT	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	. •,, \					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

Veterans Memorial Park Attn: Parks And Rec Eastpointe and Roseville 27325 Barkman Road

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

Satik Dieli___

Roseville, MI 48066



DATE (MM/DD/YYYY) 8/19/2014

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 liquid or queb endorsement(s)

in lieu of such	endorsement(s).							
PRODUCER	Pullen Insurance Se	ervi	ces.	Inc.	CONTACT NAME: Sports Division			
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993			
	Fort Worth, TX 76	,			E-MAIL ADDRESS: contact@pullenins.com			
	, , , ,				PRODUCER CUSTOMER ID#: MI			
					INSURERS	NAIC #		
INSURED Mi	chigan State Youth	So	ccer	Association	Insurer A:	National Casualt	y Company	11991
94	01 General Drive, S	Snite	e 12	0	Insurer B:	National Union I	Fire Insurance Company	19445
	mouth, MI 48170	<i>-</i>			Insurer C:		1 7	
1.7	11100011, 1111 10170				Insurer D:			
					Insurer E:			
					Insurer F:			
COVERAGI	ES CE	RTI	FIC/	ATE NUMBER: 140070	53		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 EFFECTI DATE (MM/DD/Y	VE POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A GENERAL L		X		KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE	\$1,000,000
Х СОММЕ	RCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
CI	AIMS MADE $X$ OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
GEN'L AGGRI	EGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000
POLICY	PROJECT LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000
A AUTOMOBIL				KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
I <del>I I</del> I	NED AUTOS						BODILY INJURY (Per person)	
l <del>-  </del>	JLED AUTOS						BODILY INJURY (Per accident)	
X HIRED A							PROPERTY DAMAGE (Per accident)	
l <del> </del>	/NED AUTOS						(* ** *********************************	
Anonsi								
A UMBREI	LA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000
X EXCESS	<b>—</b>			11110 1000000	<i>&gt;,1,2</i> 01.	37172018	AGGREGATE	\$5,000,000
DEDUCT	TBLE	1					NOGILE ON LE	1-77
RETENT	ION \$							
WORKERS	COMPENSATION						WC STATU- TORY LIMITS OTH- ER	
AND EMPLO	YERS' LIABILITY Y/N						E. L. EACH ACCIDENT	
OFFICER/MEM (Mandatory in I	FOR/PARTNER/EXECUTIVE BER EXCLUDED?	N/A					E. L. DISEASE - EA EMPLOYEE	
If yes, describe							E. L. DISEASE - POLICY LIMIT	
B PARTICIPA	ANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000
This certifica	te is issued on behalf o	f Mi	chiga	ch ACORD 101, Additional Remarks S an State Youth Soccer Ass of the Named Insured for	sociation &	Michigan Youth		te Holder is
CERTIFICA	TE HOLDER				CANCEL	LATION		
Troy Community Center Attn: Yvonne Curtis					SHOULD A	NY OF THE ABOVE ATION DATE THEREO	DESCRIBED POLICIES BE CA DF, NOTICE WILL BE DELIVERE	NCELLED BEFORE DINACCORDANCE

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500 W. Big Beaver Troy, MI 48083 WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 8/19/2014

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.

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iii iieu oi s	such endorsement(s).					
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division				
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com				
	,,,	PRODUCER CUSTOMER ID#: MI				
		INSURERS AFFORDING COVERAGE NAIC #				
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991			
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445			
	Plymouth, MI 48170	Insurer C:				
	,	Insurer D:				
		Insurer E:				
		Insurer F:				
COVER	AGES CERTIFICATE NUMBER: 1400705	REVISION NUMBER: (	)			
THIS IS TO	CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR TH	E POLICY PERIOD			

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	
Α	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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  ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CENTILICATE HOLDEN	CANCELLATION
Troy Union Elementary School - East and West Attn: Yvonne Curtis 1340 E. Square Lake Road	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Troy, MI 48085	AUTHORIZED REPRESENTATIVE Satikbull

CANCELL ATION

CEDTIEICATE HOLDED



DATE (MM/DD/YYYY) 8/19/2014

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PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division				
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com				
	,	PRODUCER CUSTOMER ID#: MI				
		INSURERS AFFORDING COVERAGE	NAIC #			
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991			
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company 19445				
	· · · · · · · · · · · · · · · · · · ·	Insurer C:				
		Insurer D:				
		Insurer E:				
		Insurer F:				
COVER	AGES CERTIFICATE NUMBER: 1400705	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 4688700	9/1/2014	9/1/2015	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  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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  ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
Wass Elementary School Attn: Yvonne Curtis 2340 Willard Road	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Troy, MI 48085	AUTHORIZED REPRESENTATIVE  Satikululu



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain policy certain po	olicie	s ma	y require an endorsement.	A statement on	this certificate of	loes not confer rights to the	e certificate holder		
PRO	Pullen Insurance Se	-rvi	ces	Inc	CONTACT NAME: Sports Division  PHONE: (817) 738-6100					
	2560 River Park Pl									
	Fort Worth, TX 76		Sui	.tc 300	E-MAIL ADDRESS: contact@pullenins.com					
	Toft Worth, 1A 70	110			PRODUCER CUSTOMER ID#: MI					
						FORDING COVI	=RAGE	NAIC #		
INSU	RED M. 1. C N1	-		A : .:				11991		
11400	Michigan State 1 out					tional Casualty		19445		
	9401 General Drive, S	Suit	e 12	0		monai Union F	Fire Insurance Company	19445		
	Plymouth, MI 48170				Insurer C:					
					Insurer D:					
					Insurer E:					
					Insurer F:					
CO	VERAGES CE	RTI	FIC/	ATE NUMBER: 140087	47	F	REVISION NUMBER:	0		
IND CEF EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IIREM RTAIN DLICIE	ENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	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			
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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			
	X HIRED AUTOS						(Per accident)			
	X NON-OWNED AUTOS									
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000		
	DEDUCTIBLE	1								
	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?	N/A					E. L. DISEASE - EA EMPLOYEE			
	(Mandatory in NH) If yes, describe under						E. L. DISEASE - POLICY LIMIT			
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	E. L. DISEASE - POLIC I LIWITI	\$100,000		
ъ	PARTICIPANT ACCIDENT MEDICAL			3KG 7113333K	9/1/2014	9/1/2013		Ψ100,000		
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	ch ACORD 101 Additional Remarks S	chedule if more space	is required)				
Thi	s certificate is issued on behalf o	f Mi	chig	an State Youth Soccer Ass	sociation & Mi	chigan Youth S		te Holder is		
CE	RTIFICATE HOLDER				CANCELLA	TION				
Zie Zie 36	on Christian Church Found on Christian Church 68 Livernois Rd. oy, MI 48083	atio	n		SHOULD ANY THE EXPIRATION	OF THE ABOVE I ON DATE THEREO LICY PROVISIONS	0 0			
							Jatik Pulling	-		



DATE (MM/DD/YYYY) 8/19/2014

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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).

PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division					
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-29	93				
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com					
	1 010 11 01011, 111 7 01110	PRODUCER CUSTOMER ID#: MI					
		INSURERS AFFORDING COVERAGE	NAIC #				
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company 1199					
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445				
	Plymouth, MI 48170	Insurer C:					
	•	Insurer D:					
		Insurer E:					
		Insurer F:					
COVERA	AGES CERTIFICATE NUMBER: 140091	9 REVISION NUMBER:	<u> </u>				

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 4688700	9/1/2014	9/1/2015	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  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(i ei accident)	
	NON-OWNED AUTOS							
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
	DEDUCTIBLE	1						
	RETENTION \$							
	WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER	
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE  Y/N	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
WARREN COMMUNITY CENTER 5460 ARDEN ROAD WARREN , MI 48092	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 Satisfull-



DATE (MM/DD/YYYY) 8/19/2014

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(-)						
Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division					
2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993					
Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com					
, , ,	PRODUCER CUSTOMER ID#: MI					
	INSURERS AFFORDING COVERAGE	NAIC #				
Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991				
9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company 19445					
Plymouth, MI 48170	Insurer C:					
<b>3</b>	Insurer D:					
	Insurer E:					
	Insurer F:					
COVERAGES CERTIFICATE NUMBER: 140091	97 <b>REVISION NUMBER:</b> 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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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)	
	<del></del>						(Fer accident)	
	X NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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  ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
WATERFORD CIVIC CENTER 5200 CIVIC CENTER DRIVE WATERFORD , MI 48329	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 Satisfull



DATE (MM/DD/YYYY) 8/19/2014

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	l conditions of the policy, certain pole eu of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate o	does not confer rights to the	e certificate holder	
PRO	Pullen Insurance Se	rvio	es	Inc	CONTACT NAME: Sports Division				
	2560 River Park Pla				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76	,	Dui	200	E-MAIL ADDRESS:	contact@pu	llenins.com		
	1 of t worth, 121 70	110			PRODUCER CUSTO				
					INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSU	IRED Michigan State Vouth	Co		Association		tional Casualty		11991	
	Michigan State 1 Outil					•	Fire Insurance Company	19445	
	9401 General Drive, S	Suite	2 12	U		monai Omon r	The misurance Company	19443	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
	VED 1 0 5 0			TE WILLIAMS 4 4000 6	Insurer F:				
				ATE NUMBER: 140096			REVISION NUMBER:		
IND CEF EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	REQU / PEF :H PC	IREM RTAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORI S. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	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		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
11	X EXCESS LIAB CLAIMS-MADE			71KO 4000000	7/1/2014	7/1/2013	AGGREGATE	\$5,000,000	
	DEDUCTIBLE	-					AGGREGATE	ψ3,000,000	
	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		
				CDC 0115225 A	0/1/2014	0/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VE		C / ^ #=	ah ACORD 404 Additional Removies C	Sahadula if mana angan	in required)			
	s certificate is issued on behalf o						outh Societ Langua Cort	tificata Holder is	
	ditional Insured as respects the op-							inicate floider is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
W	oodland Park Academy								
2083 Grand Blanc Rd. Grand Blanc, MI 48439					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 REPI	RESENTATIVE	$\cap$		
							Intik bull	-	



DATE (MM/DD/YYYY) 8/19/2014

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PRODUCER	D 11 T C ' T	CONTACT NAME: Sports Division					
FRODUCER	Pullen Insurance Services, Inc.	1					
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com					
		PRODUCER CUSTOMER ID#: MI					
		INSURERS AFFORDING COVERAGE	NAIC #				
NSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company 11991					
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company 19445					
	Plymouth, MI 48170	Insurer C:					
	•	Insurer D:					
		Insurer E:					
		Insurer F:					
COVERA	AGES CERTIFICATE NUMBER: 1401138	REVISION NUMBER:	n				

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	X	****	KRO 4688700	9/1/2014	9/1/2015	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  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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	
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E. L. EACH ACCIDENT	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	. •,, \					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATIO

WAYNE WESTLAND COMMUNITY SCHOOL DISTRICT Soccer Fields 36455 MARQUETTE Westland, MI 48185

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



DATE (MM/DD/YYYY) 8/19/2014

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	out on the order of the order o						
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division					
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com					
	,,,	PRODUCER CUSTOMER ID#: MI					
		INSURERS AFFORDING COVERAGE NAIC #					
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company 11991					
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company 19445					
	Plymouth, MI 48170	Insurer C:					
	,	Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 1401199	P1 REVISION NUMBER: 0					
T		VE DEEL LOOLED TO THE MIGHES MAKED ADOME FOR THE DOLLOW REDUCT					

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, EXCLUSIONES AND CONDITIONS OF SUCH POLICIES LIMITES SHOWN ANY MAY PERFEN BEDICKED BY ADDICATED BY AND CONDITIONS.

_	LUSIONS AND CONDITIONS OF SUC			S. LIMITS SHOWN MAY H			MS.	
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 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(i ei accident)	
	A NON-OWNED ACTOS							
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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  ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
WHISPERING WOODS 11000 21 MILE RD. SHELBY TWP , MI 48317	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 Pull



DATE (MM/DD/YYYY) 8/19/2014

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.

	eu of such endorsement(s).		o ma	, roquire an endorsement.	- Statement OII			o ooi iiiioate iioidei	
Pullen Insurance Services, Inc.					CONTACT NAME: Sports Division				
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76		-		E-MAIL ADDRESS: contact@pullenins.com				
	,,,				PRODUCER CUSTO	OMER ID#: MI			
					INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSU	RED Michigan State Youth	Soc	cer	Association	Insurer A: Na	tional Casualty	y Company	11991	
	9401 General Drive, S						Fire Insurance Company	19445	
	Plymouth, MI 48170	Juite	. 12	O	Insurer C:		1 7		
	Trymouth, wir 10170				Insurer D:				
					Insurer E:				
					Insurer F:				
СО	VERAGES CE	RTII	FICA	ATE NUMBER: 140126		F	REVISION NUMBER:	0	
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUC	REQUI Y PER CH PO	REM RTAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	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		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	ALL OWNED AUTOS						BODILY INJURY (Per person)		
	SCHEDULED AUTOS						BODILY INJURY (Per accident)		
	<del></del>						PROPERTY DAMAGE (Per accident)		
	X HIRED AUTOS X NON-OWNED AUTOS						(Fel accident)		
	NON-OWNED ACTOS								
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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  ANY PROPRIETOR/PARTNER/EXECUTIVE  Y/N	N/A					E. L. EACH ACCIDENT		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE		
	If yes, describe under						E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VE						Saccor Laggue Contificaci	to Holder is	
	s certificate is issued on behalf o ditional Insured as respects the o							te Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
Ultimate Soccer Arena 867 South Blvd E Pontiac , MI 48341					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					



DATE (MM/DD/YYYY) 8/19/2014

\$5,000,000

\$5,000,000

\$100,000

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and co	onditions of the policy, certain policy, certa	olicie	es ma	y require an endorsement.	A statement o	on this certificate d	oes not confer rights to the	ne certificate holder	
PRODU	Pullen Insurance S	ervi	ces.	Inc.	CONTACT NAME	: Sports Divis	ion		
	2560 River Park Pl				PHONE: (	(817) 738-6100	FAX: (817) 738-2	993	
	Fort Worth, TX 76				E-MAIL ADDRES	s: contact@pul	lenins.com		
	,				PRODUCER CUS	STOMER ID#: MI			
					INSURERS A	AFFORDING COVE	RAGE	NAIC #	
INSURE	Michigan State Youth	ı So	ccei	Association	Insurer A:	National Casualty	Company	11991	
	9401 General Drive,				Insurer B:	National Union F	ire Insurance Company	19445	
	Plymouth, MI 48170				Insurer C:				
	,				Insurer D:				
					Insurer E:				
					Insurer F:				
COV	ERAGES CE	RTI	FIC/	ATE NUMBER: 140126	67	F	EVISION NUMBER:	0	
INDICA CERTI	S TO CERTIFY THAT THE POLICI ATED. NOTWITHSTANDING ANY I FICATE MAY BE ISSUED OR MA JSIONS AND CONDITIONS OF SUC	REQU Y PE	IREM RTAIN	IENT, TERM OR CONDITION N, THE INSURANCE AFFORD	OF ANY CON DED BY THE F	TRACT OR OTHER POLICIES DESCRIB	DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	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		
AG	ENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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	
G	EN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000	
	POLICY PROJECT LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000	
A	UTOMOBILE LIABILITY  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
-	ALL OWNED AUTOS						BODILY INJURY (Per person)		
<del> </del>	SCHEDULED AUTOS						BODILY INJURY (Per accident)		
-	- SCILDULED AUTOS						PROPERTY DAMAGE		

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

XKO 4688800

SRG 9115335A

This certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

9/1/2014

9/1/2014

9/1/2015

9/1/2015

CERTIFICATE HOLDER	CANCELLATION
WINSTAR SPORTS FIELDS 1200 FEATHERSTONE RD. Pontiac, MI 48342	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 Satik Pull

(Per accident)

AGGREGATE

EACH OCCURRENCE

WC STATU-TORY LIMITS

E. L. EACH ACCIDENT

E. L. DISEASE - EA EMPLOYEE

E. L. DISEASE - POLICY LIMIT

HIRED AUTOS

**EXCESS LIAB** 

DEDUCTIBLE RETENTION \$

If yes, describe under

NON-OWNED AUTOS

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

PARTICIPANT ACCIDENT MEDICAL

UMBRELLA LIAB X OCCUR

CLAIMS-MADE

Y/N

N/A



DATE (MM/DD/YYYY) 8/19/2014

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in li	ieu of such endorsement(s).							
PRODUCER Pullen Insurance Services, Inc.				CONTACT NAME: Sports Division  PHONE: (817) 738-6100 FAX: (817) 738-2993  E-MAIL ADDRESS: contact@pullenins.com				
2560 River Park Plaza, Suite 300								
Fort Worth, TX 76116								
	,			PRODUCER CUSTOMER ID#: MI				
				INSURERS AF	NAIC #			
Michigan State Youth Soccer Association			Insurer A: National Casualty Company			11991		
9401 General Drive, Suite 120 Plymouth, MI 48170				Insurer B: Na	19445			
				Insurer C:				
	,			Insurer D:				
				Insurer E:				
				Insurer F:				
CO	VERAGES CE	RTIF	ICATE NUMBER: 140126	69	F	REVISION NUMBER:	0	
IND CEF EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	EQUIR PERT H POLI	EMENT, TERM OR CONDITION AIN, THE INSURANCE AFFORI CIES. LIMITS SHOWN MAY HAV	OF ANY CONTE DED BY THE PO E BEEN REDUCI	RACT OR OTHEF LICIES DESCRIE ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADD'L SI	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X	KRO 4688700	9/1/2014	9/1/2015	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	ANY AUTO		KRO 4688700	9/1/2014	9/1/2015	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					(i or assissing		
	A new swills he les							
Α	UMBRELLA LIAB X OCCUR		XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE		71113 1000000	7,1,2011	7,1,2013	AGGREGATE	\$5,000,000	
	DEDUCTIBLE					ACCINE .	, - , ,	
	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		
В	PARTICIPANT ACCIDENT MEDICAL		SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
Thi	CRIPTION OF OPERATIONS / LOCATIONS / VE is certificate is issued on behalf or ditional Insured as respects the op	f Mich	nigan State Youth Soccer As	sociation & Mi	chigan Youth	Soccer League. Certificate association.	te Holder is	
CERTIFICATE HOLDER				CANCELLATION				
Waldon Middle School 2509 Waldon Rd. Lake Orion, MI 48360			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					



DATE (MM/DD/YYYY) 8/19/2014

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	eu of such endorsement(s).	nicies	may require an e	nuorsement. A	a statement o	on this certificate (	ioes not conter rights to th	le certificate noider	
PRODUCER Pullen Insurance Services, Inc.			CONTACT NAME: Sports Division						
2560 River Park Plaza, Suite 300			PHONE: (817) 738-6100 FAX: (817) 738-2993						
Fort Worth, TX 76116			E-MAIL ADDRESS: contact@pullenins.com						
roll worth, 1A /0110					PRODUCER CUSTOMER ID#: MI				
				INSURERS	NAIC #				
Michigan State Youth Soccer Association		Insurer A: National Casualty Company			11991				
				)II	Insurer B: National Union Fire Insurance Company			19445	
9401 General Drive, Suite Plymouth, MI 48170			Suite 120			1			
						Insurer C:			
					Insurer D:				
					Insurer E:				
~~	VEDAGES OF	DTIE	OATE NUMBE	<b>D</b> - 140106	Insurer F:				
			ICATE NUMBE				REVISION NUMBER:		
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R ITIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	EQUIR PERT H POL	EMENT, TERM OF TAIN, THE INSURA ICIES. LIMITS SHO	R CONDITION INCE AFFORD	OF ANY CON ED BY THE F E BEEN REDU	TRACT OR OTHEF POLICIES DESCRIE CED BY PAID CLAI	R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT T	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADD'L S	UBR WD POLICY N	IUMBER	POLICY EFFECTIV DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X	KRO 46887	00	9/1/2014	9/1/2015	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 46887	00	9/1/2014	9/1/2015	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		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
A	UMBRELLA LIAB X OCCUR		XKO 46888	300	9/1/2014	9/1/2015	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  ANY PROPRIETOR/PARTNER/EXECUTIVE  Y/N	N./.					E. L. EACH ACCIDENT		
	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		SRG 91153	35A	9/1/2014	9/1/2015		\$100,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VE		•					4. II-11*	
Ado	s certificate is issued on behalf o ditional Insured as respects the op	peratio	ons of the Named	n Soccer Ass I Insured for	sanction & I	nctivities of the s	soccer League. Certificatate association.	te Holder is	
CE	RTIFICATE HOLDER				CANCELL	ATION			
					JANULLE				
Upton Elementary 4400 Mandalay Royal Oak, MI 48073				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 Satisfull					



DATE (MM/DD/YYYY) 8/19/2014

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	eu of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate o	loes not confer rights to the	e certificate holder	
PRO	Pullen Insurance So	rvi	res	Inc	CONTACT NAME: Sports Division  PHONE: (817) 738-6100 FAX: (817) 738-2993  E-MAIL ADDRESS: contact@pullenins.com				
	2560 River Park Pl								
	Fort Worth, TX 76	,	Sui	ic 500					
	Fort Worth, 124 70	110			PRODUCER CUSTO				
						FORDING COVI	FRAGE	NAIC #	
INSU	RED Michigan State Vouth	· Co		Association		tional Casualty		11991	
	Michigan State 1 out	1 30	- 12	Association		•	Fire Insurance Company	19445	
	9401 General Drive, S	Sult	2 1 2	U		monai Omon i	The misurance Company	17443	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
~~	VED A OF C	. D. T.		ATE NUMBER: 140126	Insurer F:		DEVICION NUMBER	0	
				ATE NUMBER: 140136			REVISION NUMBER:		
IND CEF EXC	S IS TO CERTIFY THAT THE POLICI ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MA' CLUSIONS AND CONDITIONS OF SUC T	REQU Y PEI CH PC	IREM RTAIN DLICIE	ENT, TERM OR CONDITION  I, THE INSURANCE AFFORE  S. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE PO E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPEC BED HEREIN IS SUBJECT TO MS.	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	<del>-</del>						BODILY INJURY (Per person)		
	ALL OWNED AUTOS						BODILY INJURY (Per accident)		
	SCHEDULED AUTOS						PROPERTY DAMAGE		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000	
	DEDUCTIBLE	1							
	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		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	E. E. BIOLAGE T GLIGT LIMIT	\$100,000	
DES	PRINTION OF OREDATIONS // OCATIONS ///		C /^#-	oh ACORD 101 Additional Bow - de C	obodulo if mana ar	io roquirod'			
Thi	cription of operations/locations/ve s certificate is issued on behalf of ditional Insured as respects the o	f Mi	chiga	an State Youth Soccer As	sociation & Mi	d-Michigan Yo		tificate Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
Ve 61	erellen Elementary School 2 W. Borton Rd. sexville, MI 48732				SHOULD ANY THE EXPIRATION	OF THE ABOVE I	DESCRIBED POLICIES BE CAI F, NOTICE WILL BE DELIVEREI		
					AUTHORIZED REPI	RESENTATIVE	Patik Pull		



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain po eu of such endorsement(s).	olicies	s may	require an endorsement.	A statement on t	this certificate o	loes not confer rights to the	e certificate holder	
PRO	Pullen Insurance Se	rvic	es l	Inc	CONTACT NAME: Sports Division				
	2560 River Park Pla				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76.	,	Sur	<i>C</i> 500	E-MAIL ADDRESS: contact@pullenins.com				
	Toft Worth, 12 70.	110			PRODUCER CUSTOMER ID#: MI				
						FORDING COVE	FRAGE	NAIC #	
INSU	IRED M: -1-: C4-4- X/41-	C		A:-4:				11991	
	Michigan State Touth					tional Casualty			
	9401 General Drive, S	Suite	120	)		monai Union F	Fire Insurance Company	19445	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:	_		-	
				TE NUMBER: 1401419			REVISION NUMBER:		
IND CEF EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	EQUI PER H PO	REME TAIN LICIE:	ENT, TERM OR CONDITION , THE INSURANCE AFFORD	OF ANY CONTR DED BY THE POL E BEEN REDUCE	ACT OR OTHER LICIES DESCRIB D BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	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		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
Л	X EXCESS LIAB CLAIMS-MADE			AIXO +000000	)/1/201 <del>4</del>	7/1/2013		\$5,000,000	
	DEDUCTIBLE						AGGREGATE	Ψ5,000,000	
	<del></del>								
	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)						E. L. DISEASE - EA EMPLOYEE		
_	If yes, describe under						E. L. DISEASE - POLICY LIMIT	<b>#100.000</b>	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
Thi	CRIPTION OF OPERATIONS/LOCATIONS/VE s certificate is issued on behalf or ditional Insured as respects the operational Insured as respects the operation of the control of t	f Mic	higa	n State Youth Soccer Ass	sociation & Mi	chigan Youth S		te Holder is	
CF	RTIFICATE HOLDER				CANCELLA	TION			
W 20	OODLAND PARK ACAD 83 E. GRAND BLANC RE RAND BLANC, MI 48439		Y		SHOULD ANY THE EXPIRATION	OF THE ABOVE I	DESCRIBED POLICIES BE CAI F, NOTICE WILL BE DELIVEREI		
					AUTHORIZED REPR	RESENTATIVE	Patik Duel	-	



DATE (MM/DD/YYYY) 8/19/2014

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.	CONTACT NAME: Sports Division					
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com					
		PRODUCER CUSTOMER ID#: MI					
		INSURERS AFFORDING COVERAGE	NAIC #				
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991				
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445				
	Plymouth, MI 48170	Insurer C:					
	<b>,</b>	Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 1401420	2 REVISION NUMBER: (	)				
TI IIO 10 TO	OFFICE THAT THE BOLIGIES OF MOUDANCE LIGHER BELOW HA	AT DEEN LOCKED TO THE INCLIDED NAMED ABOVE FOR TH	E DOLLOV DEDIOD				

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 REDUICED 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 4688700	9/1/2014	9/1/2015	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  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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	
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E. L. EACH ACCIDENT	
	(Mandatory in NH)	3//3					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION

WARREN CON ADMINSTRATION BLDG/WARRN CON SCHOOLS 31300 ANITA WARREN, MI 48093

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

Satik Dieli___



DATE (MM/DD/YYYY) 8/19/2014

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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).	DIICIES	s ma	y require an endorsement.	A statement or	i this certificate d	oes not conter rights to the	e certificate noider		
PRODUCER Pullen Insurance Se	Inc	CONTACT NAME: Sports Division							
2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993					
					E-MAIL ADDRESS: contact@pullenins.com				
					PRODUCER CUSTOMER ID#: MI				
				INSURERS A	FFORDING COVE	RAGE	NAIC#		
INSURED Michigan State Youth	Soc	cer	Association	Insurer A: N	lational Casualty	Company	11991		
9401 General Drive, S						ire Insurance Company	19445		
Plymouth, MI 48170	Juite	12	O .	Insurer C:		1 ,			
				Insurer D:					
				Insurer E:					
				Insurer F:					
COVERAGES CE	RTIF	FICA	ATE NUMBER: 1401420	03	R	EVISION NUMBER:	0		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERINDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH TO CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERM EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR LTR TYPE OF INSURANCE	ADD'L INSRD	WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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			IVD 0 4600700	0/1/0014	0/1/2015	PARTICIPANT LEGAL LIABILITY	\$1,000,000		
A AUTOMOBILE LIABILITY			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
ANY AUTO						BODILY INJURY (Per person)			
ALL OWNED AUTOS SCHEDULED AUTOS						BODILY INJURY (Per accident)			
X HIRED AUTOS						PROPERTY DAMAGE (Per accident)			
X NON-OWNED AUTOS						(Fer accident)			
A NON-OWNED AUTOS									
A UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
X EXCESS LIAB CLAIMS-MADE			AKO 4000000	9/1/2014	9/1/2013		\$5,000,000		
DEDUCTIBLE	1					AGGREGATE	ψ3,000,000		
RETENTION \$									
WORKERS COMPENSATION						WC STATU- TORY LIMITS ER			
AND EMPLOYERS' LIABILITY Y/N						E. L. EACH ACCIDENT			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E. L. DISEASE - EA EMPLOYEE			
(Mandatory in NH)  If yes, describe under						E. L. DISEASE - POLICY LIMIT			
B PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	E. E. DIOLAGE - I GLIGIT LIWITI	\$100,000		
			5110 / 11000011	<i>3717</i> <b>2</b> 01.	7,1,2010		,,		
DESCRIPTION OF OPERATIONS / LOCATIONS / VE This certificate is issued on behalf o Additional Insured as respects the operations.	f Mic	higa	an State Youth Soccer Ass	sociation & M	Iichigan Youth S	Soccer League. Certificat ate association.	e Holder is		
CERTIFICATE HOLDER				CANCELL	ATION				
CERTIFICATE HOLDER	100	τ		CANCELL	ATION				
WEST HILLS MIDDLE SCHOOLS 2601 LONE PINE RD. WEST BLOOMFIELD, MI 48323					Y OF THE ABOVE DITION DATE THEREO DLICY PROVISIONS.	DESCRIBED POLICIES BE CAI F, NOTICE WILL BE DELIVEREI	NCELLED BEFORE DINACCORDANCE		

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AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain policy, certain pole of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate o	does not confer rights to the	e certificate holder	
PROI	Pullen Insurance Se	rvi	266	Inc	CONTACT NAME: Sports Division				
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993  E-MAIL ADDRESS: contact@pullenins.com				
	Fort Worth, TX 76	,	Sui	10 300					
	Toft Worth, 1A 70	110			PRODUCER CUSTO				
						FORDING COVI	EDAGE	NAIC #	
INSU	DED 3.5° 1° C 37				1				
INSU	Michigan State 1 out					tional Casualty		11991	
	9401 General Drive, S	Suite	e 12	0		itional Union F	Fire Insurance Company	19445	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTI	FIC/	ATE NUMBER: 140145	01	F	REVISION NUMBER:	0	
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY ICLUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREM RTAIN DLICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORE S. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE				,, ,, _, _ ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AGGREGATE	\$5,000,000	
	DEDUCTIBLE						ACCITECT	+2,000,000	
	RETENTION \$								
							WC STATU- TORY LIMITS OTH- ER		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N								
	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		
				CDC 0115225 A	0/1/2014	0/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
DESC	LCRIPTION OF OPERATIONS / LOCATIONS / VE	וורו ב	S (A#0	oh ACORD 101 Additional Remarks C	shadula if mara angos	io roquirod)			
	s certificate is issued on behalf o						Soccar Laggua Cartifica	te Holder is	
Ado	ditional Insured as respects the o	perat	ions	of the Named Insured for	sanctioned act	ivities of the st	tate association.	ic Holder is	
	RTIFICATE HOLDER				CANCELLA	TION			
50	OLKOWSKI FIELD 14 WALNUT CREEK DR NN ARBOR, MI 48106				THE EXPIRATION		DESCRIBED POLICIES BE CA PF, NOTICE WILL BE DELIVERE		
<b>∠</b> \$1	11. / INDON, 1911 40100								
					AUTHORIZED REPI	RESENTATIVE	Datik Pull	_	



DATE (MM/DD/YYYY) 8/19/2014

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PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division	
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-299	93
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com	
	, <b>,</b>	PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445
	·	Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	
COVERA	AGES CERTIFICATE NUMBER: 1401430	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 4688700	9/1/2014	9/1/2015	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  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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  ANY PROPRIETOR/PARTNER/EXECUTIVE  Y/N	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	111/7					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
ZIOLKOWSKI SOCCER FIELD 5014 WALNUT CREED DR ANN ARBOR, MI 48105	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 Pull



DATE (MM/DD/YYYY) 8/19/2014

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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

PROI	Pullen Insurance Se				CONTACT NAME: Sports Division				
	2560 River Park Pla		Sui	te 300	<u> </u>	17) 738-6100	FAX: (817) 738-29	993	
	Fort Worth, TX 761	16			E-MAIL ADDRESS:	contact@pul	llenins.com		
					PRODUCER CUSTO			_	
						FORDING COVE		NAIC #	
NSU	Michigan State Youth	So	ccer	· Association	Insurer A: Na	tional Casualty	y Company	11991	
	9401 General Drive, S				Insurer B: Na	tional Union F	ire Insurance Company	19445	
	Plymouth, MI 48170				Insurer C:				
	,				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTI	FIC/	ATE NUMBER: 140143	22	F	REVISION 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	EQU PEF H PC	IREM RTAIN OLICIE	ENT. TERM OR CONDITION	I OF ANY CONTR DED BY THE PO /E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	DOCUMENT WITH RESPEC	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		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(i or desident)		
	A NON-OWNED ACTOS								
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
$\boldsymbol{\Lambda}$	X EXCESS LIAB CLAIMS-MADE			AIXO 4000000	)/1/2014	7/1/2013	AGGREGATE	\$5,000,000	
	DEDUCTIBLE						AGGREGATE	ψ5,000,000	
	RETENTION \$						WC STATU- TORY LIMITS OTH- ER		
	RETENTION \$					i .	IORY LIMITS     ER		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E. L. EACH ACCIDENT		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E. L. EACH ACCIDENT  E. L. DISEASE - EA EMPLOYEE		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		SRG 9115335A	9/1/2014	9/1/2015	E. L. EACH ACCIDENT	\$100,000	

Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
WEST HILLS MIDDLE SCHOOL 2601 LONE PINE WEST BLOOMFIELD, MI 48323	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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DATE (MM/DD/YYYY) 8/19/2014

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

	conditions of the policy, certain peu of such endorsement(s).	olicies	s may	y require an endorsement.	A statement on	this certificate d	oes not confer rights to t	he certificate holder	
PROD	Pullen Insurance S	ervic	es.	Inc	CONTACT NAME:	CONTACT NAME: Sports Division			
	2560 River Park P		,		PHONE: (8)	PHONE: (817) 738-6100 FAX: (817) 738-2993			
	Fort Worth, TX 76		~ ~ ~		E-MAIL ADDRESS:	contact@pul	lenins.com		
	, , ,				PRODUCER CUSTO	OMER ID#: MI			
					INSURERS AF	FORDING COVE	RAGE	NAIC #	
INSUF	RED Michigan State Yout	h Soc	cer	Association	Insurer A: Na	ntional Casualty	Company	11991	
	9401 General Drive,				Insurer B: National Union Fire Insurance Company 19445				
	Plymouth, MI 48170				Insurer C:				
	<b>,</b>				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES C	ERTIF	FICA	TE NUMBER: 1401595	55	R	EVISION NUMBER:	0	
INDI(	IS TO CERTIFY THAT THE POLIC CATED. NOTWITHSTANDING ANY TIFICATE MAY BE ISSUED OR MA LUSIONS AND CONDITIONS OF SU	REQUI Y PER	REMI TAIN	ENT, TERM OR CONDITION , THE INSURANCE AFFORD	OF ANY CONTR DED BY THE PO	RACT OR OTHER LICIES DESCRIB	DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	ECT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADD'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EFFECTIVE DATE (MM/DD/YY) DATE (MM/DD/YY) LIMITS			
Α	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE	\$1,000,000	
	Y COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED	\$300,000	

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 COMMERCIAL GENERAL LIABILITY  CLAIMS MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:	X		KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE  DAMAGE TO RENTED PREMISES (Ea occurance)  MED EXP (Any one person)  PERSONAL & ADV INJURY  GENERAL AGGREGATE  PRODUCTS - COMP/OP AGG	\$1,000,000 \$300,000 \$5,000 \$1,000,000 UNLIMITED \$1,000,000
A	AUTOMOBILE LIABILITY  ANY AUTO  ALL OWNED AUTOS  SCHEDULED AUTOS  X HIRED AUTOS  X NON-OWNED AUTOS			KRO 4688700	9/1/2014	9/1/2015	PARTICIPANT LEGAL LIABILITY  COMBINED SINGLE LIMIT (Ea accident)  BODILY INJURY (Per person)  BODILY INJURY (Per accident)  PROPERTY DAMAGE (Per accident)	\$1,000,000 \$1,000,000
A	UMBRELLA LIAB X OCCUR  X EXCESS LIAB CLAIMS-MADE  DEDUCTIBLE  RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE  AGGREGATE  WC STATU- TORY LIMITS  E. L. EACH ACCIDENT  E. L. DISEASE - EA EMPLOYEE	\$5,000,000 \$5,000,000
В	If yes, describe under  PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

OEKTII IOATE HOEDEK	OANGELEATION
WARREN FITZGARALD SENIOR HIGH SCHOOL 23200 RYAN RD. WARREN, MI 48091	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 Satikbull

CANCELL ATION

CERTIFICATE HOLDER



DATE (MM/DD/YYYY) 8/19/2014

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)

iii iieu oi s	such endorsement(s).						
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division					
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com					
		PRODUCER CUSTOMER ID#: MI					
		INSURERS AFFORDING COVERAGE	NAIC #				
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991				
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445				
	Plymouth, MI 48170	Insurer C:					
		Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 1401623	REVISION NUMBER: (	)				
THIS IS TO	CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR TH	E POLICY PERIOD				

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 4688700	9/1/2014	9/1/2015	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  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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  ANY PROPRIETOR/PARTNER/EXECUTIVE  Y/N	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	111/7					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CENTIFICATE HOLDEN	CANCELLATION
WASHINGTON FIELDS 57900 VAN DYKE WASHINGTON TWP, MI 48094	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 Satikbull

CANCELL ATION

CEDTIFICATE HOLDED



DATE (MM/DD/YYYY) 8/19/2014

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in lieu of s	such endorsement(s).						
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division					
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-29	93				
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com					
		PRODUCER CUSTOMER ID#: MI					
		INSURERS AFFORDING COVERAGE	NAIC #				
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991				
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445				
	Plymouth, MI 48170	Insurer C:					
	•	Insurer D:					
		Insurer E:					
		Insurer F:					
COVERA	AGES CERTIFICATE NUMBER: 1401696	REVISION NUMBER: (	)				
THIS IS TO	D CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA D. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR TH OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPEC	E POLICY PERIOD T 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 4688700	9/1/2014	9/1/2015	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  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(i ei accident)	
	NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
	DEDUCTIBLE	1						
	RETENTION \$							
	WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER	
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE  Y/N	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
WOODLAND PARK ACADEMY 2083 E. GRAND BLANC RD. GRAND BLANC, MI 48439	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 Satisfull



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain per eu of such endorsement(s).	DIICIE	s ma	y require an endorsement.	A statement on	this certificate o	does not confer rights to th	e certificate holder
PRO	Pullen Insurance So	rvi	ces	Inc	CONTACT NAME: Sports Division			
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993			
	Fort Worth, TX 76		Sui	ne 300	E-MAIL ADDRESS: contact@pullenins.com			
	Toft Worth, 124 70	110			PRODUCER CUSTO			
					INSURERS AF	FORDING COVI	FRAGE	NAIC #
INSU	RED Michigan State Vouth	So	0001	Association		tional Casualty		11991
	Wildingan State 1 Outi						Fire Insurance Company	19445
	9401 General Drive, S	Sulu	e 12	0		monai Omon i	The misurance Company	17443
	Plymouth, MI 48170				Insurer C:			
					Insurer D:			
					Insurer E:			
$\Box$	VERAGES CE	ЭТІ	EIC.	ATE NUMBER: 141166	Insurer F:		REVISION NUMBER:	0
THIS IND CER EXC	S IS TO CERTIFY THAT THE POLICI CATED. NOTWITHSTANDING ANY F ITIFICATE MAY BE ISSUED OR MA' LUSIONS AND CONDITIONS OF SUC	ES O REQU Y PEI CH PC	F INS IREM RTAIN OLICIE	URANCE LISTED BELOW HA IENT, TERM OR CONDITION I, THE INSURANCE AFFORD IS. LIMITS SHOWN MAY HAV	VE BEEN ISSUE OF ANY CONTR DED BY THE POI E BEEN REDUCE	D TO THE INSUI RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT TO MS.	HE POLICY PERIOD CT TO WHICH THIS
INSR LTR	TYPE OF INSURANCE		SUBR WVD		POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	*
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ALL OWNED AUTOS						BODILY INJURY (Per person)	
	$\vdash$						BODILY INJURY (Per accident)	
	SCHEDULED AUTOS						PROPERTY DAMAGE	
	X HIRED AUTOS						(Per accident)	
	NON-OWNED AUTOS							
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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  ANY PROPRIETOR/PARTNER/EXECUTIVE	NI/A					E. L. EACH ACCIDENT	
	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			SRG 9115335A	9/1/2014	9/1/2015		\$100,000
DESC	 CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	L ch ACORD 101, Additional Remarks S	chedule, if more space	le is required)		
Thi Add	s certificate is issued on behalf of ditional Insured as respects the o	f Mi perat	chiga ions	an State Youth Soccer Ass of the Named Insured for	sociation & Mi sanctioned act	chigan Youth Sivities of the st	Soccer League. Certifica tate association.	te Holder is
	RTIFICATE HOLDER				CANCELLA	TION		
60	niversity Hills Elementary S 0 Croyden ochester, MI 48309	Scho	ool		THE EXPIRATION	OF THE ABOVE I ON DATE THEREC LICY PROVISIONS	DESCRIBED POLICIES BE CA OF, NOTICE WILL BE DELIVERE 	NCELLED BEFORE D IN ACCORDANCE
					AUTHORIZED REPRESENTATIVE Satik Queli-			



DATE (MM/DD/YYYY) 8/19/2014

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.

	conditions of the policy, certain policy certain policy and such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on t	this certificate o	loes not confer rights to the	e certificate holder	
PROI	Pullen Insurance Se	rvi	es	Inc	CONTACT NAME: Sports Division				
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76	,	Sui	10 300	E-MAIL ADDRESS: contact@pullenins.com				
	Toft Worth, 1A 70	110			PRODUCER CUSTOMER ID#: MI				
							-RAGE	NAIC #	
INSU	RED M. 1. C N1	-		A : .:					
11400	Whengan State Tout							11991	
	9401 General Drive, S	Suite	e 12	O		itional Union F	ire Insurance Company	19445	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTI	FIC/	ATE NUMBER: 141166	87	F	REVISION NUMBER:	0	
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY ICLUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREM RTAIN DLICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORE S. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE				27-7-2-1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AGGREGATE	\$5,000,000	
	DEDUCTIBLE						NOONEONIE	+2,000,000	
	RETENTION \$								
							WC STATU- TORY LIMITS OTH- ER		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						E. L. EACH ACCIDENT		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A							
	(Mandatory in NH)  If yes, describe under						E. L. DISEASE - EA EMPLOYEE		
D				SRG 9115335A	9/1/2014	9/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000	
В	PARTICIPANT ACCIDENT MEDICAL			3KU 9113333A	9/1/2014	9/1/2013		\$100,000	
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atto	ch ACOPD 101 Additional Pamarks S	chadula if mara space	is required)			
	s certificate is issued on behalf o						Soccar Laggia Cartificat	te Holder is	
Ado	ditional Insured as respects the o	perat	ions	of the Named Insured for	sanctioned act	ivities of the st	ate association.	te Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
11	ica Community Schools 303 Greendale St erling Heights, MI 48312				THE EXPIRATION		DESCRIBED POLICIES BE CAI F, NOTICE WILL BE DELIVEREI		
~!!	11012				AUTUOD:=== ===	DEOENTAT" :=	^		
					AUTHORIZED REPRESENTATIVE				



DATE (MM/DD/YYYY) 8/19/2014

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	eu of such endorsement(s).	OIICIE:	o ma	y require an endorsement.	n statement on	una cerunicale C		c certificate floider	
PROI	Pullen Insurance Se	ervic	es.	Inc.	CONTACT NAME: Sports Division  PHONE: (817) 738-6100  FAX: (817) 738-2993				
	2560 River Park Pl								
	Fort Worth, TX 76		~ 0,1		E-MAIL ADDRESS: contact@pullenins.com				
	1 010 11 01011, 111 7 0	110			PRODUCER CUSTOMER ID#: MI				
					INSURERS AF	FORDING COVE	ERAGE	NAIC #	
INSU	Michigan State Youth	Soc	rcer	Association	Insurer A: Na	tional Casualty	v Company	11991	
	9401 General Drive,						Fire Insurance Company	19445	
	Plymouth, MI 48170	Juic	. 12	O	Insurer C:				
	1 1y 1110 atii, 1 <b>vii</b> 401 70				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTII	FICA	ATE NUMBER: 1411668		F	REVISION NUMBER:	0	
CER EXC	S IS TO CERTIFY THAT THE POLICI CATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MA LUSIONS AND CONDITIONS OF SUC	REQUI Y PER CH PO	REM RTAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	R DOCUMENT WITH RESPECT SED HEREIN IS SUBJECT TO	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		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(i ei accident)		
	A NON-OWNED ACTOO								
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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  ANY PROPRIETOR/PARTNER/EXECUTIVE  Y/N	N/A					E. L. EACH ACCIDENT		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE		
	If yes, describe under						E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VE		•					(. II.13	
	s certificate is issued on behalf of ditional Insured as respects the o							te Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
Warren Bank 30068 Schoenher Rd Warren, MI 48088					THE EXPIRATION	OF THE ABOVE I ON DATE THEREO LICY PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE D IN ACCORDANCE	
					AUTHORIZED REPRESENTATIVE				



DATE (MM/DD/YYYY) 8/19/2014

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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).

Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division	on				
2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-299	93				
Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com					
, , , , , , , , , , , , , , , , , , ,	PRODUCER CUSTOMER ID#: MI					
	INSURERS AFFORDING COVERAGE	NAIC #				
Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991				
9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445				
Plymouth, MI 48170	Insurer C:					
•	Insurer D:					
	Insurer E:					
	Insurer F:					
COVERAGES CERTIFICATE NUMBER: 141166	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	
Α	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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  ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	111/7					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CENTIFICATE HOLDEN	CANCELLATION
Warren Consolidated Schools-Holden Elementary 37565 Calka Dr Sterling Heights, MI 48310	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 Satik Pull

CANCELL ATION

CEDTIFICATE HOLDED



DATE (MM/DD/YYYY) 8/19/2014

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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 policy in lieu of such endorsement(s).	olicie	s may require an endorsement.	A statement on	this certificate d	loes not confer rights to the	e certificate holder		
PRODUCER Pullen Insurance Se	rvio	pas Inc	CONTACT NAME:	Sports Divis	ion			
2560 River Park Pl		,	PHONE: (817) 738-6100 FAX: (817) 738-2993					
Fort Worth, TX 76		Suite 300	E-MAIL ADDRESS: contact@pullenins.com					
Fort Worth, 12 70	110		PRODUCER CUST					
			INSURERS AF	FORDING COVE	ERAGE	NAIC #		
INSURED Michigan State Youth	Soc	scer Association		ational Casualty		11991		
9401 General Drive, S					ire Insurance Company	19445		
Plymouth, MI 48170	Juin	. 120	Insurer C:		ne mourance company	17.10		
1 Tymoum, WH 40170			Insurer D:					
			Insurer E:					
			Insurer F:					
COVERAGES CE	RTI	FICATE NUMBER: 141168		F	REVISION NUMBER:	0		
THIS IS TO CERTIFY THAT THE POLICII INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUC	REQUI PEF H PO	IREMENT, TERM OR CONDITION RTAIN, THE INSURANCE AFFORI LICIES. LIMITS SHOWN MAY HAV	I OF ANY CONTF DED BY THE PO /E BEEN REDUCE	RACT OR OTHER PLICIES DESCRIB ED BY PAID CLAII	DOCUMENT WITH RESPECT TO THE SECT TO	T TO WHICH THIS		
INSR LTR TYPE OF INSURANCE	ADD'L INSRD	SUBR POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY	X	KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE  DAMAGE TO RENTED PREMISES (Ea occurance)	\$1,000,000 \$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 ANY AUTO		KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	EACH OCCUPPENCE	\$5,000,000		
X EXCESS LIAB CLAIMS-MADE		AKO 4000000	9/1/2014	9/1/2013	AGGREGATE	\$5,000,000		
DEDUCTIBLE					AGGREGATE	ψ3,000,000		
RETENTION \$ WORKERS COMPENSATION					WC STATU- TORY LIMITS ER			
AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E. L. EACH ACCIDENT			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A				E. L. DISEASE - EA EMPLOYEE			
If yes, describe under					E. L. DISEASE - POLICY LIMIT			
B PARTICIPANT ACCIDENT MEDICAL		SRG 9115335A	9/1/2014	9/1/2015		\$100,000		
DESCRIPTION OF OPERATIONS/LOCATIONS/VE This certificate is issued on behalf o Additional Insured as respects the o	f Mio	chigan State Youth Soccer As	ssociation & Mi	id-Michigan Yo		ificate Holder is		
CERTIFICATE HOLDER			CANCELLA	TION				
United Methodist Church of S 7400 Miller Road Swartz Creek, MI 48473	Swai	tz Creek	SHOULD ANY THE EXPIRATI	OF THE ABOVE I	DESCRIBED POLICIES BE CAI F, NOTICE WILL BE DELIVEREI	NCELLED BEFORE DIN ACCORDANCE		
			AUTHORIZED REP	RESENTATIVE	Datik Ruel			

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	conditions of the policy, certain policy certain pole of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on t	this certificate o	loes not confer rights to the	e certificate holder	
PROI	Pullen Insurance Se	rvi	es	Inc	CONTACT NAME:	Sports Divis	ion		
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993  E-MAIL ADDRESS: contact@pullenins.com				
	Fort Worth, TX 76	,	Dui						
	1 of worth, 121 70	110			PRODUCER CUSTO				
					INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSU	RED Michigan State Voyeth	Co		Association		tional Casualty		11991	
	Wildingan State Touth					-	Fire Insurance Company	19445	
	9401 General Drive, S	Suite	2 12	U		monai Omon r	The misurance Company	19443	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
	VED 4.050			TE NUMBER 444.50	Insurer F:				
				ATE NUMBER: 141168			REVISION NUMBER:		
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	REQU / PEI :H PC	IREM RTAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	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		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
11	X EXCESS LIAB CLAIMS-MADE			71KO 4000000	)/1/201 <del>4</del>	7/1/2013	AGGREGATE	\$5,000,000	
	DEDUCTIBLE						AGGREGATE	Ψ3,000,000	
	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		
				CDC 0115225 A	0/1/2014	0/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
	LCRIPTION OF OPERATIONS / LOCATIONS / VE		C / ^ #=	ah ACORD 101 Additional Remarks C	abadula if mana anasa	i = == == d\			
	s certificate is issued on behalf o						outh Sagar Laggue Cort	ifianta Holdonia	
	ditional Insured as respects the op							ineate Holder is	
	RTIFICATE HOLDER				CANCELLA	TION			
10	illiams Township Fields 80 W Midland Rd. ıburn, MI 48611				THE EXPIRATION	OF THE ABOVE I ON DATE THEREO LICY PROVISIONS	DESCRIBED POLICIES BE CAI F, NOTICE WILL BE DELIVEREI	NCELLED BEFORE DINACCORDANCE	
					AUTHORIZED REPR	RESENTATIVE	$\bigcap$		
						<u>-</u>	Vatil Pulling	-	



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain po eu of such endorsement(s).	olicies	s may	require an endorsement.	A statement on t	this certificate o	loes not confer rights to the	e certificate holder	
PRO	Pullen Insurance Se	rvic	es II	nc	CONTACT NAME:	Sports Divis	ion		
	2560 River Park Pla				PHONE: (817) 738-6100 FAX: (817) 738-2993  E-MAIL ADDRESS: contact@pullenins.com				
	Fort Worth, TX 761	,	Suite	2 300					
	Fort Worth, 12 70	110			PRODUCER CUSTO				
						FORDING COVE	FRAGE	NAIC #	
INSU	RED M: -1-: C4-4- X/41-	C		A:-4:				11991	
	Michigan State 1 Outil					tional Casualty			
	9401 General Drive, S	suite	120			monai Union F	ire Insurance Company	19445	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
	V				Insurer F:				
				<b>TE NUMBER:</b> 1411688			REVISION NUMBER:		
IND CEF EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	REQUI / PER CH POI	REMEN RTAIN, LICIES	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY CONTR DED BY THE POI E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	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		
A	GENERAL LIABILITY	X	]	KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
								Φ. σ. ο ο ο ο ο	
A	UMBRELLA LIAB X OCCUR		2	XKO 4688800	9/1/2014	9/1/2015	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  ANY PROPRIETOR/PARTNER/EXECUTIVE  Y/N	N/A					E. L. EACH ACCIDENT		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	13//					E. L. DISEASE - EA EMPLOYEE		
	If yes, describe under						E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL		,	SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VEI s certificate is issued on behalf of						uth Soccer League. Cert	tificate Holder is	
	ditional Insured as respects the op-								
CF	RTIFICATE HOLDER				CANCELLA	TION			
Ze 19	mmer Jr. High School 20 Oregon peer, MI 48446				SHOULD ANY THE EXPIRATION	OF THE ABOVE I	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE		
					AUTHORIZED REPR	RESENTATIVE	Patik Dull	-	



DATE (MM/DD/YYYY) 8/19/2014

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in neu or s	such endorsement(s).							
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division						
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993						
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com						
	, , , , , , , , , , , , , , , , , , , ,	PRODUCER CUSTOMER ID#: MI						
		INSURERS AFFORDING COVERAGE	NAIC #					
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991					
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445					
	Plymouth, MI 48170	Insurer C:						
		Insurer D:						
		Insurer E:						
		Insurer F:						
COVER	AGES CERTIFICATE NUMBER: 1411688	REVISION NUMBER: (	)					
THIS IS TO	D CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA D. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR TH OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPEC	E POLICY PERIOD T 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 4688700	9/1/2014	9/1/2015	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  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(i ei accident)	
	NON-OWNED AUTOS							
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
	DEDUCTIBLE	1						
	RETENTION \$							
	WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER	
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE  Y/N	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Mid-Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
Zion Lutheran Church 1556 W Seidler Auburn, MI 48611	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 Satik Dull



DATE (MM/DD/YYYY) 8/19/2014

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 point lieu of such endorsement(s).	olicies	s ma	y require an endorsement.	A statement of	on this certificate of	loes not confer rights to th	e certificate holder	
PRODUCER Pullen Insurance Se	rvic	200	Inc	CONTACT NAMI	: Sports Divis	ion		
2560 River Park Pl				PHONE:	(817) 738-6100	FAX: (817) 738-29	993	
Fort Worth, TX 76		Dui	<b>10</b> 300	E-MAIL ADDRESS: contact@pullenins.com				
Tore worth, 121 70	110			PRODUCER CU	STOMER ID#: MI			
				INSURERS	AFFORDING COVI	ERAGE	NAIC #	
INSURED Michigan State Youth	Soc	cer	Association	Insurer A:	National Casualt	v Company	11991	
9401 General Drive, S						Fire Insurance Company	19445	
Plymouth, MI 48170				Insurer C:				
,				Insurer D:				
				Insurer E:				
				Insurer F:				
COVERAGES CE	RTIF	FICA	ATE NUMBER: 140171	01	F	REVISION NUMBER:	0	
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY FOR THE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCTIONS.	REQUII Y PER CH POI	REMI RTAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORI S. LIMITS SHOWN MAY HAV	OF ANY CON DED BY THE F E BEEN REDU	TRACT OR OTHER POLICIES DESCRIE CED BY PAID CLAI	R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT TO	CT TO WHICH THIS	
INSR LTR TYPE OF INSURANCE	ADD'L INSRD	SUBR WVD		POLICY EFFECTIV DATE (MM/DD/YY	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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	$\sqcup$					PARTICIPANT LEGAL LIABILITY	\$1,000,000	
A AUTOMOBILE LIABILITY ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 The state of the								
A UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000	
DEDUCTIBLE	1							
RETENTION \$								
WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER		
AND EMPLOYERS' LIABILITY Y/N	N./A					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			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VE This certificate is issued on behalf o Additional Insured as respects the operations.	f Mic	chiga	an State Youth Soccer As	sociation & I	Michigan Youth		te Holder is	
CERTIFICATE LIGHTER				CANCELL	ATION			
CERTIFICATE HOLDER		,		CANCELL	AHON			
WASHINGTON ELEMENT.   905 16TH STREET   MARYSVILLE, MI 48040	ARY	(		THE EXPIRA	NY OF THE ABOVE INTO NEW THE ABO	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE D IN ACCORDANCE	
				AUTHORIZED R	EPRESENTATIVE	0 0		

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DATE (MM/DD/YYYY) 8/19/2014

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	eu of such endorsement(s).	olicies	s ma	y require an endorsement. <i>I</i>	A statement on t	inis certificate d	loes not conter rights to the	e certificate noider	
PROI	Pullen Insurance Se	rvic	es	Inc	CONTACT NAME:	Sports Divis	ion		
	2560 River Park Pla				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76.	,	Sui	10 300	E-MAIL ADDRESS: contact@pullenins.com				
	Toft Worth, 1A 70.	110			PRODUCER CUSTO				
						FORDING COVI		NAIC #	
INSU	IDED 34.1. C. 37 1							11991	
11400	Michigan State 1 Outil					tional Casualty			
	9401 General Drive, S	Suite	12	0		tional Union F	Fire Insurance Company	19445	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTIF	FICA	ATE NUMBER: 1401710	)4	F	REVISION NUMBER:	0	
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	REQUII 7 PER 3H POL	REM TAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	OF ANY CONTR ED BY THE POI E BEEN REDUCE	ACT OR OTHER LICIES DESCRIB D BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	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		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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 4688700	9/1/2014	9/1/2015	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		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000	
	DEDUCTIBLE	1							
	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		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015	E. E. BIOLAGE - I GLIGIT LIWIT	\$100,000	
ט	PARTICIPANT ACCIDENT MEDICAL			5KG /113333A	<i>)</i> /1/201 <del>4</del>	7/1/2013		Ψ100,000	
Thi	CRIPTION OF OPERATIONS/LOCATIONS/VE s certificate is issued on behalf o ditional Insured as respects the op	f Mic	higa	n State Youth Soccer Ass	sociation & Mi	chigan Youth S	Soccer League. Certificat ate association.	e Holder is	
<u></u>	DTIEICATE HO! DED				CANCELLA	TION			
	RTIFICATE HOLDER				CANCELLA	IION			
52	MCA 19 W PIERSON RD. LUSHING, MI 48433				THE EXPIRATION	OF THE ABOVE I ON DATE THEREC LICY PROVISIONS	DESCRIBED POLICIES BE CAP F, NOTICE WILL BE DELIVERED	NCELLED BEFORE DIN ACCORDANCE	
					AUTHORIZED REPR	RESENTATIVE	Patik Dueli		



DATE (MM/DD/YYYY) 8/19/2014

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).

COVER		Insurer F:	
		Insurer E:	
		Insurer D:	
	Plymouth, MI 48170	Insurer C:	
		Insurer B: National Union Fire Insurance Company	19445
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991
		INSURERS AFFORDING COVERAGE	NAIC #
		PRODUCER CUSTOMER ID#: MI	
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com	
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-299	3
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division	

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, EXCL USIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIM.

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 4688700	9/1/2014	9/1/2015	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  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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)	
	<del></del>						(Fer accident)	
	X NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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  ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION
WILLIAMS TOWNSHIP PARK 1080 W. MIDLAND ROAD AUBURN, MI 48611	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 Pull



DATE (MM/DD/YYYY) 8/19/2014

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	conditions of the policy, certain p eu of such endorsement(s).	olicie	s ma	y require an endorsement.	Á statement on	this certificate o	loes not confer rights to the	e certificate holder		
PROI	Pullen Insurance Se	ervi	ces	Inc	CONTACT NAME:	Sports Divis	ion			
	2560 River Park Pl				PHONE: (81	17) 738-6100	FAX: (817) 738-29	993		
	Fort Worth, TX 76	,	Sui	500	E-MAIL ADDRESS: contact@pullenins.com					
	1 of t worth, 121 70	110			PRODUCER CUSTOMER ID#: MI					
					INSURERS AF	FORDING COVE	ERAGE	NAIC #		
INSU	Michigan State Youth	. 50	CCOT	Association	+	tional Casualty		11991		
	9401 General Drive,	200	12	ASSOCIATION			ire Insurance Company	19445		
	Plymouth, MI 48170	Sulu	C 12	U	Insurer C:	monar Cmon r	ne insurance company	17443		
	Flyilloutii, Mii 46170				Insurer D:					
					Insurer E:					
					Insurer F:					
	VERAGES CE	DTI	FIC	ATE NUMBER: 140172			REVISION NUMBER:	0		
THIS INDI CER EXC	S IS TO CERTIFY THAT THE POLICI ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MA CLUSIONS AND CONDITIONS OF SUC	ES O REQU Y PEI CH PC	F INS IREM RTAIN OLICIE	URANCE LISTED BELOW HA ENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAV	VE BEEN ISSUE OF ANY CONTR DED BY THE POI E BEEN REDUCE	D TO THE INSUI RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	RED NAMED ABOVE FOR TE DOCUMENT WITH RESPEC ED HEREIN IS SUBJECT TO MS.	HE POLICY PERIOD CT TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	*******		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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	ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(i ei accident)			
	A NON-OWNED ACTOS									
A	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
• •	X EXCESS LIAB CLAIMS-MADE			71110 1000000	<i>y</i> , 1, 2011	7,1,2015	AGGREGATE	\$5,000,000		
	DEDUCTIBLE	1					NOONEONIE	++,,,,,,,,,		
	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			SRG 9115335A	9/1/2014	9/1/2015	E. E. BIOLAGE - I GLIOT LIMIT	\$100,000		
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VE	HIC: -	S (A#~	ch ACORD 101 Additional Remarks C	chadula if mars areas	is required)				
Thi	s certificate is issued on behalf of ditional Insured as respects the o	f Mi	chiga	an State Youth Soccer As	sociation & Mi	chigan Youth S	Soccer League. Certificate association.	te Holder is		
CE	RTIFICATE HOLDER				CANCELLA	TION				
W 10	ILLIAMS TOWNSHIP PA 80 W. MIDLAND ROAD UBURN, MI 48611	RK			SHOULD ANY THE EXPIRATION	OF THE ABOVE I ON DATE THEREO LICY PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE			
					AUTHORIZED REPRESENTATIVE					



DATE (MM/DD/YYYY) 8/19/2014

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· /	
Producer Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division
2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993
Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com
,,	PRODUCER CUSTOMER ID#: MI
	INSURERS AFFORDING COVERAGE NAIC #
Michigan State Youth Soccer Association	Insurer A: National Casualty Company 11991
9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company 19445
Plymouth, MI 48170	Insurer C:
•	Insurer D:
	Insurer E:
	Insurer F:
COVERAGES CERTIFICATE NUMBER: 140172:	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 4688700	9/1/2014	9/1/2015	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  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(i ei accident)	
	NON-OWNED AUTOS							
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
	DEDUCTIBLE	1						
	RETENTION \$							
	WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER	
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE  Y/N	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATIO

UTICIA COMMUNITY SCHOOLS/ COLLINS ELEMENTARY 12900 GRAND HAVEN STERLING HEIGHTS, MI 48312

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

Satik Duel ____



DATE (MM/DD/YYYY) 8/19/2014

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.	CONTACT NAME: Sports Division						
2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993						
Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com						
1 010 11 01111, 1111 1 01110	PRODUCER CUSTOMER ID#: MI						
	INSURERS AFFORDING COVERAGE NAIC #						
Michigan State Youth Soccer Association	Insurer A: National Casualty Company 11991						
9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company 19445						
Plymouth, MI 48170	Insurer C:						
•	Insurer D:						
	Insurer E:						
	Insurer F:						
COVERAGES CERTIFICATE NUMBER: 140172	51 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 4688700	9/1/2014	9/1/2015	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  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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  ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

UTICIA COMMUNITY SCHOOLS/ EBELING ELEMENTARY 15970 HAVERHILL	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
MACOMB, MI 48044	AUTHORIZED REPRESENTATIVE Satikbull

**CANCELLATION** 

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**CERTIFICATE HOLDER** 



DATE (MM/DD/YYYY) 8/19/2014

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.	CONTACT NAME: Sports Division						
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-29	93					
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com						
	1 010 11 01011, 111 7 0110	PRODUCER CUSTOMER ID#: MI						
		INSURERS AFFORDING COVERAGE	NAIC #					
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991					
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445					
	Plymouth, MI 48170	Insurer C:						
	,	Insurer D:						
		Insurer E:						
		Insurer F:						
COVED	POVEDA CEC. CERTIFICATE NUMBER: 14017050 DEVICION NUMBER: 0							

CERTIFICATE NUMBER: 1401/252

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 4688700	9/1/2014	9/1/2015	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  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(i ei accident)	
	NON-OWNED AUTOS							
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
	DEDUCTIBLE	1						
	RETENTION \$							
	WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER	
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE  Y/N	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATIO
CENTIFICATE HULDEN	CANCELLATIO

UTICIA COMMUNITY SCHOOLS/ GIBBING ELEMENTARY 11303 GREENDALE DRIVE STERLING HEIGHTS, MI 48312

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



DATE (MM/DD/YYYY) 8/19/2014

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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).

· ,		
PRODUCER Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division	
2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993	
Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com	
, , , ,	PRODUCER CUSTOMER ID#: MI	
	INSURERS AFFORDING COVERAGE NAIC #	
Michigan State Youth Soccer Association	Insurer A: National Casualty Company 11991	
9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company 19445	
Plymouth, MI 48170	Insurer C:	
<b>3</b>	Insurer D:	
	Insurer E:	
	Insurer F:	
COVERAGES CERTIFICATE NUMBER: 14017	253 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 PERIOD TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUICED 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 4688700	9/1/2014	9/1/2015	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  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000									
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000									
	DEDUCTIBLE							ĺ									
	RETENTION \$																
	WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER										
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E. L. EACH ACCIDENT										
	(Mandatory in NH)	3//3					E. L. DISEASE - EA EMPLOYEE										
	If yes, describe under						E. L. DISEASE - POLICY LIMIT										
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION

UTICIA COMMUNITY SCHOOLS/ MAGAHAY ELEMENTARY 44700 OLEANDER DRIVE STERLING HEIGHTS, MI 48313

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

Satik Dieli___



DATE (MM/DD/YYYY) 8/19/2014

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COVERA	AGES CERTIFICATE NUMBER: 1401725	REVISION NUMBER: 0	
		Insurer F:	
		Insurer E:	
	•	Insurer D:	
	Plymouth, MI 48170	Insurer C:	
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company 19445	
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company 11991	
		INSURERS AFFORDING COVERAGE NAIC #	
		PRODUCER CUSTOMER ID#: MI	
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com	
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993	
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division	

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 4688700	9/1/2014	9/1/2015	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  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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						(i ei accident)	
	NON-OWNED AUTOS							
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
	DEDUCTIBLE	1						
	RETENTION \$							
	WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER	
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE  Y/N	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

UTICIA COMMUNITY SCHOOLS/ SCHWARZKOFF ELEMENTARY 8401 CONSTITUTION STERLING HEIGHTS, MI 48313

#### **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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DATE (MM/DD/YYYY) 8/19/2014

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COVERA	AGES CERTIFICATE NUMBER: 1401725	REVISION NUMBER: (	)			
		Insurer F:				
		Insurer E:				
		Insurer D:				
	Plymouth, MI 48170	Insurer C:				
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445			
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991			
		INSURERS AFFORDING COVERAGE	NAIC #			
	,	PRODUCER CUSTOMER ID#: MI				
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com				
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-29	93			
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division				
	• • • • • • • • • • • • • • • • • • • •					

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,

NSR 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 4688700	9/1/2014	9/1/2015	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  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E. L. EACH ACCIDENT	
	OFFICER/MEMBER EXCLUDED? [Mandatory in NH)	14/7					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATIO

UTICIA COMMUNITY SCHOOLS/ SWITZER **ELEMENTARY** 53200 SHELBY ROAD SHELBY TOWNSHIP, MI 48316

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



DATE (MM/DD/YYYY) 8/19/2014

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.	CONTACT NAME: Sports Division				
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-29	93			
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com				
	Total World, 111 / 0110	PRODUCER CUSTOMER ID#: MI				
		INSURERS AFFORDING COVERAGE	NAIC #			
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991			
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445			
	Plymouth, MI 48170	Insurer C:				
	<i>y</i>	Insurer D:				
		Insurer E:				
		Insurer F:				
COVER/	AGES CERTIFICATE NUMBER: 1401725	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	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 4688700	9/1/2014	9/1/2015	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  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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  ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	111/7					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	

UTICIA COMMUNITY SCHOOLS/ WEST UTICA ELEMENTARY 5415 WEST UTICA ROAD SHELBY TOWNSHIP, MI 48317

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

**CANCELLATION** 



DATE (MM/DD/YYYY) 8/19/2014

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.	CONTACT NAME: Sports Division				
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993				
		E-MAIL ADDRESS: contact@pullenins.com				
	,,	PRODUCER CUSTOMER ID#: MI				
		INSURERS AFFORDING COVERAGE	NAIC#			
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991			
		Insurer B: National Union Fire Insurance Company	19445			
	,	Insurer C:				
	•	Insurer D:				
		Insurer E:				
		Insurer F:				
COVER	AGES CERTIFICATE NUMBER: 1401725	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	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 4688700	9/1/2014	9/1/2015	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  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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  ANY PROPRIETOR/PARTNER/EXECUTIVE  Y/N	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	111/7					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATIO

UTICIA COMMUNITY SCHOOLS/ HERITAGE JR. HIGH 37400 DODGE PARK ROAD STERLING HEIGHTS, MI 48312

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

Satik Dieli___



DATE (MM/DD/YYYY) 8/19/2014

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PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division				
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-29	93			
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com				
	1 310 11 31011, 111 7 3110	PRODUCER CUSTOMER ID#: MI				
		INSURERS AFFORDING COVERAGE	NAIC #			
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991			
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445			
	· · · · · · · · · · · · · · · · · · ·	Insurer C:				
		Insurer D:				
		Insurer E:				
		Insurer F:				
COVERA	AGES CERTIFICATE NUMBER: 1401725	8 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,

EXC	LUSIONS AND CONDITIONS OF SUC	H PO	LICIE	Ś. LIMITS SHOWN MAY H	AVE BEEN REDUCE	ED BY PAID CLAI	MS.	-,
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 4688700	9/1/2014	9/1/2015	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  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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  ANY PROPRIETOR/PARTNER/EXECUTIVE  Y/N	N/A					E. L. EACH ACCIDENT	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	13/7					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000
$\vdash$			L	l		1	1	

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 & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

OLIVIII IOATE HOLDEN	CERTIFICATE HOLDER
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STERLING HEIGHTS, MI 48310

#### **CANCELLATION**

UTICIA COMMUNITY SCHOOLS/ JEANNETTE JR. HIGH 4040 GULLIVER DRIVE

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 beli
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DATE (MM/DD/YYYY) 8/19/2014

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PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division					
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com					
	1010 (1010)	PRODUCER CUSTOMER ID#: MI					
		INSURERS AFFORDING COVERAGE NAIC #					
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company 11991					
		Insurer B: National Union Fire Insurance Company 19445					
	Plymouth, MI 48170	Insurer C:					
		Insurer D:					
		Insurer E:					
		Insurer F:					
COVERA	AGES CERTIFICATE NUMBER: 1401725	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	
Α	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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  ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

|--|

#### **CANCELLATION**

UTICIA COMMUNITY SCHOOLS/ SHELBY JR. HIGH **51700 VAN DYKE** SHELBY TOWNSHIP, MI 48310

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



DATE (MM/DD/YYYY) 8/19/2014

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PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division	
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-29	93
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com	
	· · · · · · · · · · · · · · · · · · ·	PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991
	9401 General Drive, Suite 120	Insurer B: National Union Fire Insurance Company	19445
	Plymouth, MI 48170	Insurer C:	
	•	Insurer D:	
		Insurer E:	
		Insurer F:	
COVERA	AGES CERTIFICATE NUMBER: 1401726	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	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 4688700	9/1/2014	9/1/2015	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  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	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 4688800	9/1/2014	9/1/2015	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  ANY PROPRIETOR/PARTNER/EXECUTIVE  Y/N	N/A					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	111/7					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$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 Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.

CERTIFICATE HOLDER	CANCELLATION

UTICIA COMMUNITY SCHOOLS/ HENRY FOR II HIGH SCHOOL 11911 CLINTON RIVER ROAD STERLING HEIGHTS, MI 48313

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

Satik Dueli___

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 $\begin{array}{c} \text{DATE (MM/DD/YYYY)} \\ 8/19/2014 \end{array}$ 

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	eu of such endorsement(s).	JIICIES	o may	y require an endorsement.	n staternent on	uns certificate (	ioes not comer rights to the	e cerunicate noider		
PRODUCER Pullen Insurance Services, Inc.					CONTACT NAME: Sports Division					
2560 River Park Plaza, Suite 300					PHONE: (817) 738-6100 FAX: (817) 738-2993					
Fort Worth, TX 76116					E-MAIL ADDRESS	E-MAIL ADDRESS: contact@pullenins.com				
	Tott Worth, 111 / o.	110			PRODUCER CUST	OMER ID#: MI				
					INSURERS A	NAIC #				
Michigan State Youth Soccer Association				Insurer A: N	Insurer A: National Casualty Company					
	9401 General Drive, S									
	Plymouth, MI 48170				Insurer C:					
	•				Insurer D:	Insurer D:				
					Insurer E:					
					Insurer F:					
CO	VERAGES CE	RTII	FICA	<b>ATE NUMBER:</b> 140175				0		
IND CEF EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R ITIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	REQUI / PER CH PO	REMI TAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	OF ANY CONT DED BY THE PO E BEEN REDUC	RACT OR OTHER DLICIES DESCRIE ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	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			
A	GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE  DAMAGE TO RENTED PREMISES (Ea occurance)	\$1,000,000 \$300,000		
	CLAIMS MADE X OCCUR							\$5,000		
	CEANNO WASE A GOODK						MED EXP (Any one person) PERSONAL & ADV INJURY	\$1,000,000		
								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 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT	\$1,000,000		
	ANY AUTO			1110 1000700	<i>y</i> , 1, 201 1	7,1,2015	(Ea accident)	+ -,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 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000		
	DEDUCTIBLE	1								
	RETENTION \$									
	WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	13/7					E. L. DISEASE - EA EMPLOYEE			
	If yes, describe under						E. L. DISEASE - POLICY LIMIT			
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000		
Thi	CRIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf o ditional Insured as respects the op	f Mic	higa	n State Youth Soccer Ass	sociation & M	ichigan Youth	Soccer League. Certificat ate association.	e Holder is		
CERTIFICATE HOLDER					CANCELLATION					
TROY ATENS HIGH SCHOOL 4333 JOHN R RD TROY, MI 48085					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



DATE (MM/DD/YYYY) 8/19/2014

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

	onditions of the policy, certain po u of such endorsement(s).	OIICIE	s ma	y require an endorsement.	A Statement on	uns certificate c	ioes not conter rights to th	e certificate noider		
PRODUCER Pullen Insurance Services, Inc.			CONTACT NAME: Sports Division							
2560 River Park Plaza, Suite 300			PHONE: (817) 738-6100 FAX: (817) 738-2993							
Fort Worth, TX 76116			E-MAIL ADDRESS: contact@pullenins.com							
	Toft Worth, 124 70	110			PRODUCER CUSTOMER ID#: MI					
					INSURERS AFFORDING COVERAGE			NAIC #		
INSURED Michigan State Vouth Soccar Association					Insurer A: National Casualty Company			11991		
Whenigan State Touth Soccer Association										
	9401 General Drive, S	Suite	e 12	.0	Insurer B: National Union Fire Insurance Company			19445		
	Plymouth, MI 48170				Insurer C:	_				
					Insurer D:					
					Insurer E:	_				
					Insurer F:					
				ATE NUMBER: 140193			REVISION NUMBER:			
INDIC CERT	IS TO CERTIFY THAT THE POLICII ATED. NOTWITHSTANDING ANY F IFICATE MAY BE ISSUED OR MA' USIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IIREN RTAII DLICII	IENT, TERM OR CONDITION N, THE INSURANCE AFFORI ES. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE PO E BEEN REDUCE	RACT OR OTHER LICIES DESCRIE ED BY PAID CLAI	R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT TO	CT TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADD'L INSRD	SUBR	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A	SENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	EACH OCCURRENCE	\$1,000,000		
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
	7						PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	BEN'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 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
	ANY AUTO						,			
	ALL OWNED AUTOS						BODILY INJURY (Per person)			
	SCHEDULED AUTOS						PROPERTY DAMAGE			
	X HIRED AUTOS						(Per accident)			
	X NON-OWNED AUTOS									
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	EACH OCCURRENCE	\$5,000,000		
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000		
	DEDUCTIBLE	1						. , , ,		
	RETENTION \$									
							WC STATU- OTH-			
A	VORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						TORY LIMITS ER  E. L. EACH ACCIDENT			
1 10	NY PROPRIETOR/PARTNER/EXECUTIVE DFFICER/MEMBER EXCLUDED?	N/A								
	Mandatory in NH)  yes, describe under						E. L. DISEASE - EA EMPLOYEE			
	·			CDC 0115225 A	9/1/2014	0/1/2015	E. L. DISEASE - POLICY LIMIT	\$100,000		
B	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000		
DE000	VIDTION OF ODER ATIONS (1 OCATIONS (1/2		0 (1)	1 4000D 404 A 18% 1 D 1 4						
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 & Michigan Youth Soccer League. Certificate Holder is										
Δddi	tional Insured as respects the or	nerat	tions	of the Named Insured for	sociationed act	ivities of the st	sate association	te fiolder is		
Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.										
CERTIFICATE HOLDER C					CANCELLATION					
WALSH ELEMENTARY					CHOIL D ANY	OF THE ABOVE	DECORIDED DOLLOIS DE CA	NOTI LED DEFORE		
39660 SPALDING DRIVE					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
STERLING HEIGHTS, MI 48313										
, '			ALTHODIZED DEDDESCRITATIVE							
				AUTHORIZED REPRESENTATIVE Satisfull						
						Nalifel ville				

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DATE (MM/DD/YYYY) 8/19/2014

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.

	eu of such endorsement(s).	JII 0101	ıııa;	, require an endorsement.	- Statement Un			o sorumoate notuel	
PRODUCER Pullen Insurance Services, Inc.			CONTACT NAME: Sports Division						
2560 River Park Plaza, Suite 300			PHONE: (817) 738-6100 FAX: (817) 738-2993						
	Fort Worth, TX 76116				E-MAIL ADDRESS: contact@pullenins.com				
	,,,				PRODUCER CUSTOMER ID#: MI				
					INSURERS AFFORDING COVERAGE			NAIC #	
Michigan State Youth Soccer Association				Insurer A: National Casualty Company			11991		
	9401 General Drive, S				Insurer B: National Union Fire Insurance Company			19445	
	Plymouth, MI 48170	Juite	. 12	O	Insurer C:				
	Trymoden, wir 10170				Insurer D:				
					Insurer E:				
					Insurer F:				
СО	VERAGES CE	RTII	FIC/	ATE NUMBER: 1402022	1	F	REVISION NUMBER:	0	
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUC	REQUI Y PER CH PO	REM TAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	OF ANY CONTR DED BY THE PO E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPECT TO	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		
A	GENERAL LIABILITY	X		KRO 4688700	9/1/2014	9/1/2015	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  ANY AUTO			KRO 4688700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	ALL OWNED AUTOS						BODILY INJURY (Per person)		
	SCHEDULED AUTOS						BODILY INJURY (Per accident)		
	<del></del>						PROPERTY DAMAGE (Per accident)		
	X HIRED AUTOS X NON-OWNED AUTOS						(Fer accident)		
	NON-OWNED ACTOS								
Α	UMBRELLA LIAB X OCCUR			XKO 4688800	9/1/2014	9/1/2015	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 ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	13/7					E. L. DISEASE - EA EMPLOYEE		
	If yes, describe under						E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL			SRG 9115335A	9/1/2014	9/1/2015		\$100,000	
	 CRIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf o						outh Soccer League Cert	tificate Holder is	
	ditional Insured as respects the op							inicate Holder is	
CERTIFICATE HOLDER				CANCELLATION					
YMCA Pierson Road 5219 W Pierson Road Flushing, MI 48433			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 Statik Pull					