

DATE (MM/DD/YYYY) 8/26/2015

\$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 c	RTANT: If the certificate holder is conditions of the policy, certain pure of such endorsement(s).	s an A olicies	DDIT may	IONAL INSURED, the policy require an endorsement.	cy(ies) must be A statement on	endorsed. If SUE this certificate d	BROGATION IS WAIVED, s loes not confer rights to th	subject to the terms ne certificate holder	
PRODU	Pullen Insurance S	ervic	es. l	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	ERAGE	NAIC #	
INSUR	Michigan State Youth	Soc	cer	Association	Insurer A: N	ational Casualty	/ Company	11991	
	9401 General Drive,				Insurer B: M	utual of Omaha	l .	71412	
	Plymouth, MI 48170				Insurer C:				
	,				Insurer D:				
					Insurer E:				
						Insurer F:			
COV	COVERAGES CERTIFICATE NUMBER: 150012					79 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 CONTI DED BY THE PC E BEEN REDUC	RACT OR OTHER PLICIES DESCRIB ED BY PAID CLAII	DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	ECT 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 5663300	9/1/2015	9/1/2016			
2	X COMMERCIAL GENERAL LIABILITY					9/1/2010	EACH OCCURRENCE	\$1,000,000	
	CLAIMS MADE   X OCCUR					9/1/2010	DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
. ⊢	CLAIMS MADE A OCCOR					9/1/2010	DAMAGE TO RENTED		
	CLAIMS MADE X OCCUR					9/1/2010	DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000 \$5,000 \$1,000,000	
	CLAIMS MADE X OCCUR					9/1/2010	DAMAGE TO RENTED PREMISES (Ea occurance)  MED EXP (Any one person)	\$300,000 \$5,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					9/1/2010	DAMAGE TO RENTED PREMISES (Ea occurance)  MED EXP (Any one person)  PERSONAL & ADV INJURY	\$300,000 \$5,000 \$1,000,000	
-						9/1/2010	DAMAGE TO RENTED PREMISES (Ea occurance)  MED EXP (Any one person)  PERSONAL & ADV INJURY  GENERAL AGGREGATE	\$300,000 \$5,000 \$1,000,000 UNLIMITED \$1,000,000 \$1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY PROJECT LOC  AUTOMOBILE LIABILITY			KRO 5663300	9/1/2015	9/1/2016	DAMAGE TO RENTED PREMISES (Ea occurance)  MED EXP (Any one person)  PERSONAL & ADV INJURY  GENERAL AGGREGATE  PRODUCTS - COMP/OP AGG	\$300,000 \$5,000 \$1,000,000 UNLIMITED \$1,000,000	
	BEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC AUTOMOBILE LIABILITY ANY AUTO			KRO 5663300	9/1/2015		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	\$300,000 \$5,000 \$1,000,000 UNLIMITED \$1,000,000 \$1,000,000	
	DEN'L AGGREGATE LIMIT APPLIES PER:  POLICY PROJECT LOC  AUTOMOBILE LIABILITY  ANY AUTO  ALL OWNED AUTOS			KRO 5663300	9/1/2015		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)	\$300,000 \$5,000 \$1,000,000 UNLIMITED \$1,000,000 \$1,000,000	
A	BEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC AUTOMOBILE LIABILITY ANY AUTO			KRO 5663300	9/1/2015		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)	\$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)

XKO 5663400

SR2014MI-P-053256

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.

9/1/2015

9/1/2015

9/1/2016

9/1/2016

CERTIFICATE HOLDER	CANCELLATION
Anchor Bay School District Attn: Athletic Department 6319 County Line 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.
Fair Haven, MI 48023	AUTHORIZED REPRESENTATIVE Satisfulli

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

Α



DATE (MM/DD/YYYY) 8/26/2015

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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 Se	ervice	s. Inc.	CONTACT NAME:	F					
	2560 River Park Pla			PHONE: (8	(617) 726 6166 (617) 726 2336					
	Fort Worth, TX 76	,		E-MAIL ADDRESS:	E-MAIL ADDRESS: contact@pullenins.com					
	1 010 // 01011, 111 / 01			PRODUCER CUST	OMER ID#: MI					
				INSURERS AF	FORDING COV	ERAGE	NAIC #			
INSURED	Michigan State Youth	Soco	er Association	Insurer A: Na	ational Casualt	y Company	11991			
	9401 General Drive, S				utual of Omaha		71412			
	Plymouth, MI 48170	Juite	120	Insurer C:						
	11/11/04/11, 1/11 1/01/10			Insurer D:						
				Insurer E:						
				Insurer F:						
COVER	AGES CE	RTIF	CATE NUMBER: 1500	3451	F	REVISION NUMBER:	0			
INDICATE CERTIFICA EXCLUSION	O CERTIFY THAT THE POLICIED. NOTWITHSTANDING ANY RATE MAY BE ISSUED OR MAYONS AND CONDITIONS OF SUC	REQUIR / PERT CH POL	EMENT, TERM OR CONDITI AIN, THE INSURANCE AFFO CIES. LIMITS SHOWN MAY F	ON OF ANY CONTR DRDED BY THE PO HAVE BEEN REDUC!	RACT OR OTHER PLICIES DESCRIE ED BY PAID CLAI	R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT TO MS.	CT TO WHICH THIS			
INSR LTR	TYPE OF INSURANCE	ADD'L S INSRD V		POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS				
· · · —	RAL LIABILITY	X	KRO 5663300	9/1/2015	9/1/2016	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			
	AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$1,000,000			
	DLICY PROJECT LOC					PARTICIPANT LEGAL LIABILITY	\$1,000,000			
^^ ├──	MOBILE LIABILITY NY AUTO		KRO 5663300	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000			
AL	L OWNED AUTOS					BODILY INJURY (Per person)				
so	CHEDULED AUTOS					PROPERTY DAMAGE				
X HI	RED AUTOS					(Per accident)				
X	ON-OWNED AUTOS									
Au	MBRELLA LIAB X OCCUR		XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000			
XΕ	CESS LIAB CLAIMS-MADE					AGGREGATE	\$5,000,000			
DE	EDUCTIBLE									
RE	ETENTION \$									
	ERS COMPENSATION					WC STATU- TORY LIMITS OTH- ER				
ANY PR	MPLOYERS' LIABILITY Y/N OPRIETOR/PARTNER/EXECUTIVE	N/A				E. L. EACH ACCIDENT				
(Manda	R/MEMBER EXCLUDED?	' ' '				E. L. DISEASE - EA EMPLOYEE				
If yes, d	escribe under					E. L. DISEASE - POLICY LIMIT				
B PART	TICIPANT ACCIDENT MEDICAL		SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000			
	on of operations/locations/ve ificate is issued on behalf of al Insured as respects the operations.	f Mich		Association & Mi	ichigan Youth	Soccer League. Certifica association.	te Holder is			
Addition		•								

Birmingham Community Education Attn: Yvonne Curtis 2436 W. Lincoln Ave. 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-



DATE (MM/DD/YYYY) 8/26/2015

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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 th	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  E-MAIL ADDRESS: contact@pullenins.com					
	Fort Worth, TX 76	,	541							
	1010 ((01011, 111 / 0	110			PRODUCER CUSTO	OMER ID#: MI				
					INSURERS AF	FORDING COVE	ERAGE	NAIC #		
INSU	Michigan State Youth	So	ccer	Association	Insurer A: Na	tional Casualty	v Company	11991		
	9401 General Drive,	Snit	- 12	0		utual of Omaha		71412		
	Plymouth, MI 48170	Juit	0 12	O .	Insurer C:					
	Trymouth, wir 10170				Insurer D:					
					Insurer E:					
					Insurer F:					
CO	VERAGES CE	RTI	FIC	ATE NUMBER: 150034		F	REVISION NUMBER:	0		
INDI CER	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	ENT, TERM OR CONDITION  I, THE INSURANCE AFFORD	OF ANY CONTR DED BY THE PO	RACT OR OTHER LICIES DESCRIB	R DOCUMENT WITH RESPECT TO	CT TO WHICH THIS		
			WVD					\$1,000,000		
A	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	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 5663300	9/1/2015	9/1/2016	PARTICIPANT LEGAL LIABILITY  COMBINED SINGLE LIMIT	\$1,000,000		
A	ANY AUTO			KKO 3003300	9/1/2013	9/1/2010	(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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
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 Ass	sociation & Mi	chigan Youth S	Soccer League. Certifica ate association.	te Holder is		
CE	RTIFICATE HOLDER				CANCELLA	TION				
At 15	rmingham Covington Scho tn: Yvonne Curtis 25 Covington Rd.	ol			THE EXPIRATION		DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE			
ВI	oomfield Hills, MI 48301				AUTHORIZED REPI	RESENTATIVE	Patifi Queli	_		



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	conditions of the policy, certain po eu of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	inis certificate c	ioes not confer rights to th	e certificate noider		
PROD	Pullen Insurance Se	ervio	ces.	Inc.	CONTACT NAME: Sports Division					
	2560 River Park Pla				PHONE: (817) 738-6100 FAX: (817) 738-2993  E-MAIL ADDRESS: contact@pullenins.com					
	Fort Worth, TX 76	,	Dui	<b>10</b> 300						
	Toft Worth, 124 70	110			PRODUCER CUSTOMER ID#: MI					
					INSURERS AF	FORDING COVI	FRAGE	NAIC #		
INSU	RED Michigan State Voyeth	Co		Association	+	tional Casualty		11991		
	Michigan State 1 Outil					utual of Omaha		71412		
	9401 General Drive, S	Suite	: 12	U	Insurer C:	ituai oi Oilialia	ı	/1412		
	Plymouth, MI 48170				Insurer D:					
					Insurer E:					
					Insurer F:					
CO	VERAGES CE	DTI		ATE NUMBER: 150034			REVISION NUMBER:	0		
	IS TO CERTIFY THAT THE POLICIE									
INDI CER	CATED NOTWITHSTANDING ANY R TIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUC	EQU PEF H PO	IREM 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 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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-OWNED ACTOS									
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
А	X EXCESS LIAB CLAIMS-MADE			ARO 3003400	7/1/2013	7/1/2010	AGGREGATE	\$5,000,000		
	DEDUCTIBLE						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					E. L. DISEASE - EA EMPLOYEE			
	(Mandatory in NH) If yes, describe under						E. L. DISEASE - POLICY LIMIT			
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016	L. L. DISLASE - FOLICT LIMIT	\$100,000		
ט	TAKTICII AIVI ACCIDEIVI MEDICAL			5K201+WII-1 -033230	7/1/2013	7/1/2010		Ψ100,000		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VE	L HICLE:	S (Atta	ch ACORD 101. Additional Remarks S	Chedule, if more space	is required)				
This	s certificate is issued on behalf or itional Insured as respects the op-	f Mi	chiga	an State Youth Soccer As	sociation & Mi	chigan Youth S	Soccer League. Certifica ate association.	te Holder is		
<u>~</u>	OTICICATE HOLDED				CANCELLA	TION				
	RTIFICATE HOLDER				CANCELLA	IION		1		
Att	rnum Center n: Yvonne Curtis rce Street				THE EXPIRATION	OF THE ABOVE I ON DATE THEREO LICY PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE DINACCORDANCE		
Biı	mingham, MI 48009				AUTHORIZED REPRESENTATIVE 0					



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PROI	Pullen Insurance Se	rvi	ces	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	,	Dui	300					
	1 of t worth, 121 70	110			PRODUCER CUSTO				
					INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSU	Michigan State Youth	So	CCOI	Association		tional Casualty		11991	
	9401 General Drive, S					utual of Omaha		71412	
	Plymouth, MI 48170	Suru	C 12	U	Insurer C:	atual of Official	<u>.                                    </u>	71712	
	Flymouni, Mi 40170				Insurer D:				
					Insurer E:				
					Insurer F:				
$\overline{}$	VERAGES CE	DTI	FIC	ATE NUMBER: 150035			REVISION NUMBER:	0	
THIS INDI CER EXC	S IS TO CERTIFY THAT THE POLICII ICATED. NOTWITHSTANDING ANY F RTIFICATE 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 ENT, TERM OR CONDITION I, THE INSURANCE AFFORI ES. LIMITS SHOWN MAY HAV	AVE BEEN ISSUE OF ANY CONTR DED BY THE PO 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	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	ANY AUTO			KRO 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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 As	sociation & Mi	chigan Youth		te Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
Bi 32	shop Foley Catholic High S 000 Campbell adison Heights, MI 48071	Scho	ool		SHOULD ANY THE EXPIRATION	OF THE ABOVE I	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE		
					AUTHORIZED REPI	RESENTATIVE	$\cap$		
							Jatik Pulli	-	



DATE (MM/DD/YYYY) 8/26/2015

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: 1500425	REVISION NUMBER: (	)				
		Insurer F:					
		Insurer E:					
		Insurer D:					
	Plymouth, MI 48170	Insurer C:					
	9401 General Drive, Suite 120	Insurer B: Mutual of Omaha	71412				
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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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)	1.4//					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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

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

Satik Ovel-



DATE (MM/DD/YYYY) 8/26/2015

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COVED	ACES CEDTIFICATE NUMBER: 1500424	O DEVISION NUMBER, O	١
		Insurer F:	
		Insurer E:	
	•	Insurer D:	
	Plymouth, MI 48170	Insurer C:	
	9401 General Drive, Suite 120	Insurer B: Mutual of Omaha	71412
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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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



DATE (MM/DD/YYYY) 8/26/2015

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		11.00.01.1	
		Insurer F:	
		Insurer E:	
	-	Insurer D:	
]	Plymouth, MI 48170	Insurer C:	
		Insurer B: Mutual of Omaha	71412
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	

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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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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)	
	71						(Per accident)	
	X NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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

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

36301 Utica Road



DATE (MM/DD/YYYY) 8/26/2015

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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) 73	8-2993
Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com	
1 010 11 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: Mutual of Omaha	71412
Plymouth, MI 48170	Insurer C:	
,	Insurer D:	
	Insurer E:	
	Insurer F:	
COVEDACES CEDTIFICATE NUMBER.	15005290 DEVISION NUMBER	<b>D.</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	
Α	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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

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) 8/26/2015

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	such endorsement(s).	am ponoics may	require an endorsement.	a statement of	Timo oci imodic d	ous not come rights to the	
PRODUCER	Pullen Insurance	ce Services, I	nc.	CONTACT NAME	Sports Divis	ion	
	2560 River Par	,		PHONE: (	817) 738-6100	FAX: (817) 738-29	993
	Fort Worth, TX			E-MAIL ADDRESS	s: contact@pul	lenins.com	
	,			PRODUCER CUS	TOMER ID#: MI		
				INSURERS A	FFORDING COVE	RAGE	NAIC #
INSURED	Michigan State Y	outh Soccer	Association	Insurer A: N	<b>Vational Casualty</b>	Company	11991
	9401 General Dri			Insurer B: N	<b>Iutual of Omaha</b>	l .	71412
	Plymouth, MI 48	17 <b>0</b>		Insurer C:			
	•			Insurer D:			
				Insurer E:			
				Insurer F:			
COVER	AGES	CERTIFICA	TE NUMBER: 1500562	28	R	EVISION NUMBER:	0
INDICATED CERTIFICA	D. NOTWITHSTANDING A TE MAY BE ISSUED OI	ANY REQUIREME R MAY PERTAIN, F SUCH POLICIES	NT, TERM OR CONDITION	OF ANY CONT ED BY THE PO	RACT OR OTHER OLICIES DESCRIB	RED NAMED ABOVE FOR TH DOCUMENT WITH RESPEC ED HEREIN IS SUBJECT TO MS.	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	

INSR 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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)	
	71						(Per accident)	
	X NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000

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

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CENTILICATE HOLDEN	CANCELLATION
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  Satisfull

CANCELL ATION

CERTIFICATE HOLDER



DATE (MM/DD/YYYY) 8/26/2015

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in lieu of such endorsement(s).	,5011010	.5	iy require an endorsement.	A statement on	ino ocranoute e	ioco not comer rights to the	oci illioute fiolaci
PRODUCER Pullen Insurance S	Servi	ces.	Inc.	CONTACT NAME: Sports Division			
2560 River Park F				PHONE: (817) 738-6100 FAX: (817) 738-2993			
Fort Worth, TX 70				E-MAIL ADDRESS:	contact@pu	llenins.com	
				PRODUCER CUSTO	OMER ID#: MI		
				INSURERS AF	FORDING COVE	ERAGE	NAIC #
INSURED Michigan State Your	h So	ccei	r Association	Insurer A: Na	ational Casualty	Company	11991
9401 General Drive,	Suit	e 12	0		utual of Omaha		71412
Plymouth, MI 48170		0 12	.0	Insurer C:			
1 Tymoddi, ivii 10170				Insurer D:			
				Insurer E:			
				Insurer F:			
COVERAGES C	ERT	FIC	ATE NUMBER: 150057	71	F	REVISION NUMBER:	)
THIS IS TO CERTIFY THAT THE POLIC INDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR M. EXCLUSIONS AND CONDITIONS OF SU	REQU AY PE JCH PO	IIREN RTAII DLICII	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 RESPEC ED HEREIN IS SUBJECT TO	T 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
	-					PERSONAL & ADV INJURY	\$1,000,000
	-					GENERAL AGGREGATE	UNLIMITED
GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000
X EXCESS LIAB CLAIMS-MADE			11110 0000 100	7,1,2016	37172010	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 MEDICA	L		SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000
					L		
This certificate is issued on behalf Additional Insured as respects the	of Mi	chig	an State Youth Soccer As	sociation & Mi	d-Michigan Yo		ificate Holder is
CERTIFICATE HOLDER				CANCELLA	TION		
Alma Dublia Cabaala				CANCELLA	TION		
Alma Public Schools Attn: Tom Curatti 600 E. Downey St				THE EXPIRATI	OF THE ABOVE I ON DATE THEREO LICY PROVISIONS	DESCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVERED	NCELLED BEFORE DIN ACCORDANCE
Alma, MI 48801				AUTHORIZED REP	RESENTATIVE	$\cap$	



DATE (MM/DD/YYYY) 8/26/2015

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 lie	conditions of the policy, certain po ou of such endorsement(s).			_				
PROD	Pullen Insurance Se			CONTACT NAME: Sports Division				
	2560 River Park Pl		ite 300	`	17) 738-6100	FAX: (817) 738-2	2993	
	Fort Worth, TX 76	116		E-MAIL ADDRESS:		llenins.com		
				PRODUCER CUST	OMER ID#: MI			
				INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSUF	RED Michigan State Youth	Socce	r Association	Insurer A: Na	ational Casualty	y Company	11991	
	9401 General Drive, S	Suite 12	20	Insurer B: M	utual of Omaha	ı	71412	
	Plymouth, MI 48170			Insurer C:				
	<b>3</b>			Insurer D:				
				Insurer E:				
				Insurer F:				
CO	VERAGES CE	RTIFIC	ATE NUMBER: 150061	27	F	REVISION NUMBER:	0	
CER	IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY F TIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUC	Y PERTA CH POLIC	IN, THE INSURANCE AFFOR IES. LIMITS SHOWN MAY HA\	DED BY THE PO /E BEEN REDUC!	LICIES DESCRIE ED BY PAID CLAI	ED HEREIN IS SUBJECT T	THE POLICY PERIOD ECT TO WHICH THIS TO ALL THE TERMS,	
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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR					MED EXP (Any one person)	\$5,000	
						PERSONAL & ADV INJURY	\$1,000,000	
						GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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)		
	<u> </u>					(Fel accident)		
	X NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR		XKO 5663400	9/1/2015	9/1/2016	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		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E. L. DISEASE - EA EMPLOYEE		
	If yes, describe under					E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL		SR2014MI-P-053256	9/1/2015	9/1/2016		\$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 Satisfaction



DATE (MM/DD/YYYY) 8/26/2015

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

PRODUCE	Pullen Insurance Se	rvic	200	Inc	CONTACT NAME: Sports Division				
	2560 River Park Pl				PHONE: (8	17) 738-6100	FAX: (817) 738-2	993	
	Fort Worth, TX 76		Jul	ic 500	E-MAIL ADDRESS:	contact@pu	· /		
	1011 1101111, 121 70	110			PRODUCER CUSTO				
					INSURERS AF	FORDING COVI	ERAGE	NAIC #	
NSURED	Michigan State Youth	Soc	cer	Association	Insurer A: Na	ational Casualty	y Company	11991	
	9401 General Drive, S	Suite	12	0		utual of Omaha		71412	
	Plymouth, MI 48170	, 0,100			Insurer C:				
	1 1/ 1110 0.011, 1:11 1:01 / 0				Insurer D:				
					Insurer E:				
					Insurer F:				
COVE	RAGES CE	RTII	FICA	<b>ATE NUMBER: </b> 150063	71	F	REVISION NUMBER:	0	
CERTIF EXCLUS	FED. NOTWITHSTANDING ANY FICATE MAY BE ISSUED OR MAY BEINS AND CONDITIONS OF SUC	Y PEF H PO	RTAIN LICIE	I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAV	DED BY THE PO E BEEN REDUCE	LICIES DESCRIB ED BY PAID CLAI	ED HEREIN IS SUBJECT T MS.	O ALL THE TERMS	
INSR LTR	TYPE OF INSURANCE	ADD'L INSRD	WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
**	NERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	DAMAGE TO RENTED	\$1,000,000	
X	COMMERCIAL GENERAL LIABILITY						PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
051							GENERAL AGGREGATE	UNLIMITED	
GEI	N'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000 \$1,000,000	
A A11	TOMOBILE LIABILITY			VDO 5662200	0/1/2015	0/1/2016	PARTICIPANT LEGAL LIABILITY  COMBINED SINGLE LIMIT	\$1,000,000	
A	ANY AUTO			KRO 5663300	9/1/2015	9/1/2016	(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						,		
71									
Α	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
X	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000	
	DEDUCTIBLE	1						•	
	RETENTION \$								
	RKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER		
	D EMPLOYERS' LIABILITY  'PROPRIETOR/PARTNER/EXECUTIVE CICER/MEMBER EXCLUDED?  'PROPRIETOR/PARTNER/EXECUTIVE CICER/MEMBER EXCLUDED?	N/A					E. L. EACH ACCIDENT		
OFF	ICER/MEMBER EXCLUDED?	14/74					E I DISEASE - EA EMPLOYEE		

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

SR2014MI-P-053256

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.

9/1/2015

9/1/2016

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. DISEASE - POLICY LIMIT

\$100,000

If yes, describe under

PARTICIPANT ACCIDENT MEDICAL



DATE (MM/DD/YYYY) 8/26/2015

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)

	rvices	Inc	CONTACT NAME:	Sports Divis	SION			
Pullen Insurance Se 2560 River Park Pla			PHONE: (817) 738-6100 FAX: (817) 738-2993					
Fort Worth, TX 761		.tc 300	E-MAIL ADDRESS: contact@pullenins.com					
Toft Worth, 124 70	110		PRODUCER CUSTOMER ID#: MI					
			INSURERS AF	FORDING COVE	ERAGE	NAIC #		
Michigan State Youth	Socces	Association		ational Casualty		11991		
9401 General Drive, S				utual of Omaha		71412		
Plymouth, MI 48170	Julic 12	U	Insurer C:	<u> </u>	~	71112		
1 1ymoum, 1v11 +0170			Insurer D:					
			Insurer E:					
			Insurer F:					
COVERAGES CE	RTIFIC	ATE NUMBER: 15006	622	F	REVISION NUMBER:	0		
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUC	EQUIREN ' PERTAIN H POLICIE	ENT, TERM OR CONDITIO N, THE INSURANCE AFFOR ES. LIMITS SHOWN MAY HA	N OF ANY CONTF RDED BY THE PO VE BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT 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			
A GENERAL LIABILITY	X	KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
CLAIMS MADE X OCCUR					MED EXP (Any one person)	\$5,000		
					PERSONAL & ADV INJURY	\$1,000,000		
					GENERAL AGGREGATE	UNLIMITED		
GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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		SR2014MI-P-053256	9/1/2015	9/1/2016	'	\$100,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEI This certificate is issued on behalf or Additional Insured as respects the op	f Michig	an State Youth Soccer A	ssociation & Mi	chigan Youth S		te Holder is		

Brandon Township Community Park Soccer Field(s) Attn: Yvonne Curtis 1414 N. Hadley 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

Satik Dieli\_\_\_



DATE (MM/DD/YYYY) 8/26/2015

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in lieu of such end		Olicies	s IIIa	y require an endorsement.	A statement on	tilis certificate d	ides not comer rights to t	ne certificate floider
PRODUCER Pul	en Insurance S	ervic	es.	Inc.	CONTACT NAME:	Sports Divis	ion	
	O River Park Pl				PHONE: (8	17) 738-6100	FAX: (817) 738-2	2993
	Worth, TX 76				E-MAIL ADDRESS:	contact@pul	llenins.com	
					PRODUCER CUST	OMER ID#: MI		
					INSURERS AF	FORDING COVE	ERAGE	NAIC #
INSURED Michi	Michigan State Youth Soccer Association					ational Casualty	Company	11991
					Insurer B: M	utual of Omaha	l	71412
	uth, MI 48170				Insurer C:			
J	,				Insurer D:			
					Insurer E:			
					Insurer F:			
COVERAGES	CE	ERTI	FICA	ATE NUMBER: 1500663	30	F	REVISION NUMBER:	0
INDICATED. NOTW CERTIFICATE MAY EXCLUSIONS AND	THSTANDING ANY I BE ISSUED OR MA	REQUI Y PER CH PO	REMI TAIN LICIE	JRANCE LISTED BELOW HA ENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAV	OF ANY CONTI DED BY THE PC E BEEN REDUC	RACT OR OTHER PLICIES DESCRIB ED BY PAID CLAII	R DOCUMENT WITH RESPI ED HEREIN IS SUBJECT	ECT 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 LIABIL	ГҮ	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
X COMMERCIAL	GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
CLAIMS	MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000

LIII		HITOKD	*****		DATE (MINIDOTTI)	DATE (MINIDUITT)		
A	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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	<u> </u>
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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
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  Satikululu



DATE (MM/DD/YYYY) 8/26/2015

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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 Puller	Insurance Services, Inc.	CONTACT NAME: Sports Division	CONTACT NAME: Sports Division				
	River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738	3-2993				
	Vorth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com					
1 010	, 5141, 111 / 5115	PRODUCER CUSTOMER ID#: MI					
		INSURERS AFFORDING COVERAGE	NAIC #				
INSURED Michiga	n State Youth Soccer Association	Insurer A: National Casualty Company	11991				
	neral Drive, Suite 120	Insurer B: Mutual of Omaha	71412				
	h, MI 48170	Insurer C:					
J	,	Insurer D:					
		Insurer E:					
		Insurer F:					
COVERAGES	CERTIFICATE NUMBER: 1500	06733 REVISION NUMBER	<b>8</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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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
Administration Building Outdoor Field 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.
15115 Deefield East Pointe, MI 48021	AUTHORIZED REPRESENTATIVE  Satisfull

CANCELL ATION

CERTIFICATE HOLDER



DATE (MM/DD/YYYY) 8/26/2015

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

in lieu of such endorsement(s).	DIICIES	may require an endorsement.	A statement on	tnis certificate c	ioes not conter rights to th	e certificate noider		
PRODUCER Pullen Insurance Se	ervice	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					
Tott Worth, 111 70	110		PRODUCER CUSTO	OMER ID#: MI				
			INSURERS AF	FORDING COVE	ERAGE	NAIC #		
INSURED Michigan State Youth	Soci	cer Association	Insurer A: Na	tional Casualty	Company	11991		
9401 General Drive,				utual of Omaha		71412		
Plymouth, MI 48170	Juic	120	Insurer C:		•	,		
1 Tymoddi, ivii 10170			Insurer D:					
			Insurer E:					
			Insurer F:					
COVERAGES CE	RTIF	ICATE NUMBER: 150068		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	REQUIR Y PERT CH POL	REMENT, TERM OR CONDITION TAIN, THE INSURANCE AFFOR LICIES. LIMITS SHOWN MAY HAV	N OF ANY CONTR DED BY THE PO VE 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 GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY	X	KRO 5663300	9/1/2015	9/1/2016	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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			
B PARTICIPANT ACCIDENT MEDICAL		SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VE This certificate is issued on behalf of Additional Insured as respects the of  CERTIFICATE HOLDER	of Mich	higan State Youth Soccer As	ssociation & Mi	d-Michigan You		tificate Holder is		
			JANGELEA					
Audobon Park - City of Lape Attn: Ray Turczyn 880 S. Saginaw St.	er		THE EXPIRATION	OF THE ABOVE I ON DATE THEREO LICY PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE DINACCORDANCE		
Lapeer, MI 48446			AUTHORIZED REP	RESENTATIVE	<u> </u>			

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DATE (MM/DD/YYYY) 8/26/2015

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)

	of such endorsement(s).			,	,					
PRODU	CER Pullen Insurance Se	ervi	ces.	Inc.	CONTACT NAME:	Sports Divis	ion			
	2560 River Park Pla				PHONE: (8)	17) 738-6100	FAX: (817) 738-2	993		
	Fort Worth, TX 76	,			E-MAIL ADDRESS:	E-MAIL ADDRESS: contact@pullenins.com				
	,,,				PRODUCER CUSTO	OMER ID#: MI				
					INSURERS AF	FORDING COVE	RAGE	NAIC #		
INSURE	Michigan State Youth	So	ccer	Association	Insurer A: Na	tional Casualty	Company	11991		
	9401 General Drive, S				Insurer B: Mi	utual of Omaha	,	71412		
	Plymouth, MI 48170				Insurer C:					
					Insurer D:					
					Insurer E:					
					Insurer F:					
COV	ERAGES CE	RTI	FIC/	ATE NUMBER: 150069	59	R	EVISION NUMBER:	0		
CERTI EXCLU	S TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY R FICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUC	REQU / PEF :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 CLAIM	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 G	ENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	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		
AA	UTOMOBILE LIABILITY  ANY AUTO			KRO 5663300	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
	ALL OWNED AUTOS						BODILY INJURY (Per person)			
-	SCHEDULED AUTOS						BODILY INJURY (Per accident)			
X	<del>- </del>						PROPERTY DAMAGE (Per accident)			
$\frac{1}{\lambda}$							(* 5* 5555511)			
1										
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
<u> </u>	CLAIMS-MADE						AGGREGATE	\$5,000,000		
	DEDUCTIBLE									
	RETENTION \$									
	ORKERS COMPENSATION ND EMPLOYERS' LIABILITY Y/N						WC STATU- TORY LIMITS ER			
l I	ND EMPLOYERS' LIABILITY  NY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT			
	FFICER/MEMBER EXCLUDED?  Mandatory in NH)	""					E. L. DISEASE - EA EMPLOYEE			
lf :	yes, describe under						E. L. DISEASE - POLICY LIMIT			
BP	ARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
This o	prion of operations/locations/ve certificate is issued on behalf o cional Insured as respects the op	f Mi	chiga	an State Youth Soccer As	sociation & Mi	chigan Youth S	Soccer League. Certifica ate association.	te Holder is		

CERTIFICATE HOLDER

**CANCELLATION** 

Beaufait Farms (Soccer Field) Attn: Yvonne Curtis 46138 Lookout Drive Macomb, 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

Satik Dull



DATE (MM/DD/YYYY) 8/26/2015

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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	
	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: Mutual of Omaha	71412
	Plymouth, MI 48170	Insurer C:	
	<b>,</b> ,	Insurer D:	
		Insurer E:	
		Insurer F:	
COVER	AGES CERTIFICATE NUMBER: 150070	36 <b>REVISION NUMBER:</b> (	)
INDICATE	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 AFFORE	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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)	
	71						(Per accident)	
	X NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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
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  Satisfulli

CANCELL ATION

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CERTIFICATE HOLDER



DATE (MM/DD/YYYY) 8/26/2015

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	conditions of the policy, certain po eu of such endorsement(s).	DIICIES	may	require an endorsement.	4 statement on t	inis certificaté d	ioes not conter rights to th	e certificate noider
PROI	Pullen Insurance Se	rvice	20	Inc	CONTACT NAME:	Sports Divis	ion	
	2560 River Park Pla				PHONE: (817) 738-6100 FAX: (817) 738-2993			
	Fort Worth, TX 761	,	Jui	ic 300	E-MAIL ADDRESS: contact@pullenins.com			
	Polt Worth, 1A 70	110			PRODUCER CUSTOMER ID#: MI			
						FORDING COVE	=RAGE	NAIC #
INSU	RED 34:1: C. 4 37 41	<u>C</u>		A				11991
11400	Michigan State 1 Outil					tional Casualty		
	9401 General Drive, S	Suite	120	)		itual of Omaha	l .	71412
	Plymouth, MI 48170				Insurer C:			+
					Insurer D:			
					Insurer E:			
					Insurer F:			
CO	VERAGES CE	RTIF	ICA	TE NUMBER: 1500703	37	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	EQUIF PER H POL	REMI TAIN .ICIE	ENT, TERM OR CONDITION , THE INSURANCE AFFORD	OF ANY CONTR ED 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 S	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000
A	X EXCESS LIAB CLAIMS-MADE			AKO 3003400	9/1/2013	9/1/2010		\$5,000,000
	DEDUCTIBLE OF THE PROPERTY OF						AGGREGATE	\$3,000,000
	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)  If ves, describe under						E. L. DISEASE - EA EMPLOYEE	
_	,.,				0.11.12.01.2	0/4/504	E. L. DISEASE - POLICY LIMIT	φ100 000
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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 S	Soccer League. Certifica ate association.	te Holder is
CF	RTIFICATE HOLDER				CANCELLA	TION		
	each Park				JANULLIA			
At 46	tn: Yvonne Curtis 95 Beach Road				THE EXPIRATION	OF THE ABOVE I ON DATE THEREO ICY PROVISIONS	DESCRIBED POLICIES BE CA IF, NOTICE WILL BE DELIVERE	NCELLED BEFORE DINACCORDANCE
Tr	oy, MI 48085				AUTHORIZED REPR	RESENTATIVE	Patik Dull	-



DATE (MM/DD/YYYY) 8/26/2015

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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 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	273/1/	200	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	ite 300	E-MAIL ADDRESS: contact@pullenins.com				
	Fort Worth, TA 70	110			PRODUCER CUSTOMER ID#: MI				
						FORDING COVI	FRAGE	NAIC #	
INSU	RED M: -1-: C4-4- 3741-	. C -				tional Casualty		11991	
	Michigan State 1 out					utual of Omaha		71412	
	9401 General Drive, S	Suite	e 12	0		utuai oi Oinana	1	/1412	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
	VED 4.050			ATE MUMBER 450050	Insurer F:		SELVICIONI NUMBER		
				ATE NUMBER: 1500703			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 OLICIE	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016	E. L. DISLAGE - FOLICT LIMIT	\$100,000	
DES	DIDTION OF OPERATIONS (1.004 TIONS (1.77		0./4::		ala adola 18 .				
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		te Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
Be At 35	emis Elementary School tn: Yvonne Curtis 71 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 DELIVERE		
11	o <sub>j</sub> , mi 1000 <del>-</del>				AUTHORIZED REP	KESEN FATIVE	Jatik Dueli	_	

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DATE (MM/DD/YYYY) 8/26/2015

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	conditions of the policy, certain policy, cert	DIICIES	s ma	y require an endorsement. <i>I</i>	4 Statement on 1	inis certificaté d	ioes not conter rights to th	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, TA 70.	110			PRODUCER CUSTOMER ID#: MI			
						FORDING COVE		NAIC #
INSU	RED M: -1-: C4-4- 3741-	C -		A = = = : = 4: = =				11991
	Michigan State 1 Outil					tional Casualty		
	9401 General Drive, S	suite	12	0		utual of Omaha	1	71412
	Plymouth, MI 48170				Insurer C:			
					Insurer D:			
					Insurer E:			
	VED 4.050	<b></b>		TE MUNDED 150050	Insurer F:			
				ATE NUMBER: 1500703			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 SH 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 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000
Thi	CRIPTION OF OPERATIONS/LOCATIONS/VE s certificate is issued on behalf or	f Mic	higa	n State Youth Soccer Ass	sociation & Mi	chigan Youth S		te Holder is
Ado	ditional Insured as respects the op	perati	ons	ot the Named Insured for	sanctioned act	ivities of the st	ate association.	
CE	RTIFICATE HOLDER				CANCELLA	TION		
Bo At 35	oulan Middle School tn: Yvonne Curtis 70 Northfield Pkwy				SHOULD ANY THE EXPIRATION	OF THE ABOVE I	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	
Tr	oy, MI 48084				AUTHORIZED REPP	RESENTATIVE	Patik Dull	_



DATE (MM/DD/YYYY) 8/26/2015

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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 per eu of such endorsement(s).	olicie	s ma	y require an endorsement.	À statement on	this certificate o	loes not confer rights to th	e certificate holder	
PROI	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	,	, Dui	110 300	E-MAIL ADDRESS: contact@pullenins.com				
	1 of t worth, 12t 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	200	~ 12	ASSOCIATION		utual of Omaha		71412	
	Plymouth, MI 48170	Suru	E 12	U	Insurer C:	atual of Offiana		/1412	
	Flyilloutii, Mii 46170				Insurer D:				
					Insurer E:				
	VERAGES CE	рті	FIC	ATE NUMBER: 150070	Insurer F:		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 IIREM RTAIN DLICIE	URANCE LISTED BELOW HA ENT, TERM OR CONDITION N, 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 CLAII	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPE ED 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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								
Α	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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		
В				SD2014MI D 052256	9/1/2015	9/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000	
Ъ	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2013	9/1/2010		\$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 tions	an State Youth Soccer As of the Named Insured for	sociation & Mi sanctioned act	chigan Youth S ivities of the st	Soccer League. Certifica ate association.	te Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
At 36	oulan Park East, Center and tn: Yvonne Curtis 71 Crooks Road oy, MI 48084	We	est		THE EXPIRATION WITH THE POL	ON DATE THEREO LICY PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE		
11,	oj, mi 1000 r				AUTHORIZED REPI	RESENTATIVE	Jatik Dueli	_	



DATE (MM/DD/YYYY) 8/26/2015

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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 th	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				
	Fort Worth, TX 76	,	Sui	10 300	E-MAIL ADDRESS: contact@pullenins.com				
	Toft Worth, 1A 70	110			PRODUCER CUSTOMER ID#: MI				
						FORDING COVI	=RAGE	NAIC #	
INSU	RED 3.4: 1: Ct / 37 /1	-		A				11991	
IIVOU	Whengan State 1 out					tional Casualty			
	9401 General Drive, S	Suite	e 12	O		utual of Omaha	1	71412	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTI	FIC/	ATE NUMBER: 1500704	41	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 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 RESPE SED 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE				27 -1 - 2 - 2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AGGREGATE	\$5,000,000	
	DEDUCTIBLE	1					NOONEONIE	+=,===,===	
	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				GD2014MI D 052256	0/1/2015	9/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000	
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VE		S / / # 2	ch ACORD 101 Additional Remarks S	chadula if mara 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	rate association.	te Holder 13	
CE	RTIFICATE HOLDER				CANCELLA	TION			
	inston Park - East and Wes	f							
	tn: Yvonne Curtis	ι					DESCRIBED POLICIES BE CA		
						ON DATE THEREC LICY PROVISIONS	F, NOTICE WILL BE DELIVERE	D IN ACCORDANCE	
	62 Brinston								
ır	oy, MI 48083				AUTHORIZED REPR	RESENTATIVE	$\Omega$ . $\Omega$ .		
							Vatik Pull	_	



DATE (MM/DD/YYYY) 8/26/2015

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	cu or such chuorsement(s).							
PRO	Pullen Insurance Se	rvi	ces,	Inc.	CONTACT NAME:	Sports Divis		
	2560 River Park Pla	aza,	Sui	te 300	PHONE: (817) 738-6100 FAX: (817) 738-2993			
	Fort Worth, TX 761	116			E-MAIL ADDRESS: contact@pullenins.com			
					PRODUCER CUSTO			,
					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: Mu	utual of Omaha	l	71412
	Plymouth, MI 48170				Insurer C:			
	,				Insurer D:			
					Insurer E:			
					Insurer F:			
CO	VERAGES CE	RTI	FIC/	ATE NUMBER: 1500729	92	F	REVISION NUMBER:	0
INDI CER	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 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000
	 CRIPTION OF OPERATIONS / LOCATIONS / VE							
	s certificate is issued on behalf or litional Insured as respects the op-							te Holder is
Auc	inional hisured as respects the of	Jerai	10118	of the trained histied for	sanctioned act	ivities of the st	ate association.	
	RTIFICATE HOLDER				CANCELLA	IION		
At	wood Soccer Field tn: Yvonne Curtis awson City Park				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
Cla	awson, Mľ 48017				AUTHORIZED REPP	RESENTATIVE	Patik Pull	_



DATE (MM/DD/YYYY) 8/26/2015

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	eu of such endorsement(s).	DIICIES M	ay require an endorsement.	A statement on	tnis certificate (	ioes not conter rights to th	ie certificate nolder	
PRO	Pullen Insurance Se	ervices	Inc	CONTACT NAME:	Sports Divis	sion		
	2560 River Park Pla			PHONE: (817) 738-6100 FAX: (817) 738-2993  E-MAIL ADDRESS: contact@pullenins.com				
	Fort Worth, TX 76.	,	ine 300					
	Port Worth, IA 70.	110		PRODUCER CUSTOMER ID#: MI				
					FORDING COV	EDAGE	NAIC #	
INSU	IDED 34.1. C. 37 1			_				
11430	Michigan State 1 Outil			Insurer A: National Casualty Company 11991				
	9401 General Drive, S	Suite I	20		utual of Omaha	1	71412	
	Plymouth, MI 48170			Insurer C:				
				Insurer D:				
				Insurer E:				
				Insurer F:				
CO	VERAGES CE	RTIFIC	CATE NUMBER: 150072	298	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	REQUIRE Y PERTA CH POLIC	MENT, TERM OR CONDITION IN, THE INSURANCE AFFORI IES. LIMITS SHOWN MAY HAV	I OF ANY CONTR DED BY THE PO /E BEEN REDUCE	RACT OR OTHEF LICIES 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 SUB INSRD WVI	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X	KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR					MED EXP (Any one person)	\$5,000	
						PERSONAL & ADV INJURY	\$1,000,000	
						GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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		VIVO 5662400	0/1/2015	0/1/2016		\$5,000,000	
A			XKO 5663400	9/1/2015	9/1/2016	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 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		SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
Thi	CRIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf o	f Michig	gan State Youth Soccer As	sociation & Mi	chigan Youth	Soccer League. Certifica	te Holder is	
Ado	ditional Insured as respects the op	peration	s of the Named Insured for	r sanctioned act	civities of the s	tate association.		
CE	RTIFICATE HOLDER			CANCELLA	TION			
Be At 32	erkley School District tn: Yvonne Curtis 05 CATALPA			SHOULD ANY THE EXPIRATION	OF THE ABOVE	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE D IN ACCORDANCE	
Be	erkley, MI 48072			AUTHORIZED REPI	RESENTATIVE	Patik Dull	_	



DATE (MM/DD/YYYY) 8/26/2015

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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: Mutual of Omaha	71412						
	Plymouth, MI 48170	Insurer C:							
	•	Insurer D:							
		Insurer E:							
		Insurer F:							
COVER	AGES CERTIFICATE NUMBER: 1500730	00 REVISION NUMBER: 0	)						
INDICATED	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 PERTIFICATE 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 \$1,000,000 GENERAL LIABILITY X 9/1/2015 9/1/2016 KRO 5663300 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 5663300 9/1/2015 9/1/2016 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 5663400 9/1/2015 9/1/2016 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 9/1/2015 9/1/2016 \$100,000 SR2014MI-P-053256 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
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.
Southfield, MI 48076	AUTHORIZED REPRESENTATIVE Satisfull



DATE (MM/DD/YYYY) 8/26/2015

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 the	ne 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) 738-2	993
	Fort Worth, TX 76	,	Sui	iic 300	E-MAIL ADDRESS: contact@pullenins.com			
	Toft Worth, 124 70	110			PRODUCER CUSTO			
					INSURERS AF	FORDING COVI	FRAGE	NAIC #
INSU	RED Michigan State Voyeth	· Co	0001	Aggariation	<del>                                     </del>	tional Casualty		11991
	Wildingan State 1 Outi					utual of Omaha		71412
	9401 General Drive, S	Sulu	e 12	0		ituai 01 Oilialia	1	/1412
	Plymouth, MI 48170				Insurer C:			
					Insurer D:			
					Insurer E:			
$\Box$	VERAGES CE	DTI	EIC.	ATE NUMBER: 1500912	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 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 LACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT T MS.	THE POLICY PERIOD ECT 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 ACTOS							
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000
	 CRIPTION OF OPERATIONS / LOCATIONS / VE							
	s certificate is issued on behalf of ditional Insured as respects the o							tificate Holder is
CF	RTIFICATE HOLDER				CANCELLA	TION		
Bi 13	rch Run Park 175 Maple Rd. rch Run, MI 48415				SHOULD ANY THE EXPIRATION	OF THE ABOVE I ON DATE THEREO ICY PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	ANCELLED BEFORE ED IN ACCORDANCE
					AUTHORIZED REP	RESENTATIVE	Datik Dulle	_



DATE (MM/DD/YYYY) 8/26/2015

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	Insurer F:				
	Insurer E:				
•	Insurer D:				
Plymouth, MI 48170	Insurer C:				
	Insurer B: Mutual of Omaha	71412			
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) 738-299	93			
Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division				
	9401 General Drive, Suite 120	2560 River Park Plaza, Suite 300 Fort Worth, TX 76116  PHONE: (817) 738-6100  E-MAIL ADDRESS: contact@pullenins.com PRODUCER CUSTOMER ID#: MI INSURERS AFFORDING COVERAGE  Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170  Insurer B: Mutual of Omaha Insurer C: Insurer D:			

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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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>

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) 8/26/2015

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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	y require an endorsement.	A statement on	this certificate of	loes not confer rights to the	ne certificate holder	
PRODUCER Pullen Insurance S	Inc	CONTACT NAME: Sports Division						
2560 River Park P				PHONE: (817) 738-6100 FAX: (817) 738-2993				
Fort Worth, TX 76		Su	iic 300	E-MAIL ADDRESS: contact@pullenins.com				
Toft Worth, IX /	1110			PRODUCER CUSTO				
				INSURERS AFFORDING COVERAGE NAIC #				
INSURED Michigan State Vout	- C -		. A:-4:				11991	
Michigan State 1 Out					ational Casualty			
9401 General Drive,	Suit	e 12	20		utual of Omaha	1	71412	
Plymouth, MI 48170				Insurer C:				
				Insurer D:				
				Insurer E:				
				Insurer F:				
			ATE NUMBER: 150116			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	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 RESPE SED HEREIN IS SUBJECT T	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
						PERSONAL & ADV INJURY	\$1,000,000	
						GENERAL AGGREGATE	UNLIMITED	
GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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								
B PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000	
B PARTICIPANT ACCIDENT MEDICAL	'		SK2014MI-F-055250	9/1/2013	9/1/2010		φ100,000	
DESCRIPTION OF OREDATIONS / LOCATIONS / L		C (A#c	ach ACORD 101 Additional Remarks S	abodula if mara apaga	io required)			
This certificate is issued on behalf	of Mi	chig	an State Youth Soccer As	sociation & Mi	d-Michigan Yo		tificate Holder is	
Additional Insured as respects the	perat	ions	of the Named Insured for	sanctioned act	tivities of the st	tate association.		
CERTIFICATE HOLDER			CANCELLA	TION				
Bicentennial Park								
Attn: Gary Yunge						DESCRIBED POLICIES BE CA PF, NOTICE WILL BE DELIVERE		
1505 East Grand Blanc Rd				WITH THE POL	LICY PROVISIONS	, , , , O HOL WILL BE DELIVERE	.D IN ACCOMDANCE	
Grand Blanc, MI 48439								
Grand Diane, WH 40437				AUTHORIZED REP	RESENTATIVE	0 - 10		
		Satik Cueli-						

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DATE (MM/DD/YYYY) 8/26/2015

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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 # Insurer A: National Casualty Company 11991 Insurer B: Mutual of Omaha 71412 Insurer C: Insurer C: Insurer C: Insurer E: Insurer F:  COVERAGES  CERTIFICATE NUMBER: 15011986  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 PERIOR	in lieu of s	such endorsement(s).						
2560 River Park Plaza, Suite 300   Fort Worth, TX 76116   Fort Wor	PRODUCER	Pullen Insurance Services, Inc.	1					
Fort Worth, TX 76116		· · · · · · · · · · · · · · · · · · ·						
PRODUCER CUSTOMER ID#: MI		,	E-MAIL ADDRESS: contact@pullenins.com					
Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170  COVERAGES  Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Insurer A: National Casualty Company Insurer B: Mutual of Omaha 71412 Insurer C: Insurer E: Insurer F: REVISION NUMBER: 0		1 010 11 0100, 111 7 0110	PRODUCER CUSTOMER ID#: MI					
9401 General Drive, Suite 120 Plymouth, MI 48170    Insurer B:   Mutual of Omaha   71412			INSURERS AFFORDING COVERAGE	NAIC #				
9401 Ğeneral Drive, Suite 120 Plymouth, MI 48170    Insurer B:   Mutual of Omaha   71412     Insurer C:           Insurer E:       Insurer F:       Insurer B:   Mutual of Omaha   71412     Insurer D:       Insurer F:       Insu	INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991				
Plymouth, MI 48170    Insurer C:   Insurer D:   Insurer E:   Insurer F:     COVERAGES   CERTIFICATE NUMBER: 15011986   REVISION NUMBER: 0			Insurer B: Mutual of Omaha	71412				
Insurer D:   Insurer E:   Insurer F:   COVERAGES   CERTIFICATE NUMBER: 15011986   REVISION NUMBER: 0		· · · · · · · · · · · · · · · · · · ·	Insurer C:					
COVERAGES CERTIFICATE NUMBER: 15011986 REVISION NUMBER: 0		•	Insurer D:					
COVERAGES CERTIFICATE NUMBER: 15011986 REVISION NUMBER: 0			Insurer E:					
			Insurer F:					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOL	COVER	AGES CERTIFICATE NUMBER: 1501198	REVISION NUMBER: (	)				
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	INDICATED	D. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION	OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPEC	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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
AMANDA MOORE ELEMENTARY 209 DICKENSON 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



DATE (MM/DD/YYYY) 8/26/2015

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	conditions of the policy, certain policy, cert	olicies	s ma	y require an endorsement.	A statement on t	inis certificate d	loes not confer rights to th	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					
For word, 12 70110						PRODUCER CUSTOMER ID#: MI				
INSU	RED 34: 1: C 37 .1			A		INSURERS AFFORDING COVERAGE  Insurer A: National Casualty Company  11991				
11400	Michigan State 1 Outil					-		11991		
	9401 General Drive, S	Suite	12	0		utual of Omaha	1	71412		
	Plymouth, MI 48170				Insurer C:					
					Insurer D:					
					Insurer E:					
					Insurer F:					
CO	VERAGES CE	RTIF	·IC/	ATE NUMBER: 1501218	83	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	REQUIF PER H POL	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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	higa ons	in 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		
CE	RTIFICATE HOLDER				CANCELLA	TION				
Berlin Township Memorial Park 740 CAPAC RD. ALLENTON, MI 48002					SHOULD ANY THE EXPIRATION	OF THE ABOVE I	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE D IN ACCORDANCE		
					AUTHORIZED REPRESENTATIVE Jatik Pull					



DATE (MM/DD/YYYY) 8/26/2015

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 th	e certificate holder		
PRO	Pullen Insurance Se	213/1/	res	Inc	CONTACT NAME:	CONTACT NAME: Sports Division				
					PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 76	,	Dui	110 300	E-MAIL ADDRESS: contact@pullenins.com					
	101t Worth, 121 70	110			PRODUCER CUSTO					
					INSURERS AF	FORDING COVE	ERAGE	NAIC #		
INSL	Michigan State Youth	So	CCEI	- Δ ssociation	Insurer A: Na	tional Casualty	v Company	11991		
	9401 General Drive, S					utual of Omaha		71412		
	Plymouth, MI 48170	Juin	C 12	,0	Insurer C:	artual of Officials	•	71112		
	1 lymouth, wii 461 / 0				Insurer D:					
					Insurer E:					
					Insurer F:					
CC	VERAGES CE	RTI	FIC	ATE NUMBER: 150126	-	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 OI REQU Y PEI CH PC	F INS IREM RTAIN OLICIE	SURANCE LISTED BELOW HA MENT, 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 CLAII	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
11	X EXCESS LIAB CLAIMS-MADE			7110 3003 100	7/1/2013	7/1/2010	AGGREGATE	\$5,000,000		
	DEDUCTIBLE	1					AGGREGATE	42,000,000		
	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									
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000		
р Б	PARTICIPANT ACCIDENT MEDICAL			3K2014WII-1-033230	9/1/2013	9/1/2010		Ψ100,000		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	Lach ACORD 101, Additional Remarks S	L chedule, if more space	L is required)	1			
l .	s certificate is issued on behalf o						Soccer League. Certifica	te Holder is		
	ditional Insured as respects the o									
	-	-								
CERTIFICATE HOLDER					CANCELLA	TION				
	ddams Elementary				JANGLELA					
	22 W Webster Rd.						DESCRIBED POLICIES BE CA			
l .						ON DATE THEREO ICY PROVISIONS	)F, NOTICE WILL BE DELIVERE	IN ACCORDANCE		
K(	oyal Oak, MI 48073									
					AUTHORIZED REP	RESENTATIVE	0.0.			
					Jatik Mele-					



DATE (MM/DD/YYYY) 8/26/2015

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 o	loes not confer rights to th	e certificate holder	
PROI	Pullen Insurance Se	rvi	ces	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	.tc 300					
	Toft Worth, 124 70	110			PRODUCER CUSTO				
					INSURERS AF	FORDING COVI	FRAGE	NAIC #	
INSU	RED Michigan State Vouth	Co	0001	Aggariation		tional Casualty		11991	
	Michigan State 1 out					utual of Omaha		71412	
	9401 General Drive, S	Sulu	e 12	U		utuai 01 Oilialia	1	/1412	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
	VEDACES OF	DTI		ATE NUMBER: 150121	Insurer F:		DEVICION NUMBER.		
				ATE NUMBER: 150131			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	REQU / PEI :H PC	IREM RTAIN DLICIE	ENT, 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 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016	E. E. DIOLAGE - I GLIOT LIMIT	\$100,000	
_	Thereas in the above the best of the best			5R201 WH 1 033230	7/1/2013	7/1/2010		+,	
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	ı ch ACORD 101, Additional Remarks S	Chedule, if more space	is required)			
Thi	s certificate is issued on behalf o der is Additional Insured as resp	f Mi	chig	an State Youth Soccer As	sociation & MI	CHIGAN YO			
CF	RTIFICATE HOLDER				CANCELLA	TION			
CALVARY BAPTIST ACADEMY 6100 PERRINE RD MIDLAND, MI 48640					SHOULD ANY THE EXPIRATION	OF THE ABOVE I	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE D IN ACCORDANCE	
					AUTHORIZED REPI	RESENTATIVE	0 0		
					AUTHORIZED REPRESENTATIVE PLATIFICATION OF THE PROPERTY OF THE				



DATE (MM/DD/YYYY) 8/26/2015

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 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: Mutual of Omaha	71412			
	Plymouth, MI 48170	Insurer C:				
	<b>,</b>	Insurer D:				
		Insurer E:				
		Insurer F:				
COVER	AGES CERTIFICATE NUMBER: 150143	23 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			

ICERTIFICATE 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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
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 Satik Pull

CANCELLATION

CERTIFICATE HOLDER



DATE (MM/DD/YYYY) 8/26/2015

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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	oes not confer rights to th	ne certificate holder	
PRODUCER Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300					CONTACT NAME: Sports Division				
					PHONE: (817) 738-6100 FAX: (817) 738-2993				
Fort Worth, TX 76116					E-MAIL ADDRESS: contact@pullenins.com				
TOIL WOLLI, 1A /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: Mutual of Omaha		71412	
Plymouth, MI 48170					Insurer C:			71112	
1 1y1110uui, 1v11 401 / 0					Insurer D:				
					Insurer E:				
					Insurer F:				
COVERAGES CERTIFICATE NUMBER: 1501503								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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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	*100.000	
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)								
This	certificate is issued on behalf of itional Insured as respects the o	of Mi	chiga	an State Youth Soccer Ass	sociation & Mi	chigan Youth S		ite Holder is	
CERTIFICATE HOLDER CANCELLATION									
ANDERSON ELEMENTARY					SHOULD ANY	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
5290 LEROY ST.   GRAND BLANC, MI 48439					WITH THE POI				

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AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 8/26/2015

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in li	eu of such endo	rsement(s).								
PRO	DUCER Pulle	en Insurance S	ervi	ces,	Inc.	CONTACT NAME: Sports Division				
		River Park Pl				PHONE:		738-6100	FAX: (817) 738-29	993
		Worth, TX 76				E-MAIL ADDRESS: contact@pullenins.com				
		,				PRODUCER CI	USTOME	R ID#: MI		
						INSURERS	NAIC#			
INSU	RED Michig	an State Youtl	ı So	ccer	Association	Insurer A: National Casualty Company 11991				
	9401 G	eneral Drive,	Suite	e 12	0	Insurer B: Mutual of Omaha				71412
		ith, MI 48170				Insurer C:				
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Insurer D:				
						Insurer E:				
						Insurer F:				
CO	VERAGES	CI	ERTI	FIC/	ATE NUMBER: 1501676	51		R	EVISION NUMBER:	0
CEF EXC	CATED. NOTWIT RTIFICATE MAY E	HSTANDING ANY I BE ISSUED OR MA	REQU Y PEI CH PC	IREM RTAIN LICIE	URANCE LISTED BELOW HA ENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAV	OF ANY CO ED BY THE E BEEN RED	NTRAC POLICI UCED E	T OR OTHER IES DESCRIBE BY PAID CLAIN	DOCUMENT WITH RESPECT TO ED HEREIN IS SUBJECT TO	CT TO WHICH THIS
INSR LTR	TYPE OF	INSURANCE	ADD'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTI DATE (MM/DD/Y	TIVE PO YY) D	LICY EXPIRATION ATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILIT	Υ	X		KRO 5663300	9/1/2015	9/	/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL C	GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS M	IADE X OCCUR							MED EXP (Any one person)	\$5,000
									PERSONAL & ADV INJURY	\$1,000,000
									GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE L	IMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$1,000,000
	POLICY F	PROJECT LOC							PARTICIPANT LEGAL LIABILITY	\$1,000,000
A	AUTOMOBILE LIAB	ILITY			KRO 5663300	9/1/2015	9/	/1/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ALL OWNED AU	ITOS							BODILY INJURY (Per person)	
	SCHEDULED AL								BODILY INJURY (Per accident)	
	X HIRED AUTOS	3100							PROPERTY DAMAGE (Per accident)	
	X NON-OWNED A	UTOS							(* -:	
	74									
A	UMBRELLA LIA	B X OCCUR			XKO 5663400	9/1/2015	9/	/1/2016	EACH OCCURRENCE	\$5,000,000
11	X EXCESS LIAB	CLAIMS-MADE			7110 3003 100	7/1/2013	'	1,2010	AGGREGATE	\$5,000,000
	DEDUCTIBLE		1						AGOREGATE	φε,σσσ,σσσ
	RETENTION \$									
	WORKERS COMPE		1						WC STATU- TORY LIMITS ER	
	AND EMPLOYERS'	LIABILITY Y/N							E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PAR OFFICER/MEMBER EXC (Mandatory in NH)	INER/EXECUTIVE LUDED?	N/A						E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under								E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT A	CCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/	/1/2016		\$100,000
_		CCIDEIVI MEDICIE			51201 1111 1 033230	), 1, <b>2</b> 015	'	1,2010		7-00,000
Thi	s certificate is i	ssued on behalf of	of Mi	chiga	ch ACORD 101, Additional Remarks Si an State Youth Soccer Ass of the Named Insured for	sociation &	Michi	gan Youth S		te Holder is
	DTIEI0 + TE ::	OLDER				041:05:		<b>N</b> 1		
	RTIFICATE H					CANCEL	LATIC	ON		
		ablic Schools				SHOULD A	ANY OF	THE ABOVE D	ESCRIBED POLICIES BE CA	NCELLED BEFORE
	0 West Merr					THE EXPIR	RATION [	DATE THEREOF PROVISIONS.	, NOTICE WILL BE DELIVERE	D IN ACCORDANCE
Bi	rmingham, N	41 48009				*******	. OLICI	. INC VIOLONO.		

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AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 8/26/2015

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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)

	nditions of the policy, certain po of such endorsement(s).	OIICIE	s ma	y require an endorsement.	A Statement on	ınıs certificatê (	ioes not confer rights to th	ie 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				
	Fort Worth, TX 76	,		10 300	E-MAIL ADDRESS: contact@pullenins.com				
	Toft Worth, 124 70	110			PRODUCER CUSTOMER ID#: MI				
						NAIC #			
INSURED	) M:-1-:	. C -		. A	INSURERS AFFORDING COVERAGE  Insurer A: National Casualty Company  11991				
III TOOKEE	Michigan State 1 out					utual of Omaha			
	9401 General Drive, S	Suit	e 12	0		71412			
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:				
COVE	RAGES CE	RTI	FIC	ATE NUMBER: 151166	45	F	REVISION NUMBER:	0	
INDICA CERTIF EXCLU	S TO CERTIFY THAT THE POLICIE TED. NOTWITHSTANDING ANY F FICATE MAY BE ISSUED OR MA' SIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IIREN RTAII DLICII	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 DESCRIE ED BY PAID CLAI	R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT T	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 GE	NERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
X	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
	1						GENERAL AGGREGATE	UNLIMITED	
GE	N'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000	
	POLICY PROJECT LOC							\$1,000,000	
A AU	TOMOBILE LIABILITY			KRO 5663300	9/1/2015	9/1/2016	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								
	1								
Α	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
	EXCESS LIAB CLAIMS-MADE			71110 2002 100	7/1/2013	7,1,2010	AGGREGATE	\$5,000,000	
1	DEDUCTIBLE	1					AGGREGATE	Ψε,σσσ,σσσ	
	RETENTION \$								
							WC STATU- OTH-		
	DRKERS COMPENSATION ID EMPLOYERS' LIABILITY  Y/N						TORY LIMITS ER		
AN'	Y PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED?	N/A					E. L. EACH ACCIDENT		
(Ma	andatory in NH) es, describe under						E. L. DISEASE - EA EMPLOYEE		
<del></del>	es, describe under						E. L. DISEASE - POLICY LIMIT	<b>#</b> 100.000	
B PA	ARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
	PTION OF OPERATIONS / LOCATIONS / VE								
This co	ertificate is issued on behalf o	f Mi	chig	an State Youth Soccer As	sociation & Mi	chigan Youth	Soccer League. Certifica	ite Holder is	
Additi	onal Insured as respects the o	perat	tions	of the Named Insured for	sanctioned act	ivities of the st	tate association.		
CERT	IFICATE HOLDER				CANCELLA	TION			
	mption Church								
					SHOULD ANY	OF THE ABOVE	DESCRIBED POLICIES BE CA	ANCELLED BEFORE	
1	0 Marter Road				WITH THE POL	ON DATE THEREC LICY PROVISIONS	OF, NOTICE WILL BE DELIVERE 5.	:D IN ACCORDANCE	
St. C	lair Shores, MI 48080								
					AUTHORIZED REPI	RESENTATIVE	0		
							Vatik Ovel	_	
I						,	Nac Color		

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DATE (MM/DD/YYYY) 8/26/2015

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in li	ieu of such endorsement(s).		ay roquiro un ondorcomonia	7. Oldlomoni on					
PRO	Pullen Insurance Se	rvice	s, Inc.	CONTACT NAME:	Sports Divis				
	2560 River Park Pla	aza, S	Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 761	16		E-MAIL ADDRESS: contact@pullenins.com					
	,			PRODUCER CUSTOMER ID#: MI					
				INSURERS AFFORDING COVERAGE NAIC :					
INSU	Michigan State Youth	Soco	er Association	Insurer A: Na	tional Casualt	y Company	11991		
	9401 General Drive, S				utual of Omaha		71412		
	Plymouth, MI 48170	uite	120	Insurer C:		•	, , , , , ,		
	1 1ymoum, 1411 401 / 0			Insurer D:					
				Insurer E:					
				Insurer F:					
	OVERAGES CE	RTIFI	CATE NUMBER: 151166			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 SUCI	S OF I EQUIR PERT H POLI	NSURANCE LISTED BELOW HA EMENT, TERM OR CONDITION AIN, THE INSURANCE AFFORI CIES. LIMITS SHOWN MAY HAV	AVE BEEN ISSUE I OF ANY CONTF 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 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR					MED EXP (Any one person)	\$5,000		
						PERSONAL & ADV INJURY	\$1,000,000		
						GENERAL AGGREGATE	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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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	N1/6				E. L. EACH ACCIDENT			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E. L. DISEASE - EA EMPLOYEE			
	If yes, describe under					E. L. DISEASE - POLICY LIMIT			
В	PARTICIPANT ACCIDENT MEDICAL		SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
	CRIPTION OF OPERATIONS / LOCATIONS / VEH	HICLES (	 Attach ACORD 101, Additional Remarks S	Schedule, if more space	e is required)				
Thi	is certificate is issued on behalf of ditional Insured as respects the op	Mich	igan State Youth Soccer As	sociation & Mi	chigan Youth	Soccer League. Certifica tate association.	te Holder is		
CE	RTIFICATE HOLDER			CANCELLA	TION				
As 14	vondale Middle School 45 West Auburn Road ochester Hills, MI 48309			SHOULD ANY THE EXPIRATION	OF THE ABOVE	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE DINACCORDANCE		
	,			AUTHORIZED REP	RESENTATIVE	Datik Dull	_		



DATE (MM/DD/YYYY) 8/26/2015

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	eu of such endorsement(s).	olicies	may	require an endorsement.	4 statement on t	ınıs certificatê d	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					
	Fort Worth, TX 762	,	Juli	<i>ic</i> 300	E-MAIL ADDRESS: contact@pullenins.com					
	Toft Worth, 12 70	110			PRODUCER CUSTO					
					INSURERS AF	FORDING COVI	FRAGE	NAIC #		
INSU	IRED Michigan State Voyeth	Coo		Aggariation	Insurer A: National Casualty Company 11991					
	Michigan State 1 Outil					utual of Omaha		71412		
	9401 General Drive, S	Sune	120	)		/1412				
	Plymouth, MI 48170				Insurer C:					
					Insurer D:					
					Insurer E:					
~~	VEDAGES OF	DTIE	104	TE NUMBER: 151166	Insurer F:		SEVICION NUMBER			
				TE NUMBER: 1511664			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	REQUIF / PER CH POL	REME TAIN LICIE:	ENT, TERM OR CONDITION , 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 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		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016	,	\$100,000		
Thi	CRIPTION OF OPERATIONS/LOCATIONS/VE s certificate is issued on behalf oditional Insured as respects the operations.	f Mic	higa	n State Youth Soccer Ass	sociation & Mi	chigan Youth S	Soccer League. Certifica ate association.	te Holder is		
CE	RTIFICATE HOLDER				CANCELLA	TION				
22	erkley Hurley Field 11 Oakshire erkley, MI 48072				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 Dull	-		



DATE (MM/DD/YYYY) 8/26/2015

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in li	ieu of such endorsement(s).		ay							
PRO	Pullen Insurance Se	ervic	es. I	Inc.	CONTACT NAME:	Sports Divis	sion			
	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	Michigan State Youth	Soc	cer	Association	Insurer A: Na	tional Casualt	y Company	11991		
	9401 General Drive, S					utual of Omaha		71412		
	Plymouth, MI 48170	Juice	120	,	Insurer C:					
	11311104111, 1711 10170				Insurer D:					
					Insurer E:					
					Insurer F:					
CO	VERAGES CE	RTIF	FICA	TE NUMBER: 151166		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	REQUII 7 PER 3H POL	REME TAIN, LICIES	ENT, TERM OR CONDITION 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 RESPE BED 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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 ACTOS									
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
Thi Add	CRIPTION OF OPERATIONS/LOCATIONS/VE is certificate is issued on behalf o ditional Insured as respects the operational Insured as respects the operations.	f Mic	higa	n State Youth Soccer Ass	sociation & Mi sanctioned act	chigan Youth sivities of the si	Soccer League. Certificatate association.	te Holder is		
CE	RTIFICATE HOLDER				CANCELLA	TION				
22	erkley School District 211 Oakshire erkley, MI 48072				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 Dulle	_		



DATE (MM/DD/YYYY) 8/26/2015

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	eu of such endorsement(s).	DICIES	may require 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				
	Fort Worth, TX 762	,	Julie 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	non Association	Insurer A: National Casualty Company 11991				
	Michigan State 1 Outil				utual of Omaha		71412	
	9401 General Drive, S	sune	120		/1412			
	Plymouth, MI 48170				Insurer C:			
				Insurer D:				
				Insurer E:				
~~	VEDACES OF	DTIE	ICATE NUMBER, 15116	Insurer F:		DEVICION NUMBER.		
			ICATE NUMBER: 151166			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 POL	REMENT, TERM OR CONDITION FAIN, THE INSURANCE AFFOR ICIES. 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 RESPE SED HEREIN IS SUBJECT 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR					MED EXP (Any one person)	\$5,000	
						PERSONAL & ADV INJURY	\$1,000,000	
						GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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		SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
Thi	CRIPTION OF OPERATIONS/LOCATIONS/VE s certificate is issued on behalf of ditional Insured as respects the op	f Mich	nigan State Youth Soccer As	sociation & Mi	chigan Youth	Soccer League. Certifica ate association.	te Holder is	
CE	RTIFICATE HOLDER			CANCELLA	TION			
27	ethesda Christian Church 446 Huntington arren, MI 48088			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) 8/26/2015

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.

	onditions of the policy, certain p a of such endorsement(s).	olicies	ma	y require an endorsement.	A statement on	this certificate o	loes not conter rights to t	ne certificate noider			
PRODU	Pullen Insurance S	ervic	es.	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 CUST	OMER ID#: MI					
					INSURERS AI	FORDING COVE	ERAGE	NAIC #			
INSUR	Michigan State Youth	ı Soc	cer	Association	Insurer A: N	ational Casualty	y Company	11991			
	9401 General Drive,				Insurer B: M	utual of Omaha	l	71412			
	Plymouth, MI 48170				Insurer C:						
	,				Insurer D:						
					Insurer E:						
					Insurer F:						
COV	'ERAGES CE	RTIF	FIC/	ATE NUMBER: 151166	51	R	REVISION NUMBER:	0			
INDIC CERT EXCL	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 INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS				
A	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	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			
						1	DEDCONAL & ADVINUIDA	\$1,000,000			

LTR	TITE OF INSURANCE	INSRD V	WD FOLICI NOMBER	DATE (MM/DD/YY)	DATE (MM/DD/YY)	EIMITS	
A	GENERAL LIABILITY	X	KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR					MED EXP (Any one person)	\$5,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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		SR2014MI-P-053256	9/1/2015	9/1/2016		\$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
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 Jatik Pull



DATE (MM/DD/YYYY) 8/26/2015

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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 crompat(s).

	ditions of the policy, certain possible such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate d	oes not confer rights to the	ne 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		2001		E-MAIL ADDRESS:	contact@pul	lenins.com		
	,,,				PRODUCER CUSTO	OMER ID#: MI			
					INSURERS AF	FORDING COVE	RAGE	NAIC #	
INSURED	Michigan State Youth	soo	ccer	Association	Insurer A: Na	ntional Casualty	Company	11991	
	9401 General Drive, S				Insurer B: M	utual of Omaha	1	71412	
	Plymouth, MI 48170				Insurer C:				
	•				Insurer D:				
					Insurer E:				
					Insurer F:				
COVER	RAGES CE	RTI	FIC/	ATE NUMBER: 151166	52	F	EVISION NUMBER:	0	
INDICATE	O CERTIFY THAT THE POLICII ED. NOTWITHSTANDING ANY F CATE MAY BE ISSUED OR MA' ONS AND CONDITIONS OF SUC	REQUI Y PEF CH PO	IREM RTAIN LICIE	ENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	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 EXPIRATION DATE (MM/DD/YY)	LIMITS		
A GENE	ERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
X	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$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	POLICY PROJECT LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000	
A AUTO	MOBILE LIABILITY			KRO 5663300	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT	\$1,000,000	

| NON-OWNED AUTOS | NON-OWNED

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

ANY AUTO

ALL OWNED AUTOS

SCHEDULED AUTOS

RETENTION \$

If yes, describe under

PARTICIPANT ACCIDENT MEDICAL SR2014MI-P-053256 9/1/2015 9/1/2016

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
Boys & Girls Club 14975 21 Mile Road Shelby Township, MI 48315	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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BODILY INJURY (Per person)

WC STATU-TORY LIMITS

E. L. EACH ACCIDENT

E. L. DISEASE - EA EMPLOYEE

E. L. DISEASE - POLICY LIMIT

\$100,000

**BODILY INJURY (Per accident)** 



DATE (MM/DD/YYYY) 8/26/2015

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in li	eu c	of such endors	sement(s).										
PRO	DUCE	R Pullen	Insuran	ce Se	ervi	ces.	Inc.	CONTACT NAME:	Sports Divis	ion			
			River Par					PHONE: (817) 738-6100 FAX: (817) 738-2993					
			Vorth, TX		,	541	500	E-MAIL ADDRESS: contact@pullenins.com					
		1010	, 01111, 11	1 / 0	110			PRODUCER CUSTOMER ID#: MI					
								INSURERS AF	FORDING COVI	ERAGE	NAIC #		
INSU	RED	Michiga	n Stata V	outh	Sa	ccar	Association	Insurer A: Na	ational Casualty	v Company	11991		
			neral Dri						utual of Omaha		71412		
			h, MI 48		Juin	5 1 Z	U	Insurer C:	diddi of Official	<u>.                                    </u>	71412		
		Flymout	II, IVII 40	170				Insurer D:					
								Insurer E:					
	\ <u></u>	RAGES			DTI		ATE NUMBER: 151166:	Insurer F:		REVISION NUMBER:			
THIS IND CEF EXC	S IS ICAT RTIFI LUS	TO CERTIFY T ED. NOTWITH ICATE MAY BE	STANDING A	OLICIE ANY F R MA`	ES OF REQU Y PEF CH PO	F INSU IREMI RTAIN OLICIE	URANCE LISTED BELOW 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 INSUITED TO THE FOR	RED NAMED ABOVE FOR TRESPECT TO THE SECONDARY OF THE SECO	THE POLICY PERIOD		
INSR LTR		TYPE OF IN	ISURANCE		ADD'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A	$\vdash$	NERAL LIABILITY COMMERCIAL GE	NERAL I IARII IT	ΤΥ	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE  DAMAGE TO RENTED  DEMAGE (FRANCE)	\$1,000,000 \$300,000		
	71		DE X OCCU							PREMISES (Ea occurance)  MED EXP (Any one person)	\$5,000		
			A coor	••							\$1,000,000		
										PERSONAL & ADV INJURY	UNLIMITED		
	GEN	L'I AGGREGATELIM	IT APPLIES PER							GENERAL AGGREGATE	\$1,000,000		
GEN'L AGGREGATE LIMIT APPLIES PER:										PRODUCTS - COMP/OP AGG	\$1,000,000		
_	A 1 17	TOMOBILE LIABILI					KRO 5663300	9/1/2015	9/1/2016	PARTICIPANT LEGAL LIABILITY  COMBINED SINGLE LIMIT	\$1,000,000		
A	AU	ANY AUTO	11				KKU 3003300	9/1/2013	9/1/2016	(Ea accident)	\$1,000,000		
										BODILY INJURY (Per person)			
		ALL OWNED AUTO								BODILY INJURY (Per accident)			
	<b>T</b> 7	SCHEDULED AUT	OS							PROPERTY DAMAGE			
	X	HIRED AUTOS								(Per accident)			
	X	NON-OWNED AUT	OS										
			TT OCCUP		-		TYTO #660100	0.44.40.04.77	0.11.12.01.5		Φζ 000 000		
A		UMBRELLA LIAB					XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
	X	EXCESS LIAB	CLAIMS-N	MADE	1					AGGREGATE	\$5,000,000		
		DEDUCTIBLE											
		RETENTION \$			<u> </u>	$\sqcup$				WO STATU			
		RKERS COMPENS		Y/N						WC STATU- TORY LIMITS ER			
	LANY	PROPRIETOR/PARTN	ER/EXECUTIVE		N/A					E. L. EACH ACCIDENT			
		ICER/MEMBER EXCLU Idatory in NH)	IDED?		"					E. L. DISEASE - EA EMPLOYEE			
	If yes	s, describe under								E. L. DISEASE - POLICY LIMIT			
В	PA	RTICIPANT ACC	CIDENT MED	OICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
						,	ch ACORD 101, Additional Remarks S						
							an State Youth Soccer Ass				ate Holder is		
Ado	11t10	onal Insured a	is respects	the of	perat	ions	of the Named Insured for	sanctioned act	tivities of the st	ate association.			
CERTIFICATE HOLDER								CANCELLA	TION				
Br	anc	don Middle	School										
		Ortonville R						SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE C F, NOTICE WILL BE DELIVER	ANCELLED BEFORE ED IN ACCORDANCE		
		ville, MI 4						WITH THE PO	LICY PROVISIONS	,			
	tOI.	· · · · · · · · · · · · · · · · · · ·	0 102										
								AUTHORIZED REP	RESENTATIVE	$()$ $ \alpha$ $\alpha$			
									Jatik Pull-				



DATE (MM/DD/YYYY) 8/26/2015

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PRODUCER	Pullen Insurance Se	ervices,	Inc.	CONTACT NAME:	F					
	2560 River Park Pla	aza, Su	ite 300	PHONE: (8	(617) 750 0100 (617) 750 2555					
	Fort Worth, TX 762	116		E-MAIL ADDRESS:		llenins.com				
					PRODUCER CUSTOMER ID#: MI					
				INSURERS AF	FORDING COV	ERAGE	NAIC #			
INSURED ]	Michigan State Youth	Soccei	r Association	Insurer A: Na	ational Casualt	y Company	11991			
9	9401 General Drive, S	Suite 12	20	Insurer B: M	utual of Omaha	l	71412			
]	Plymouth, MI 48170			Insurer C:						
				Insurer D:						
				Insurer E:						
				Insurer F:						
COVERA	GES CE	RTIFIC	ATE NUMBER: 15116	6654	F	REVISION NUMBER:	0			
INDICATED. CERTIFICAT EXCLUSION	CERTIFY THAT THE POLICIE . NOTWITHSTANDING ANY R TE MAY BE ISSUED OR MAY S AND CONDITIONS OF SUC	REQUIREM / PERTAII :H POLICII	MENT, TERM OR CONDITIC N, THE INSURANCE AFFOI ES. LIMITS SHOWN MAY HA	ON OF ANY CONTR RDED BY THE PO AVE 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 SUBR INSRD WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS				
^ <u> </u>	AL LIABILITY	X	KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000			
X COM	MMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurance)	\$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 5663300	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000			
ALL	OWNED AUTOS					BODILY INJURY (Per person)				
SCH	HEDULED AUTOS					BODILY INJURY (Per accident)				
X HIRE	ED AUTOS					PROPERTY DAMAGE (Per accident)				
	N-OWNED AUTOS									
A UME	BRELLA LIAB X OCCUR		XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000			
X EXC	CLAIMS-MADE					AGGREGATE	\$5,000,000			
	DUCTIBLE						. , , ,			
RET	ENTION \$									
	RS COMPENSATION					WC STATU- TORY LIMITS OTH- ER				
I	IPLOYERS' LIABILITY PRIETOR/PARTNER/EXECUTIVE	N/A				E. L. EACH ACCIDENT				
OFFICER/I	MEMBER EXCLUDED?	IN/A				E. L. DISEASE - EA EMPLOYEE				
	cribe under					E. L. DISEASE - POLICY LIMIT				
If yes, desc	CVD.LVE LCCVDELVELVEDICLI		SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000			
	CIPANT ACCIDENT MEDICAL									
B PARTIC	OF OPERATIONS / LOCATIONS / VE	HICLES (Atta	ach ACORD 101, Additional Remarks	s Schedule, if more space	e is required)					

CERTIFICATE HOLDER	CANCELLATION
BRW Department of Parks and Recreation 361 Morton 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 Jatik Pull



DATE (MM/DD/YYYY) 8/26/2015

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in li	ieu of such endorsement(s).								
PRO	Pullen Insurance Se	ervice	es, Inc.	CONTACT NAME:	Sports Divis	sion			
	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					
	Total Working Till You								
				INSURERS AF	FORDING COV	ERAGE	NAIC #		
INSU	Michigan State Youth	Soci	cer Association	Insurer A: N	ational Casualt	v Company	11991		
	9401 General Drive, S	Suite	120		utual of Omah		71412		
	Plymouth, MI 48170	unc	120	Insurer C:	diddi of Official		71112		
	1 Tyllioutii, Wii 401 / O			Insurer D:					
				Insurer E:					
				Insurer F:					
$\overline{C}$	VERAGES CE	DTIE	ICATE NUMBER: 151168			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	S OF EQUIR PERT	INSURANCE LISTED BELOW HA EMENT, TERM OR CONDITION TAIN, THE INSURANCE AFFORI ICIES. LIMITS SHOWN MAY HAV	AVE BEEN ISSUE I OF ANY CONTI DED BY THE PC /E BEEN REDUC	ED TO THE INSU RACT OR OTHEF DLICIES DESCRIE ED BY PAID CLAI	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT T	THE POLICY PERIOD CT TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADD'L S	UBR VVD POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A	GENERAL LIABILITY	X	KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR					MED EXP (Any one person)	\$5,000		
						PERSONAL & ADV INJURY	\$1,000,000		
						GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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		SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
Thi	cription of operations/locations/ve is certificate is issued on behalf or ditional Insured as respects the operational Insured as respects the operations.	f Micl	nigan State Youth Soccer As	ssociation & M	id-Michigan Y		tificate Holder is		
CF	RTIFICATE HOLDER			CANCELLA	ATION				
Ac 52	dministration Building 2 N. McKinley Rd. ushing, 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 REF	PRESENTATIVE	Jatik Dulle	_		



DATE (MM/DD/YYYY) 8/26/2015

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	may require an endorsement.	A statement on	this certificate of	loes not confer rights to th	e certificate holder	
PROI	Pullen Insurance Se	ervice	es Inc	CONTACT NAME:	Sports Divis	sion		
	2560 River Park Pl			PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76	,	Julie 300	E-MAIL ADDRESS: contact@pullenins.com				
	Toft Worth, 124 70	110		PRODUCER CUSTO				
				INSURERS AF	FORDING COVI	FRAGE	NAIC #	
INSU	RED Mishigan Chaha Mayath	Caa	an Association		ational Casualt		11991	
	Michigan State Touth				utual of Omaha		71412	
	9401 General Drive, S	Suite	120		utuai oi Oilialia	1	/1412	
	Plymouth, MI 48170			Insurer C:				
				Insurer D:				
				Insurer E:				
	VED 4 0 5 0	DT:-	OATE MUNDED 451450	Insurer F:		SELVICIONI NUMBER		
			ICATE NUMBER: 151168			REVISION NUMBER:		
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY F ITIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	REQUIR 7 PERT 3H POLI	EMENT, TERM OR CONDITION TAIN, THE INSURANCE AFFORE ICIES. 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 SI	UBR WD POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X	KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR					MED EXP (Any one person)	\$5,000	
						PERSONAL & ADV INJURY	\$1,000,000	
						GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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		SR2014MI-P-053256	9/1/2015	9/1/2016	E. E. BIOLAGE T GEIGT ENVIT	\$100,000	
D	TAKTICH ANT ACCIDENT MEDICAE		5R2014WH 1 033230	7,1,2013	7/1/2010		Ψ100,000	
Thi	s certificate is issued on behalf o ditional Insured as respects the o	f Mich	nigan 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			SHOULD ANY THE EXPIRATION	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) 8/26/2015

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in li	eu of such endorsement(s).			,					
PRO	Pullen Insurance Se	rvic	es.	Inc.	CONTACT NAME:	Sports Divis	sion		
	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 CUSTO	OMER ID#: MI			
					INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSU	Michigan State Youth	Soc	cer	Association	Insurer A: Na	tional Casualt	y Company	11991	
	9401 General Drive, S					utual of Omaha		71412	
	Plymouth, MI 48170	uice	12	O	Insurer C:				
	Trymoddi, wir 10170				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTII	FIC.	ATE NUMBER: 1511683		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 PER H PO	REM 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 DESCRIE ED BY PAID CLAI	R DOCUMENT WITH RESPECT 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016	E. E. BIOCHOL I GLIGIT LIMIT	\$100,000	
Thi	cription of operations / locations / vel s certificate is issued on behalf of ditional Insured as respects the op	f Mic	higa	n State Youth Soccer Ass	sociation & Mi	d-Michigan Yo		tificate Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
Αι 32	idubon Park 5 Parkway St speer, MI 48446				SHOULD ANY THE EXPIRATION	OF THE ABOVE	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE DINACCORDANCE	
	• ′				AUTHORIZED REPI	RESENTATIVE	Patik Pull	_	



DATE (MM/DD/YYYY) 8/26/2015

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in li	eu of such endorsement(s).			,					
PROI	Pullen Insurance Se	rvic	es,	Inc.	CONTACT NAME:	Sports Divis	sion		
	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 CUSTO	OMER ID#: MI			
					INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSU	Michigan State Youth	Soc	cer	Association	Insurer A: Na	tional Casualt	v Company	11991	
	9401 General Drive, S					utual of Omaha		71412	
	Plymouth, MI 48170	arce	12	O	Insurer C:				
	Trymoddi, wir 10170				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTII	FIC.	ATE NUMBER: 1511683		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	EQUI PER H PO	REM TAIN 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 DESCRIE ED BY PAID CLAI	R DOCUMENT WITH RESPECT 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016	E. E. BIOCHOL I GLIGIT LIMIT	\$100,000	
Thi	CRIPTION OF OPERATIONS / LOCATIONS / VEI 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		tificate Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
Br 32	oome Park 01 Hammerberg Rd int, MI 48507				SHOULD ANY THE EXPIRATION	OF THE ABOVE	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE D IN ACCORDANCE	
					AUTHORIZED REPI	RESENTATIVE	Jatik Duell	_	



DATE (MM/DD/YYYY) 8/26/2015

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in li	eu of such endorsement(s).	J.1016	, ma	, require an endorsement.				o oci tilloate lloidel	
PROI	Pullen Insurance Se	ervic	es,	Inc.	CONTACT NAME:	Sports Divis			
	2560 River Park Pla	aza,	Sui	te 300	PHONE: (81	7) 738-6100	FAX: (817) 738-29	993	
	Fort Worth, TX 76	116			E-MAIL ADDRESS: contact@pullenins.com				
	,				PRODUCER CUSTO	MER ID#: MI		_	
					INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSU	RED Michigan State Youth	Soc	ccer	Association	Insurer A: Na	tional Casualty	y Company	11991	
	9401 General Drive, S				Insurer B: Mu	itual of Omaha	1	71412	
	Plymouth, MI 48170	, 4110		•	Insurer C:				
	11/11/04/11/11/10/17				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTII	FICA	ATE NUMBER: 1511683	-	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 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 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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						(r er accident)		
	NON-OWNED AUTOS								
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VE						1.0 1.0	II 11	
	s certificate is issued on behalf o ditional Insured as respects the op-							tificate Holder is	
CF	RTIFICATE HOLDER				CANCELLA	TION			
	yant School				JANULLIA				
92	5 Hampton 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 REPR	RESENTATIVE	Patik Dull	-	



DATE (MM/DD/YYYY) 8/26/2015

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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 on	this certificate o	loes not confer rights to th	e certificate holder	
PRO	Pullen Insurance Se	rvi	200	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				
	Toft Worth, 12 70.	110			PRODUCER CUSTO				
					INSURERS AF	FORDING COVI	FRAGE	NAIC #	
INSU	RED Michigan State Vouth	C <sub>0</sub>		Association	<del>                                     </del>	tional Casualty		11991	
	Michigan State 1 Outil					utual of Omaha		71412	
	9401 General Drive, S	Sulte	3 12	U		ituai 01 Oilialia	1	/1412	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
	VEDACES OF	DTI		ATE NUMBER, 151160	Insurer F:		DEVICION NUMBER.	0	
				ATE NUMBER: 1511683			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	EQU PEI H PC	IREM 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 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
DE:									
I	CRIPTION OF OPERATIONS / LOCATIONS / VE						outh Cooper Loopus Com	tifiaata Haldania	
	s certificate is issued on behalf o ditional Insured as respects the op-							unicate noticer is	
Au	antional moured as respects the of	)CI at	10113	of the ranned insured for	sanctioned act	ivities of the st	ate association.		
	RTIFICATE HOLDER				CANCELLA	TION			
51	pital City Baptist Church 00 Willoughby Rd olt, MI 48842				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) 8/26/2015

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.

PRODUCER	Pullen Insurance Se	ervices	Inc.	CONTACT NAME:	Sports Divis					
	2560 River Park Pla	aza, Su	ite 300	PHONE: (8	(617) 750 0100 (617) 750 2555					
	Fort Worth, TX 762	116		E-MAIL ADDRESS:		llenins.com				
					PRODUCER CUSTOMER ID#: MI					
				INSURERS AF	FORDING COV	ERAGE	NAIC #			
INSURED	Michigan State Youth	Socce	r Association	Insurer A: Na	ational Casualt	y Company	11991			
	9401 General Drive, S			Insurer B: M	utual of Omaha	a	71412			
	Plymouth, MI 48170			Insurer C:						
	,			Insurer D:						
				Insurer E:						
				Insurer F:						
COVERA	GES CE	RTIFIC	ATE NUMBER: 15017	7185	F	REVISION NUMBER	<b>R</b> : 0			
INDICATED CERTIFICA EXCLUSION	CERTIFY THAT THE POLICIE . NOTWITHSTANDING ANY R TE MAY BE ISSUED OR MAY IS AND CONDITIONS OF SUC	REQUIREI / PERTA :H POLIC	MENT, TERM OR CONDITION, THE INSURANCE AFFOES. LIMITS SHOWN MAY H	ON OF ANY CONTR PRDED BY THE PO AVE BEEN REDUCI	RACT OR OTHEF LICIES DESCRIE ED BY PAID CLAI	R DOCUMENT WITH RES BED HEREIN IS SUBJEC	SPECT 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)	LII	MITS			
L	AL LIABILITY	X	KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000			
X con	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 A	GGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$1,000,000			
POL	ICY PROJECT LOC					PARTICIPANT LEGAL LIABILI				
· · · —	OBILE LIABILITY AUTO		KRO 5663300	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000			
ALL	OWNED AUTOS					BODILY INJURY (Per person)				
SCH	IEDULED AUTOS					BODILY INJURY (Per accident	:)			
<u></u>	ED AUTOS					PROPERTY DAMAGE (Per accident)				
X	N-OWNED AUTOS									
	BRELLA LIAB X OCCUR		XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000			
	CLAIMS-MADE CUCTIBLE					AGGREGATE	\$5,000,000			
RET	ENTION \$									
WORKE	RS COMPENSATION					WC STATU- TORY LIMITS ER	1-			
I	PLOYERS' LIABILITY Y/N PRIETOR/PARTNER/EXECUTIVE	N/A				E. L. EACH ACCIDENT				
OFFICER (Mandato	MEMBER EXCLUDED?	IN/A				E. L. DISEASE - EA EMPLOYI	ΞΕ			
If yes, des	cribe under					E. L. DISEASE - POLICY LIMI	г			
B PARTI	CIPANT ACCIDENT MEDICAL		SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000			
DESCRIPTION	OF OPERATIONS / LOCATIONS / VE	HICLES /A#	ach ACORD 101 Additional Remark	re Schodulo, if more case	) is roquirod)	1				
PESCRIPTION										
This cortif	icate is issued on behalf or	t [\/l10h14	ran State Youth Soccor /	Accordation & M.	ichigan Vouth	Soccer League Corti	ficate Holder is			

CERTIFICATE HOLDER	CANCELLATION
AUBURN PARK 430 S AUBURN ST. AUBURN HILLS, 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) 8/26/2015

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	eu of such endorsement(s).	nicies	may require an endors	ement. A stateme	nt on thi	s certificate d	ioes not conter rights to th	e certificate noider	
PROI	Pullen Insurance Se	rvice	es. Inc.	CONTACT	NAME:	Sports Divis	ion		
	2560 River Park Pla			PHONE:	PHONE: (817) 738-6100 FAX: (817) 738-2993  E-MAIL ADDRESS: contact@pullenins.com				
	Fort Worth, TX 762	,	Juite 500	E-MAIL AD					
	Toft Worth, 12 70	110		PRODUCE	R CUSTOME				
				INSURE	RS AFFC	ORDING COVE	FRAGE	NAIC #	
INSU	IRED Michigan State Voyeth	Coo	an Association	Insurer A		onal Casualty		11991	
	Michigan State 1 Outil			Insurer E		ial of Omaha		71412	
	9401 General Drive, S	sune	120			iai 01 Oilialia	<u> </u>	/1412	
	Plymouth, MI 48170			Insurer C					
				Insurer D					
				Insurer E					
~~	VEDAGES OF	DTIE	ICATE NUMBER: 1	Insurer F			EVICION NUMBER		
			ICATE NUMBER: 1				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 POL	EMENT, TERM OR CON TAIN, THE INSURANCE . ICIES. LIMITS SHOWN M	IDITION OF ANY ( AFFORDED BY TI IAY HAVE BEEN R	CONTRAC IE POLIC EDUCED	CT OR OTHER CIES DESCRIB BY PAID CLAIM	DOCUMENT WITH RESPE ED HEREIN IS SUBJECT TO	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADD'L S INSRD V	UBR POLICY NUMBER	POLICY EFF DATE (MM/I	DD/YY)	OLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X	KRO 5663300	9/1/201	5   9	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/201	5 9	9/1/2016	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 5663400	9/1/201	5 9	9/1/2016	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	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		SR2014MI-P-0532	56 9/1/201	5 9	9/1/2016		\$100,000	
Thi	CRIPTION OF OPERATIONS/LOCATIONS/VE s certificate is issued on behalf oditional Insured as respects the operations.	f Micl	nigan State Youth Soc	cer Association	& Mich	igan Youth S	Soccer League. Certifica ate association.	te Holder is	
CE	RTIFICATE HOLDER			CANCI	ELLATI	ON			
84	EDFORD HIGH SCHOOL 86 DOUGLAS EMPERANCE, MI 48182			THE EX	PIRATION	THE ABOVE [ DATE THEREO Y PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE D IN ACCORDANCE	
				AUTHORIZ	ED REPRES	SENTATIVE	Patik Dell_	_	



DATE (MM/DD/YYYY) 8/26/2015

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).

		Insurer F:					
		Insurer E:					
	•	Insurer D:					
	Plymouth, MI 48170	Insurer C:					
		Insurer B: Mutual of Omaha	71412				
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	
Α	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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) 8/26/2015

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in li	ieu of such endorsement(s).										
PRO	Pullen Insurance Se	ervic	es. I	nc.	CONTACT NAME:	Sports Divis	sion				
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993						
	Fort Worth, TX 76		20111		E-MAIL ADDRESS: contact@pullenins.com						
	1010 ((01011, 111 / 0	110			PRODUCER CUSTOMER ID#: MI						
					INSURERS AFFORDING COVERAGE NAIC #						
INSU	Michigan State Youth	Soc	cer	Association	Insurer A: Na	ational Casualt	v Company	11991			
	9401 General Drive, S	Suite	120	1 ibboolution		utual of Omaha		71412			
	Plymouth, MI 48170	Juic	120		Insurer C:		•	, , , , , ,			
	1 1ymoum, wn 40170				Insurer D:						
					Insurer E:						
					Insurer F:						
CO	OVERAGES CE	RTIF	FICAT	TE NUMBER: 1501808		F	REVISION NUMBER:	0			
IND CEF EXC	S IS TO CERTIFY THAT THE POLICIE CICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	REQUIF Y PER CH POL	REME TAIN, LICIES	NT, TERM OR CONDITION 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 RESPE BED HEREIN IS SUBJECT T	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000			
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000			
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000			
							PERSONAL & ADV INJURY	\$1,000,000			
							GENERAL AGGREGATE	UNLIMITED			
	GEN'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 5663300	9/1/2015	9/1/2016	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 oi dooldoin)				
	A non-emile heree										
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000			
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000			
	DEDUCTIBLE										
	RETENTION \$						WC CTATH OTH				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						WC STATU- TORY LIMITS OTH- ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT				
	(Mandatory in NH)						E. L. DISEASE - EA EMPLOYEE				
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	<b>*</b>			
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000			
Thi	CRIPTION OF OPERATIONS/LOCATIONS/VE is certificate is issued on behalf o ditional Insured as respects the operational Insured as respects the operations.	f Mic	higan	State Youth Soccer Ass	sociation & M	id-Michigan Yo		tificate Holder is			
CE	RTIFICATE HOLDER				CANCELLA	TION					
43	uburn City Park 35 Auburn Rd. uburn, MI 48506			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 Dueli_	-			



DATE (MM/DD/YYYY) 8/26/2015

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	eu of such endorsement(s).				1					
PRO	Pullen Insurance Se				CONTACT NAME:	Sports Divis			002	
	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 CUSTOMER ID#: MI					
					PRODUCER CUST					
					INSURERS AI	NAIC #				
INSU	RED Michigan State Youth	ı So	ccer	Association	Insurer A: N	ational Casualty	/ Company		11991	
	9401 General Drive, S	Suit	e 12	0	Insurer B: M	lutual of Omaha	ı		71412	
	Plymouth, MI 48170				Insurer C:					
	, ,				Insurer D:					
					Insurer E:					
					Insurer F:					
CO	VERAGES CE	RTI	FIC/	<b>ATE NUMBER:</b> 1501939	94	F	<b>REVISION NU</b>	MBER:	0	
IND CER EXC	S IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY F ITIFICATE MAY BE ISSUED OR MAY SULUSIONS 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 CONT DED BY THE PO E BEEN REDUC	RACT OR OTHER DLICIES 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 5663300	9/1/2015	9/1/2016	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 II	NJURY	\$1,000,000	
							GENERAL AGGREG	ATE	UNLIMITED	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP.	OP AGG	\$1,000,000	
	POLICY PROJECT LOC						PARTICIPANT LEGA	L LIABILITY	\$1,000,000	
A	AUTOMOBILE LIABILITY  ANY AUTO			KRO 5663300	9/1/2015	9/1/2016	COMBINED SINGLE (Ea accident)	LIMIT	\$1,000,000	
	ALL OWNED AUTOS						BODILY INJURY (Per	person)		
	SCHEDULED AUTOS						BODILY INJURY (Per	accident)		
	X HIRED AUTOS						PROPERTY DAMAG (Per accident)	E		
	X NON-OWNED AUTOS						,			
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENC	F	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE			11120 2000 100	7,1,2016	), 1, <b>2</b> 010	AGGREGATE	_	\$5,000,000	
	DEDUCTIBLE	1					7.001.207.12		, , , , , , , , , , , , , , , , , , , ,	
	RETENTION \$									
	WORKERS COMPENSATION						WC STATU- TORY LIMITS	OTH- ER		
	AND EMPLOYERS' LIABILITY Y/N						E. L. EACH ACCIDEN			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E. L. DISEASE - EA E			
	If yes, describe under						E. L. DISEASE - POL			
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016			\$100,000	
~					-, -, -, -, -, -, -, -, -, -, -, -, -,				,,,,,,,	
DESC	I CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	ch ACORD 101, Additional Remarks S	chedule, if more space	e is required)	ı			
	s certificate is issued on behalf o						Soccer League.	Certifica	ite Holder is	
	ditional Insured as respects the op-									

**CERTIFICATE HOLDER** 

CANCELLATION

BAKER MIDDLE SCHOOL 1359 TORPEY DRIVE 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

Satikbull-



DATE (MM/DD/YYYY) 8/26/2015

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in lieu of such endorsement(s).	JIICIE	o IIId	y require an endorsement.	n statement of	i una ceruncale o	ioes not comer rights to th	e cei illicate lioldel
PRODUCER Pullen Insurance Se	ervio	es.	Inc	CONTACT NAME:	Sports Divis	ion	
2560 River Park Pl				PHONE: (8	317) 738-6100	FAX: (817) 738-29	993
Fort Worth, TX 76	,	241		E-MAIL ADDRESS	contact@pul	llenins.com	
	110			PRODUCER CUSTOMER ID#: MI			
				INSURERS AFFORDING COVERAGE NAIC			
INSURED Michigan State Youth	So	ccer	Association	Insurer A: National Casualty Company			11991
9401 General Drive, S	Snite	12	0		Iutual of Omaha		71412
Plymouth, MI 48170	Juit	. 12	O .	Insurer C:			
				Insurer D:			
				Insurer E:			
				Insurer F:			
COVERAGES CE	RTI	FIC/	ATE NUMBER: 1502045	56	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 CH PC	IREM RTAIN LICIE	ENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAVI	OF ANY CONT DED BY THE PO E BEEN REDUC	RACT OR OTHER DLICIES DESCRIB ED BY PAID CLAII	R DOCUMENT WITH RESPE 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 GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	UNLIMITED
GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000
X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
DEDUCTIBLE							
RETENTION \$						I WO OTATU	
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	<b></b>
B PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000
This certificate is issued on behalf o Additional Insured as respects the operations of the control of the cont	f Mi	chiga	an State Youth Soccer Ass	sociation & M	lid-Michigan Yo		tificate Holder is
CERTIFICATE HOLDER				CANCELLATION			
Alma Strikers Field				JANGLEL	-110I <b>1</b>		1
600 E. Downie St.				SHOULD AN	OF THE ABOVE I	DESCRIBED POLICIES BE CA	NCELLED BEFORE
					TION DATE THEREO LICY PROVISIONS	F, NOTICE WILL BE DELIVERE	D IN ACCORDANCE
Alma, MI 48801							

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AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 8/26/2015

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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

	onditions of the policy, certain p 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	ervi	res	Inc	CONTACT NAME:	Sports Divis	ion			
	2560 River Park Pl				PHONE: (8	17) 738-6100	FAX: (817) 738-2	993		
	Fort Worth, TX 76		Dui	<b>10</b> 300	E-MAIL ADDRESS: contact@pullenins.com					
	1011 (1011), 171 70	110			PRODUCER CUSTOMER ID#: MI					
					INSURERS AF	FORDING COVE	ERAGE	NAIC #		
INSURE	Michigan State Youtl	1 So	ccer	Association	Insurer A: Na	11991				
	9401 General Drive,					utual of Omaha		71412		
	Plymouth, MI 48170	Dur	. 12	O	Insurer C:		•			
	Trymoden, wir verve				Insurer D:					
					Insurer E:					
					Insurer F:					
COV	ERAGES CE	ERTI	FICA	ATE NUMBER: 150205	-	F	REVISION 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 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 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			
	ENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
Х	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (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 5663300	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
-	ALL OWNED AUTOS						BODILY INJURY (Per person)			
_	SCHEDULED AUTOS						BODILY INJURY (Per accident)			
	HIRED AUTOS						PROPERTY DAMAGE (Per accident)			
$\frac{1}{\lambda}$	<del>1</del>						(i or additionly			
	Their smile heres									
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
<u> </u>	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000		
	DEDUCTIBLE									
	RETENTION \$									
	ORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER			
IA I	ND EMPLOYERS' LIABILITY NY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT			
0	FFICER/MEMBER EXCLUDED?	'''					E. L. DISEASE - EA EMPLOYEE			
lf :	yes, describe under						E. L. DISEASE - POLICY LIMIT			
B P	ARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
l	PTION OF OPERATIONS / LOCATIONS / VI		,				~ .=	. ** 1.*		
	certificate is issued on behalf of ional Insured as respects the o							ite Holder is		
, idult	ional insured as respects the 0	Perat		or the runned insured for	sanctioned act	1,11105 01 1110 31	are apportunous.			
CED.	TIFICATE LIQUEED				CANCELLA	TION				
	TIFICATE HOLDER				CANCELLA	IION				
	OD PARK				SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA	NCELLED BEFORE		
	00 CLINTON RIVER RO	JAD	)		THE EXPIRATION     THE	ON DATE THEREO LICY PROVISIONS	F. NOTICE WILL BE DELIVERE	ED IN ACCORDANCE		
CLI	NTON TWP., MI 48038						•			

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AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 8/26/2015

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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 th	e certificate holder		
PROI	Pullen Insurance S	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	,	Dui	300	E-MAIL ADDRESS: contact@pullenins.com					
	101t Wortin, 12 <b>t</b> 70	110			PRODUCER CUSTO					
					INSURERS AF	FORDING COVI	ERAGE	NAIC #		
INSU	Michigan State Youth	. 50	000*	Association	1	11991				
	9401 General Drive,	200	12	ASSOCIATION		<u>itional Casualty</u> utual of Omaha		71412		
		Suit	<del>2</del> 12	U	Insurer C:	utuai oi Oilialia	1	/1412		
	Plymouth, MI 48170				Insurer D:					
					Insurer E:					
~~	VEDACES C	DTI		ATE NUMBER: 150017	Insurer F:		DEVICION NUMBER.			
				ATE NUMBER: 150217			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 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 RESPE SED 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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									
Α	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016	E. E. BIOLAGE T GETOT ENVIT	\$100,000		
DEG	DIDTION OF ODERATIONS (1.00ATIONS (1.00ATI		0./4::	-L ACODD 404 Addis 15 15	ala adola 18					
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 Ass	sociation & Mi	chigan Youth	Soccer League. Certifica ate association.	te Holder is		
CE	RTIFICATE HOLDER				CANCELLA	TION				
Bo 36	oys and Girls Club of Troy 70 John R. Road oy, 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 REPI	RESENTATIVE	$\bigcap$			
							Vatik beli	-		



DATE (MM/DD/YYYY) 8/26/2015

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in li	eu of such endorsement(s).		u	,						
PROI	Pullen Insurance Se	ervic	es,	Inc.	CONTACT NAME:	Sports Divis	sion			
	2560 River Park Pla	aza,	Sui	te 300	PHONE: (8)	17) 738-6100	FAX: (817) 738-29	993		
	Fort Worth, TX 761	116			E-MAIL ADDRESS:	contact@pu	llenins.com			
	,				PRODUCER CUSTOMER ID#: MI					
					INSURERS AF	FORDING COVI	ERAGE	NAIC #		
INSU	RED Michigan State Youth	Soc	ccer	Association	Insurer A: Na	tional Casualty	y Company	11991		
	9401 General Drive, S				Insurer B: Mu	utual of Omaha	a a	71412		
	Plymouth, MI 48170			-	Insurer C:					
	11,1110 0.011, 1.11 1.01 / 0				Insurer D:					
					Insurer E:					
					Insurer F:					
СО	VERAGES CE	RTII	FICA	ATE NUMBER: 1502263	32	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	EQUI PEF H PO	REM 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	ACT OR OTHER LICIES DESCRIB D 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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 doudont)			
	X Non SWILD No 166									
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
71	X EXCESS LIAB CLAIMS-MADE			ARO 3003400	J/1/2013	7/1/2010	AGGREGATE	\$5,000,000		
	DEDUCTIBLE						AGGREGATE	ψ2,000,000		
	RETENTION \$									
							WC STATU- OTH-			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						E. L. EACH ACCIDENT			
	TOFFICER/MEMBER EXCLUDED?	N/A					E. L. DISEASE - EA EMPLOYEE			
	(Mandatory in NH) If yes, describe under						E. L. DISEASE - POLICY LIMIT			
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000		
ט	PARTICIPANT ACCIDENT MEDICAL			5K2014WII-1-033230	J/1/2013	7/1/2010		Ψ100,000		
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VEI	HICLES	S (Atta	L ch ACORD 101, Additional Remarks S	chedule, if more space	is required)	1			
Thi	s certificate is issued on behalf or ditional Insured as respects the op-	f Mic	chiga	nn State Youth Soccer Ass	sociation & Mi	chigan Youth S		te Holder is		
			_							
CE	RTIFICATE HOLDER				CANCELLA	TION				
28	ondale High School 00 Waukegan Street aburn 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 REPR	RESENTATIVE	Jatik Duele	-		



DATE (MM/DD/YYYY) 8/26/2015

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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 poin lieu of such endorsement(s).	olicie	s ma	y require an endorsement.	Á statement on	this certificate o	loes not confer rights to th	e certificate holder
PRODUCER Pullen Insurance Se	rvio	200	Inc	CONTACT NAME:	Sports Divis	sion	
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@pu	llenins.com	
1 of worth, 122 70	110			PRODUCER CUSTO			
				INSURERS AF	FORDING COVI	ERAGE	NAIC #
INSURED Michigan State Youth	So	COT	Association		11991		
9401 General Drive, S					<u>ttional Casualty</u> utual of Omaha		71412
Plymouth, MI 48170	Juin	. 14	O	Insurer C:		~	,,,,,,
1 Tymoddi, WH 40170				Insurer D:			
				Insurer E:			
				Insurer F:			
COVERAGES CE	RTI	FIC	ATE NUMBER: 150227		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 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 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	
A GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000
X EXCESS LIAB CLAIMS-MADE			71110 3003 100	7/1/2013	7,1,2010	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000
DESCRIPTION OF OPERATIONS/LOCATIONS/VE This certificate is issued on behalf o Additional Insured as respects the operations	f Mi	chiga	an State Youth Soccer As	sociation & Mi	chigan Youth	Soccer League. Certifica tate association.	te Holder is
CERTIFICATE LIGI DED				CANCELLA	TION		
CERTIFICATE HOLDER				CANCELLA	IION		
Avondale High School Athlet 2800 Waukegan Auburn Hills, MI 48236	1CS			THE EXPIRATION     THE	OF THE ABOVE I ON DATE THEREC LICY PROVISIONS	DESCRIBED POLICIES BE CA PF, NOTICE WILL BE DELIVERE	NCELLED BEFORE DINACCORDANCE
				AUTHORIZED REP	RESENTATIVE	0 0	

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DATE (MM/DD/YYYY) 8/26/2015

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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 of	does not confer rights to th	e certificate holder		
PRO	Pullen Insurance Se	rvi	es	Inc	CONTACT NAME:	Sports Divis	sion			
	2560 River Park Pl				PHONE: (81	17) 738-6100	FAX: (817) 738-2	993		
	Fort Worth, TX 76	,	Dui	.te 300	E-MAIL ADDRESS: contact@pullenins.com					
	Toft Worth, 124 70	110			PRODUCER CUSTOMER ID#: MI					
					INSURERS AFFORDING COVERAGE NAIC #					
INSU	RED Michigan State Vouth	C.		. A association	11.1.1.0.1.0.1.0.1.1.0.1.1.0.1.1.1.1.1.					
	Michigan State Touti					•				
	9401 General Drive, S	Suite	9 12	0		utual of Omaha	1	71412		
	Plymouth, MI 48170				Insurer C:					
					Insurer D:					
					Insurer E:					
					Insurer F:					
				ATE NUMBER: 150242			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 N, THE INSURANCE AFFORD ES. 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 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 LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
11	X EXCESS LIAB CLAIMS-MADE			7KO 3003400	)/1/2013	7/1/2010	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			
				CD2014141 D 052256	0/1/2015	0/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000		
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
DES	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						Soccer League Certifica	te Holder is		
Ada	ditional Insured as respects the or	nerat	ions	of the Named Insured for	sanctioned act	ivities of the st	tate association	ite Holder is		
		p <b>0 1 u</b>	10110	01 410 1 (41110 4 1110 41 10 10 10 10 10 10 10 10 10 10 10 10 10			and and drawing in			
	RTIFICATE HOLDER				CANCELLA	IION				
	inston Park				SHOIII D VIIA	OF THE ABOVE	DESCRIBED POLICIES BE CA	NCELLED BEEODE		
22	62 Brinston Drive				THE EXPIRATION	ON DATE THEREC	)F, NOTICE WILL BE DELIVERE	ED IN ACCORDANCE		
Tr	oy, MI 48083				WITH THE POL	LICY PROVISIONS	i.			
	-				AUTHORIZED REPR	RESENTATIVE	0 0			
							Vitik Milli			
					1		YWANTCHUNG	-		



DATE (MM/DD/YYYY) 8/26/2015

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).

	DUCER Dullan Insurance Sc			T	CONTACT NAME: Sports Division					
	runen msurance se					3ports Divis	FAX: (817) 738-2	993		
	2560 River Park Pla		Sui	te 300	E-MAIL ADDRESS:	contact@pu		773		
	Fort Worth, TX 76.	116			PRODUCER CUSTO		Hemms.com			
						NAIC #				
111011					INSURERS AF	NAIC#				
INSU	Michigan State 1 Outil					tional Casualty		11991		
	9401 General Drive, S	Suite	12	0		utual of Omaha	1	71412		
	Plymouth, MI 48170				Insurer C:					
					Insurer D:					
					Insurer E:					
					Insurer F:					
<u>co</u>	VERAGES CE	RTI	FIC/	ATE NUMBER: 1502423	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	EQU PEF H PC	IREM RTAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	OF ANY CONTR ED BY THE POI E BEEN REDUCE	ACT 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 LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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 NON-OWNED AUTOS									
Λ	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	EAGU GOGURDENGE	\$5,000,000		
A	X EXCESS LIAB CLAIMS-MADE			AKO 3003400	9/1/2013	9/1/2010	EACH OCCURRENCE	\$5,000,000		
	DEDUCTIBLE						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? (Mandatory in NH)	N/A					E. L. DISEASE - EA EMPLOYEE			
	If yes, describe under						E. L. DISEASE - POLICY LIMIT			
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016	E. E. DIOLAGE - I GLIGI LIWIT	\$100,000		
D	TARTER ANY ACCIDENT MEDICAL			SK2014WI 1 033230	<i>)</i> /1/2013	7/1/2010		<b>\$100,000</b>		
Thi	CRIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf o ditional Insured as respects the op	f Mi	chiga	n State Youth Soccer Ass	sociation & Mi	chigan Youth		te Holder is		
CF	RTIFICATE HOLDER				CANCELI A	TION				
Ar 52	American Gymnastics 52057 Sierra Drive Chesterfield, MI 48051				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) 8/26/2015

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 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	ne certificate holder	
PRODUCER Pullen Insurance So	rvi	es	Inc	CONTACT NAME:	Sports Divis	sion		
2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993				
Fort Worth, TX 76		Su	ite 300	E-MAIL ADDRESS: contact@pullenins.com				
Toft Wortin, 174 70	110			PRODUCER CUSTOMER ID#: MI				
					FORDING COVI	FRAGE	NAIC #	
INSURED Michigan State Vouth	So	2001	· Association	Insurer A: National Casualty Company 11991				
Michigan State Tout					utual of Omaha		71412	
9401 General Drive, S	Sult	2 1 2	.0	Insurer C:	utuai 01 Omana	1	71412	
Plymouth, MI 48170								
				Insurer D:				
				Insurer E:				
COVERACES	DTI		ATE NUMBER: 150010	Insurer F:		DEVICION NUMBER.		
			ATE NUMBER: 150012			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 LICII	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 T	ECT TO WHICH THIS	
INSR LTR TYPE OF INSURANCE	ADD'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
						PERSONAL & ADV INJURY	\$1,000,000	
						GENERAL AGGREGATE	UNLIMITED	
GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000	
DEDUCTIBLE								
RETENTION \$								
WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER		
AND EMPLOYERS' LIABILITY Y/N						E. L. EACH ACCIDENT		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E. L. DISEASE - EA EMPLOYEE		
If yes, describe under						E. L. DISEASE - POLICY LIMIT		
B PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016	E. E. DIOLAGE - I GLIGI LIWITI	\$100,000	
			51t201 IVII 1 033230	7/1/2013	7/1/2010		4-00,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	L	L	is required)			
This certificate is issued on behalf o						Soccer League. Certifica	ate Holder is	
Additional Insured as respects the o								
CERTIFICATE HOLDER				CANCELLA	TION			
Davis Middle School				JANGLLLA				
				SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA	ANCELLED BEFORE	
11311 Plumbrook Road	021	2			ON DATE THEREC LICY PROVISIONS	OF, NOTICE WILL BE DELIVERE 5.	ED IN ACCORDANCE	
STERLING HEIGHTS, MI 4	031	3						
				AUTHORIZED REPI	RESENTATIVE	0.0.		
					,	Satile Rulling	_	

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DATE (MM/DD/YYYY) 8/26/2015

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ın li	ieu of such endorsement(s).								
PRO	Pullen Insurance	e Serv	vices.	Inc.	CONTACT NAME: Sports Division				
	2560 River Park				PHONE: (8	17) 738-6100	FAX: (817) 738-2	2993	
	Fort Worth, TX				E-MAIL ADDRESS: contact@pullenins.com				
	- · · · ·,				PRODUCER CUSTO	OMER ID#: MI			
					INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSU	Michigan State Yo	outh S	occe	r Association	Insurer A: Na	ational Casualty	y Company	11991	
	9401 General Driv	ze Su	ite 12	20	Insurer B: M	utual of Omaha	<u> </u>	71412	
	Plymouth, MI 481		110 12	20	Insurer C:				
	1 ly moden, will to 1	, 0			Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES	CER	TIFIC	ATE NUMBER: 150011		F	REVISION NUMBER:	0	
THIS IND CER EXC	S IS TO CERTIFY THAT THE PO IICATED. NOTWITHSTANDING A RTIFICATE MAY BE ISSUED OR CLUSIONS AND CONDITIONS OF	NY REC MAY F SUCH	OF INS QUIREN PERTAI POLICI	SURANCE LISTED BELOW HAMENT, TERM OR CONDITION N, THE INSURANCE AFFORI ES. LIMITS SHOWN MAY HAV	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	THE POLICY PERIOD ECT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	AD INS	D'L SUBR	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	1	X	KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY	1					DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000	
	POLICY PROJECT LO	С					PARTICIPANT LEGAL LIABILITY	\$1,000,000	
Α	AUTOMOBILE LIABILITY  ANY AUTO			KRO 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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  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 MEDI-	CAL		SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
DES	CRIPTION OF OPERATIONS / LOCATION	S / VEHIC	1 50 (Δ#	ach ACOPD 101 Additional Pamarks S	chodulo if more space	o is required)			
	is certificate is issued on beha						Soccer League Certific	ate Holder is	
	ditional Insured as respects the							ate Holder 13	
	unional mouree as respects to	орег	uiioii	001 000 1 000000 1000			and and drawform		
	DTIFICATE LIQUED				041105114	TION			
	RTIFICATE HOLDER				CANCELLA	IION			
Clarkston Township 90 North Main Street Clarkston, MI 48347				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) 8/26/2015

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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	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: Mutual of Omaha	71412
	Plymouth, MI 48170	Insurer C:	
	<b>,</b>	Insurer D:	
		Insurer E:	
		Insurer F:	
COVER	AGES CERTIFICATE NUMBER: 1500110	72 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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)	
							(refaccident)	
	X NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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
Clinton Township Parks & Rec 19000 Clinton River Road Clinton Township, 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) 8/26/2015

\$5,000,000

\$5,000,000

\$100,000

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and co	TANT: If the certificate holder nditions of the policy, certain of such endorsement(s).	is an polic	ADDI ies ma	TIONAL INSURED, the policy 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	subject to the terms ne certificate holder
PRODUCER Pullen Insurance Services, Inc.					CONTACT NAME:	Sports Divis	ion	
	2560 River Park I				PHONE: (8	17) 738-6100	FAX: (817) 738-2	993
	Fort Worth, TX 7				E-MAIL ADDRESS:	contact@pu	llenins.com	
	,				PRODUCER CUSTO	OMER ID#: MI		
					INSURERS AF	FORDING COVI	ERAGE	NAIC #
INSURED	Michigan State You	th S	occe	r Association	Insurer A: Na	tional Casualt	Company	11991
	9401 General Drive				Insurer B: M	utual of Omaha	l	71412
	Plymouth, MI 48170	)			Insurer C:			
	•				Insurer D:			
					Insurer E:			
					Insurer F:			
COVE	ERAGES C	ERT	TIFIC	<b>ATE NUMBER:</b> 150012	80 REVISION NUMBER: 0			
INDICA CERTIF EXCLU	S TO CERTIFY THAT THE POLIC TED. NOTWITHSTANDING ANY FICATE MAY BE ISSUED OR M SIONS AND CONDITIONS OF SI	REQ AY PI JCH P	UIREN ERTAII POLICI	MENT, TERM OR CONDITION N, THE INSURANCE AFFORI ES. LIMITS SHOWN MAY HAV	I OF ANY CONTE DED BY THE PO /E BEEN REDUCE	RACT OR OTHER LICIES DESCRIE ED BY PAID CLAI	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT TO WHICH THIS O ALL THE TERMS,
INSR LTR	TYPE OF INSURANCE	ADD	CL SUBR	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A GE	NERAL LIABILITY	X	ζ	KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
X	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (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	N'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 5663300	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ALL OWNED AUTOS						BODILY INJURY (Per person)	
	SCHEDULED AUTOS						BODILY INJURY (Per accident)	
X	4						PROPERTY DAMAGE (Per accident)	
$\frac{\Lambda}{X}$	-1							

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

XKO 5663400

SR2014MI-P-053256

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.

9/1/2015

9/1/2015

9/1/2016

9/1/2016

CERTIFICATE HOLDER	CANCELLATION
Clinton Township Parks & Rec (Civic Center Parks) 40700 Romeo Plank Road Clinton Township, 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 Jatik 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

Y/N

N/A



DATE (MM/DD/YYYY) 8/26/2015

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 of such endorsement(s).	olicies	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	ervic	es.	Inc	CONTACT NAME:	Sports Divis	ion		
2560 River Park Plaza, Suite 300					PHONE: (8	-			
					E-MAIL ADDRESS:	contact@pu	llenins.com		
					PRODUCER CUSTO	OMER ID#: MI			
					INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSU	RED Michigan State Youth	Soc	ccer	Association	Insurer A: Na	ational Casualty	Company	11991	
	9401 General Drive, S	Suite	12	0	Insurer B: M	utual of Omaha	l	71412	
	Plymouth, MI 48170				Insurer C:				
	<b>,</b> ,				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTI	FIC/	ATE NUMBER: 150012	81	F	REVISION NUMBER:	0	
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY F TIFICATE 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 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 RESPE JED HERFIN IS SUBJECT T	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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?	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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
Charter Township of Springfield Attn: Sarah Banes 12000 Davisburg 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.
Davisburg, MI 48350	AUTHORIZED REPRESENTATIVE Jatik Pull



DATE (MM/DD/YYYY) 8/26/2015

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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

	nditions of the policy, certain portion of such endorsement(s).	olicies	ma	y require an endorsement.	A statement on	this certificate of	loes not confer right	s to th	e certificate holder
PRODUCE	Pullen Insurance So	ervice	es.	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@pu	llenins.com			
	1 010 // 01414, 111 / 0				PRODUCER CUSTO	OMER ID#: MI			
						FORDING COVI	ERAGE		NAIC #
INSURED	Michigan State Youth	Soco	cer	Association	Insurer A: Na	ational Casualty	y Company		11991
	9401 General Drive, S					utual of Omaha			71412
	Plymouth, MI 48170	0 00100			Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:				
COVE	RAGES CE	RTIF	ICA	ATE NUMBER: 150012	84	F	REVISION NUMB	ER:	0
INDICAT CERTIF	TO CERTIFY THAT THE POLICI ED. NOTWITHSTANDING ANY F CATE MAY BE ISSUED OR MA' SIONS AND CONDITIONS OF SUC	REQUIR Y PERT CH POL	REMI FAIN ICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	OF ANY CONTE DED BY THE PO E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH F SED HEREIN IS SUBJ	RESPE	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	
	NERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE		\$1,000,000
X	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)		\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person	1)	\$5,000
							PERSONAL & ADV INJUR	Y	\$1,000,000
							GENERAL AGGREGATE		UNLIMITED
GEN	I'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP A	.GG	\$1,000,000
	POLICY PROJECT LOC						PARTICIPANT LEGAL LIAI	BILITY	\$1,000,000
A AU	OMOBILE LIABILITY  ANY AUTO			KRO 5663300	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT (Ea accident)		\$1,000,000
	ALL OWNED AUTOS						BODILY INJURY (Per pers	on)	
<u> </u>	SCHEDULED AUTOS						BODILY INJURY (Per accid	dent)	
X	HIRED AUTOS						PROPERTY DAMAGE (Per accident)		
X	NON-OWNED AUTOS						(i oi dooldoni)	_	
$\Lambda$	NON-OWNED AUTOU							_	
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	+	\$5,000,000
	EXCESS LIAB CLAIMS-MADE			11110 0000 100	), 1, <b>2</b> 010	3,1,2010	AGGREGATE		\$5,000,000
1	DEDUCTIBLE	1					7.0011207112		, - ,
	RETENTION \$								
wo	RKERS COMPENSATION						WC STATU- TORY LIMITS	OTH- ER	
ANI	D EMPLOYERS' LIABILITY Y/N						E. L. EACH ACCIDENT	LIX	
OFF	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A					E. L. DISEASE - EA EMPLO	OYEE	
1 1	s, describe under						E. L. DISEASE - POLICY L		
В РА	RTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016	2. 2. 3.02, 62 1 02.01 2		\$100,000
					L	<u></u>			
	rion of operations / locations / ve artificate is issued on behalf o		•				Sociar Laboura Ca	rtifico	to Holdonia
	onal Insured as respects the o							itilica	te Holdel 18
laditi	mar misured as respects the o	Perun	,,,,	or the realised insured for	surretrorred de	arvities of the st	ate association.		
OFST	IFICATE LIQUES				CANCELLA	TION			
	IFICATE HOLDER	,			CANCELLA	IION			
	bewa Valley High School	)l			SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES	BE CA	NCELLED BEFORE
Atten	tion: Gerry Haggerty				THE EXPIRATI	ON DATE THEREOLICY PROVISIONS	F, NOTICE WILL BE DEI	LIVERE	DINACCORDANCE
18300	19 Mile Road						=		

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Clinton Township, MI 48038

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 8/26/2015

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).	,,,,,,,	5 ma	y require air endorsement.	- Statement on	tino oci tinodici c	locs not comer rights to the	e ocitinoate noidei	
PRO	Pullen Insurance Se	ervi	ces,	Inc.	CONTACT NAME: Sports Division				
	2560 River Park Pla				PHONE: (8	17) 738-6100	FAX: (817) 738-2	993	
	Fort Worth, TX 762	116			E-MAIL ADDRESS: contact@pullenins.com				
					PRODUCER CUST	OMER ID#: MI			
					INSURERS AF	FORDING COVE	ERAGE	NAIC #	
INSL	Michigan State Youth	So	ccer	Association	Insurer A: N	ational Casualty	y Company	11991	
	9401 General Drive, S	Suite	e 12	0	Insurer B: M	utual of Omaha	ı	71412	
	Plymouth, MI 48170				Insurer C:				
	,				Insurer D:				
					Insurer E:				
					Insurer F:				
CC	VERAGES CE	RTI	FIC/	ATE NUMBER: 1500207	71	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	IENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAVI	OF ANY CONTI DED BY THE PC E BEEN REDUC	RACT OR OTHER PLICIES DESCRIB ED BY PAID CLAII	R DOCUMENT WITH RESPE SED 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	<b>\$1,000,000</b>	
A	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	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 5663300	9/1/2015	9/1/2016	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 addition)		
	A NON-OWNED ACTOO								
Α	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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	id-Michigan Yo		tificate Holder is	
CF	RTIFICATE HOLDER				CANCELLA	TION			
					JANUELLE	11101 <b>4</b>			
66	are Brookwood Park O Ann Arbor Trail are, MI 48617				THE EXPIRAT	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  Out Tirk Publication				



DATE (MM/DD/YYYY) 8/26/2015

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in li	eu of such endorsement(s).			, cuatomont on			o continuato nordo		
PROI	Pullen Insurance Se	rvice	s, Inc.	CONTACT NAME:	Sports Divis				
	2560 River Park Pla	aza, S	uite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993  E-MAIL ADDRESS: contact@pullenins.com					
	Fort Worth, TX 761	16							
	,			PRODUCER CUSTOMER ID#: MI					
				INSURERS AF	FORDING COV	ERAGE	NAIC #		
INSU	Michigan State Youth	Socc	er Association	Insurer A: Na	tional Casualt	y Company	11991		
	9401 General Drive, S			Insurer B: Mi	utual of Omaha	a	71412		
	Plymouth, MI 48170	, caree s		Insurer C:					
	Trymoden, wir terre			Insurer D:					
				Insurer E:					
				Insurer F:					
CO	VERAGES CE	RTIFI	CATE NUMBER: 150023	-	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	EQUIRI PERTA H POLI	EMENT, TERM OR CONDITION AIN, THE INSURANCE AFFORI CIES. 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 RESPE BED HEREIN IS SUBJECT TO MS.	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR					MED EXP (Any one person)	\$5,000		
						PERSONAL & ADV INJURY	\$1,000,000		
						GENERAL AGGREGATE	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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			
	OFFICER/MEMBER EXCLUDED?	N/A				E. L. DISEASE - EA EMPLOYEE			
	(Mandatory in NH) If yes, describe under					E. L. DISEASE - POLICY LIMIT			
В	PARTICIPANT ACCIDENT MEDICAL		SR2014MI-P-053256	9/1/2015	9/1/2016	E. E. DIOLAGE - I GLIGIT LIWIT	\$100,000		
			511201 MA 1 000200	<i>3,1,2010</i>	37 17 <b>2</b> 010		, , , , , ,		
	CRIPTION OF OPERATIONS/LOCATIONS/VEH s certificate is issued on behalf of					outh Soccer League Cer	tificate Holder is		
	ditional Insured as respects the op						inicate Horaer is		
CE	RTIFICATE HOLDER			CANCELLA	TION				
City of Lapeer Attn: Ray Turczyn 880 Saginaw Street				THE EXPIRATION	OF THE ABOVE ON DATE THEREC LICY PROVISIONS	DESCRIBED POLICIES BE CA DF, NOTICE WILL BE DELIVERE 3.	NCELLED BEFORE DINACCORDANCE		
	peer, MI 48446			AUTHORIZED REPI	RESENTATIVE	Satik Dueli_	_		



DATE (MM/DD/YYYY) 8/26/2015

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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 (a)

	such endorsement(s).	Jiicies	may require an endorsement	. A statement on	tilis certificate t	ioes not comer rights to th	ie certificate floider		
PRODUCER	Pullen Insurance Se	ervice	es, Inc.	CONTACT NAME:	CONTACT NAME: Sports Division  PHONE: (817) 738-6100  FAX: (817) 738-2993				
	2560 River Park Pl			PHONE: (8					
	Fort Worth, TX 76			E-MAIL ADDRESS: contact@pullenins.com					
	Tort Worth, 121 70	110		PRODUCER CUST	OMER ID#: MI				
				INSURERS AF	FORDING COVI	FRAGE	NAIC #		
INSURED	Michigan State Voyeth	Coo	non Association		ational Casualt		11991		
	Michigan State Youth				•		71412		
	9401 General Drive, S	suite	120		utual of Omaha	1	/1412		
	Plymouth, MI 48170			Insurer C:					
				Insurer D:					
				Insurer E:					
				Insurer F:					
COVER	AGES CE	RTIF	ICATE NUMBER: 150034	456	F	REVISION NUMBER:	0		
INDICATE CERTIFIC EXCLUSION	D. NOTWITHSTANDING ANY F ATE MAY BE ISSUED OR MAY DNS AND CONDITIONS OF SUC	REQUIR / PERT CH POL	INSURANCE LISTED BELOW H LEMENT, TERM OR CONDITION TAIN, THE INSURANCE AFFOR ICIES. 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 RESPE SED HEREIN IS SUBJECT T	CT TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADD'L S	VVD POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
^^ ⊢	RAL LIABILITY	X	KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
X C	OMMERCIAL 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		
						GENERAL AGGREGATE	UNLIMITED		
GEN'L	AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$1,000,000		
P	DLICY PROJECT LOC					PARTICIPANT LEGAL LIABILITY	\$1,000,000		
A AUTO	MOBILE LIABILITY		KRO 5663300	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
<b>⊢</b>	NY AUTO					BODILY INJURY (Per person)			
L AI	LL OWNED AUTOS					BODILY INJURY (Per accident)			
S	CHEDULED AUTOS					PROPERTY DAMAGE			
111	RED AUTOS					(Per accident)			
X	ON-OWNED AUTOS								
AU	MBRELLA LIAB X OCCUR		XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
XE	CLAIMS-MADE					AGGREGATE	\$5,000,000		
DI	EDUCTIBLE								
RI	ETENTION \$								
WORK	(ERS COMPENSATION					WC STATU- TORY LIMITS OTH- ER			
AND E	MPLOYERS' LIABILITY Y/N					E. L. EACH ACCIDENT			
OFFICE	ROPRIETOR/PARTNER/EXECUTIVE ER/MEMBER EXCLUDED? tory in NH)	N/A				E. L. DISEASE - EA EMPLOYEE			
I .	escribe under					E. L. DISEASE - POLICY LIMIT			
B PART	TICIPANT ACCIDENT MEDICAL		SR2014MI-P-053256	9/1/2015	9/1/2016	E. E. BIOL/IGE T GEIGT EINIT	\$100,000		
DIAK	TICH AIVI ACCIDENT WEDICAL		SK2014WI-1-033230	7/1/2013	7/1/2010		Ψ100,000		
DESCRIPTION	NUCE OPERATIONS / LOCATIONS / VE	HICI ES	(Attach ACORD 101, Additional Remarks	Schodula if more space	o is roquirod)				
This cert	ificate is issued on behalf o	f Micl	nigan State Youth Soccer A	ssociation & Mi	ichigan Youth	Soccer League. Certifica ate association.	te Holder is		
0===:=	10.4TE 1101.5T5			04110=:::	<b>T</b>				
	ICATE HOLDER			CANCELLA	IION		1		
Attn: Y	ew Park Vonne Curtis ield Road			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		
Birmin	gham, MI 48009			AUTHORIZED REPRESENTATIVE 0					

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DATE (MM/DD/YYYY) 8/26/2015

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).								
PRO	Pullen Insurance Se	ervice	es, Inc.	CONTACT NAME: Sports Division  PHONE: (817) 738-6100					
	2560 River Park Pla	aza, S	Suite 300						
	Fort Worth, TX 762	116		E-MAIL ADDRESS: contact@pullenins.com					
	,			PRODUCER CUSTOMER ID#: MI					
				INSURERS A	FFORDING COVI	ERAGE	NAIC #		
INSU	RED Michigan State Youth	Soco	cer Association	Insurer A: N	ational Casualt	y Company	11991		
	9401 General Drive, S	Snite	120	Insurer B: M	Iutual of Omaha	1	71412		
	Plymouth, MI 48170	, 0,100		Insurer C:					
	11/11/04/11/101/0			Insurer D:					
				Insurer E:					
				Insurer F:					
CO	VERAGES CE	RTIF	ICATE NUMBER: 15003		F	REVISION NUMBER:	0		
IND CEF EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R ITIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUC	EQUIR PERT H POL	REMENT, TERM OR CONDITIO FAIN, THE INSURANCE AFFOR ICIES. LIMITS SHOWN MAY HA	N OF ANY CONT RDED BY THE PO VE BEEN REDUC	RACT OR OTHEF DLICIES 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 S INSRD V	VVD POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A	GENERAL LIABILITY	X	KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR					MED EXP (Any one person)	\$5,000		
						PERSONAL & ADV INJURY	\$1,000,000		
						GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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 oi assissin)			
	A non-emile noise								
A	UMBRELLA LIAB X OCCUR		XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
11	X EXCESS LIAB CLAIMS-MADE		7110 3003 100	7/1/2013	3/1/2010	AGGREGATE	\$5,000,000		
	DEDUCTIBLE					AGGREGATE	ψε,σσσ,σσσ		
	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		SR2014MI-P-053256	9/1/2015	9/1/2016	L. L. DIGLAGE - POLICI LIWIT	\$100,000		
ъ	PARTICIPANT ACCIDENT MEDICAL		SK2014WII-1-033230	7/1/2013	)/1/2010		Ψ100,000		
Thi	CRIPTION OF OPERATIONS/LOCATIONS/VE s certificate is issued on behalf or ditional Insured as respects the operations.	f Mich	nigan State Youth Soccer A	ssociation & M	ichigan Youth	Soccer League. Certificate association.	te Holder is		
CE	RTIFICATE HOLDER			CANCELLA	ATION				
Ci At 52	ty of Shelby tn: Yvonne Curtis 700 Van Dyke			SHOULD ANY	OF THE ABOVE	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE			
Sh	elby, MI 48316			AUTHORIZED REPRESENTATIVE Satisfaction					



DATE (MM/DD/YYYY) 8/26/2015

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 iica oi t	suon enuorsement(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: Mutual of Omaha 71412					
	Plymouth, MI 48170	Insurer C:					
	•	Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 1500424	44 REVISION NUMBER: (	0				
THIS IS TO	O CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA	IVE 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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
CHINA TOWNSHIP PARK	SUBJUST AND SET THE ADOVE D

Attn: YVONNE CURTIS
5298 INDIAN TRAIL

CHINA TOWNSHIP, MI 48054

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) 8/26/2015

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in lieu of	such endorsement(s).					•			
PRODUCER	Pullen Insurance S	ervices.	Inc.	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 #		
INSURED	Michigan State Yout	Association	Insurer A: Na	ntional Casualty	Company	11991			
	9401 General Drive,			Insurer B: Mutual of Omaha 71412					
	Plymouth, MI 48170			Insurer C: Insurer D: Insurer E:					
	,								
				Insurer F:					
COVER	AGES C	ERTIFIC/	ATE NUMBER: 1500420	54	R	EVISION NUMBER:	0		
INDICATE CERTIFICATE	O CERTIFY THAT THE POLIC D. NOTWITHSTANDING ANY ATE MAY BE ISSUED OR MA DNS AND CONDITIONS OF SU	REQUIREM Y PERTAIN	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	OF ANY CONTR DED BY THE PO	RACT OR OTHER LICIES DESCRIBI	DOCUMENT WITH RESP ED HEREIN IS SUBJECT	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	3		
	D. 4. 1.14 D. 11 T. 17	37	IZDO 5662200	0/1/2015	0/1/2016		¢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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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)	
	NON-OWNED ACTOO							
Α	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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
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



in lieu of such endorsement(s)

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/26/2015

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) 738-2993					
	2560 River Park Plaza, Suite 300						
	Fort Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com					
	1010 11 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: Mutual of Omaha	71412				
	Plymouth, MI 48170	Insurer C:					
	<b>3</b>	Insurer D:					
		Insurer E:					
		Insurer F:					
COVERA	AGES CERTIFICATE NUMBER: 150042	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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.

City of Lansing, Sycamore Park Attn: Carol Munroe 124 West Michigan Avenue	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 48933	AUTHORIZED REPRESENTATIVE

**CANCELLATION** 

**CERTIFICATE HOLDER** 



DATE (MM/DD/YYYY) 8/26/2015

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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 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 CUSTO				
				INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSURED Michigan State Youth	So	2001	Association		ntional Casualty		11991	
9401 General Drive, S					utual of Omaha		71412	
Plymouth, MI 48170	Suiu	5 1 2	.0	Insurer C:	utuai oi Oilialia		71412	
Flymoun, WH 48170				Insurer D:				
				Insurer E:				
COVERACES	DTI		ATE NIIMDED. 150042	Insurer F:		EVICION NUMBER		
			ATE NUMBER: 150043			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 LICII	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 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
						PERSONAL & ADV INJURY	\$1,000,000	
						GENERAL AGGREGATE	UNLIMITED	
GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
X EXCESS LIAB CLAIMS-MADE			1110 3003 100	7/1/2013	7/1/2010	AGGREGATE	\$5,000,000	
DEDUCTIBLE	1					AGGREGATE	42,000,000	
RETENTION \$								
						WC STATU- TORY LIMITS OTH- ER		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N						TORY LIMITS ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A							
(Mandatory in NH)  If yes, describe under						E. L. DISEASE - EA EMPLOYEE		
			CD2014MI D 052256	9/1/2015	9/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000	
B PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VE		C (A44a	seh ACORD 404 Additional Remarks C	shadula if mana angan	io romino d\			
This certificate is issued on behalf of		,				outh Soccar Langua Cor	tificata Holder is	
Additional Insured as respects the o							unicate Holder is	
raditional insured as respects the o	peru	10115	of the Pulled Insured for	sunctioned act	avides of the st	ate association.		
CERTIFICATE HOLDER				CANCELLA	TION			
Cook Elementry School				SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA	NCELLED REFORE	
Attn: Tom Curatti				THE EXPIRATION	ON DATE THEREO	F, NOTICE WILL BE DELIVERE		
5500 Perrine Rd				WITH THE POL	LICY PROVISIONS			
Midland, MI 48650				AUTHORIZED REPI	RESENTATIVE	0 0		
						Vatik Cueli		
					,	xawice were	-	

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DATE (MM/DD/YYYY) 8/26/2015

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: Mutual of Omaha 71412					
	Plymouth, MI 48170	Insurer C:					
	•	Insurer D:					
		Insurer E:					
		Insurer F:					
COVERA	AGES CERTIFICATE NUMBER: 1500443	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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

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.

AUTHORIZED REPRESENTATIVE

Satik Dieli\_\_\_



DATE (MM/DD/YYYY) 8/26/2015

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					
	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: Mutual of Omaha	71412				
	Plymouth, MI 48170	Insurer C:					
	,	Insurer D:					
		Insurer E:					
		Insurer F:					
COVERA	AGES CERTIFICATE NUMBER: 1500478	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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)	
	71						(Per accident)	
	X NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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

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



DATE (MM/DD/YYYY) 8/26/2015

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iii iica oi .	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 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: Mutual of Omaha	71412				
	Plymouth, MI 48170	Insurer C:					
	<b>y</b> ,	Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 1500494	REVISION NUMBER: 1					
THIS IS TO	CEPTIEN THAT THE BOLICIES OF INSTIDANCE LISTED BELOW HA	VE BEEN 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	
Α	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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.

CANCELL ATION

OEKTII IOATE HOEDEK	OANOLLLATION
Carmen Ainsworth Soccer Fields Attn: Thomas Curatti 305 Henry Court	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Flushing, MI 48433	AUTHORIZED REPRESENTATIVE Satikbull

CEDTIEICATE HOLDED



DATE (MM/DD/YYYY) 8/26/2015

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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

	eu of such endorsement(s).  Pullen Insurance Se	2017:	200	Inc	CONTACT NAME:	Sports Divis	ion			
	runen msurance se		,		PHONE: (817) 738-6100 FAX: (817) 738-2993					
	2560 River Park Pl		Sui	te 500	E-MAIL ADDRESS:	contact@pu	` /	,,,,		
	Fort Worth, TX 76	110			PRODUCER CUSTO		nemis.com			
						FORDING COVI		NAIC #		
INSUF	RED. Michigan Ctata Vand			A		tional Casualty		11991		
	Whenigan State 1 out					utual of Omaha		71412		
	9401 General Drive, S	Suite	2 12	U	Insurer C:	utuai oi Oilialia	l	/1412		
	Plymouth, MI 48170				Insurer D:					
					Insurer E:					
					Insurer F:					
<u></u>	VERAGES CE	DTI	EIC/	ATE NUMBER: 150050			REVISION NUMBER:	0		
	IS TO CERTIFY THAT THE POLICI									
INDI(	CATED. NOTWITHSTANDING ANY F TIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUC	REQU Y PEI	IREM RTAIN	ENT, TERM OR CONDITION  I, THE INSURANCE AFFORI	OF ANY CONTE	RACT OR OTHER LICIES DESCRIB	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			
	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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									
Α	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
	X EXCESS LIAB CLAIMS-MADE			11110 0000 100	7,1,2010	7/1/2010	AGGREGATE	\$5,000,000		
	DEDUCTIBLE	1					7.00.KEG/IIE	, - , ,		
	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			SR2014MI-P-053256	9/1/2015	9/1/2016	2. 2. 3.027.02	\$100,000		
	RIPTION OF OPERATIONS / LOCATIONS / VE									
	certificate is issued on behalf o itional Insured as respects the o							tificate Holder is		
CEI	RTIFICATE HOLDER				CANCELLA	TION				
	ntral Middle School									
Att	n: Tom Curatti				THE EXPIRATI		DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE			

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Midland, MI 48640

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 8/26/2015

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	eu of such endorsement(s).	HICIES	s ma	y require an endorsement. <i>I</i>	4 statement on t	ınıs certificatê d	ioes not conter rights to th	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 76116					E-MAIL ADDRESS: contact@pullenins.com				
	Toft Worth, 12 70	110			PRODUCER CUSTO					
						FORDING COVI	FRAGE	NAIC #		
INSU	RED Michigan State Voyeth	Coo		Association		tional Casualty		11991		
	Michigan State 1 Outil					utual of Omaha		71412		
	9401 General Drive, S	ouite	12	U		ituai oi Oilialia	1	/1412		
	Plymouth, MI 48170				Insurer C:					
					Insurer D:					
					Insurer E:					
	VED 4.050			TE MUNDED 150055	Insurer F:					
				ATE NUMBER: 1500566			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	EQUI PER H 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 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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									
	TY GOOD			XXX 0 # 6 6 2 4 0 0	0.44.004.5	0/4/2045		Φ5 000 000		
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
Thi	CRIPTION OF OPERATIONS/LOCATIONS/VEIS certificate is issued on behalf or ditional Insured as respects the operations.	f Mic	higa	an State Youth Soccer Ass	sociation & Mi	chigan Youth		te Holder is		
CF	RTIFICATE HOLDER				CANCELLA	TION				
Ch 89	nurchhill High School 00 Newburgh Rd vonia, MI 48150				SHOULD ANY THE EXPIRATION	OF THE ABOVE I	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE			
	Livolia, Wii +0150					AUTHORIZED REPRESENTATIVE Satisfulli				



DATE (MM/DD/YYYY) 8/26/2015

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in li	eu of	such endorsement(s).									
PRODUCER Pullen Insurance Services, Inc.							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 A	FFORDING COVE	ERAGE	NAIC #		
INSU	RED	Michigan State Youth	Soc	ccer	Association	Insurer A: N	ational Casualty	y Company	11991		
		9401 General Drive, S	Suite	120	0	Insurer B: N	Iutual of Omaha	1	71412		
		Plymouth, MI 48170	, 0,100			Insurer C:					
		11) 1110 4011, 1111 10170				Insurer D:					
						Insurer E:					
						Insurer F:					
СО	VER	AGES CE	RTI	FICA	ATE NUMBER: 1500578	-	F	REVISION NUMBER:	0		
INDI CER EXC	CATE	D CERTIFY THAT THE POLICIED. NOTWITHSTANDING ANY RATE MAY BE ISSUED OR MAYONS AND CONDITIONS OF SUC	REQUI PEF H PO	REM RTAIN LICIE	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	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	GENE	RAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X c	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	AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000		
	PC	DLICY PROJECT LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000		
A	AUTO	MOBILE LIABILITY			KRO 5663300	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
	1A	NY AUTO						,			
	AL	L OWNED AUTOS						BODILY INJURY (Per person)			
	so	CHEDULED AUTOS						PROPERTY DAMAGE			
	Х	RED AUTOS						(Per accident)			
	X	ON-OWNED AUTOS									
A	UI	MBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
	XE	CLAIMS-MADE						AGGREGATE	\$5,000,000		
	DE	EDUCTIBLE									
	RE	ETENTION \$									
	WORK	ERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER			
	ANY PR	MPLOYERS' LIABILITY Y/N OPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT			
		R/MEMBER EXCLUDED? Lory in NH)	111/7					E. L. DISEASE - EA EMPLOYEE			
	If yes, d	escribe under						E. L. DISEASE - POLICY LIMIT			
В	PART	TICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
DESC	CRIPTIC	N OF OPERATIONS / LOCATIONS / VE	HICLES	S (Atta	ıl ch ACORD 101, Additional Remarks Si	chedule, if more space	ce is required)	1			
Thi	s cert	ificate is issued on behalf of al Insured as respects the op	f Mio	higa	an State Youth Soccer Ass	sociation & M	id-Michigan Yo		tificate Holder is		
CF	RTIF	ICATE HOLDER				CANCELLA	ATION				
		t Street Soccer Field									
								DESCRIBED POLICIES BE CA			
	1425 Coutant Street Flushing 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) 8/26/2015

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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.

	eu or such endorsement(s).				1					
PRO	Pullen Insurance So				CONTACT NAME:	Sports Divis				
	2560 River Park Pl	aza,	Sui	te 300	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 COVE	ERAGE	NAIC #		
INSU	RED Michigan State Youth	So	ccer	Association	Insurer A: Na	tional Casualty	y Company	11991		
	9401 General Drive, S					utual of Omaha		71412		
	Plymouth, MI 48170	Juin	0 12	O .	Insurer C:					
	1 1ymouth, 1v11 401 / 0				Insurer D:					
					Insurer E:					
					Insurer F:					
	VERAGES CE	DTI		ATE NUMBER: 1500704			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 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 T R DOCUMENT WITH RESPE JED 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
11	X EXCESS LIAB CLAIMS-MADE			7110 3003400	7/1/2013	7/1/2010		\$5,000,000		
	DEDUCTIBLE	1					AGGREGATE	Ψ5,000,000		
	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			
_					0/1/2017	0/1/2015	E. L. DISEASE - POLICY LIMIT	Φ100 000		
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
Thi Add	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 Ass	sociation & Mi sanctioned act	chigan Youth Sivities of the st		ate Holder is		
	RTIFICATE HOLDER				CANCELLA	TION				
At	ostello Elementary tn: Yvonne Curtis				THE EXPIRATION	OF THE ABOVE I ON DATE THEREC LICY PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE ED IN ACCORDANCE		
1	33 Hamman						•			
Tr	oy, MI 48085				AUTHORIZED REPI	AUTHORIZED REPRESENTATIVE 0				

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DATE (MM/DD/YYYY) 8/26/2015

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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 th	e certificate holder
PROI	Pullen Insurance S	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@pu	llenins.com	
	1 of t worth, 121 70	110			PRODUCER CUSTO			
					INSURERS AF	FORDING COVI	ERAGE	NAIC #
INSU	Michigan State Youth	. 50	222*	Association	1	tional Casualty		11991
	9401 General Drive,	1 20	. 12	Association		utual of Omaha		71412
		Suit	<del>2</del> 12	U	Insurer C:	utuai oi Oilialia	1	/1412
	Plymouth, MI 48170				Insurer D:			
					Insurer E:			
~~	VEDACES CE	DTI		ATE NUMBER: 150070	Insurer F:		DEVICION NUMBER.	
				ATE NUMBER: 150072			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 RESPE BED 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016	E. E. DIOLAGE T GLIGIT ENVIT	\$100,000
D=2	DIDTION OF ODER ATIONS (1.22.TICS)		0./*:	-h ACORD 404 A 189	abadata W	in manual in the		
	CRIPTION OF OPERATIONS / LOCATIONS / VE						Contifica	to Holdonia
Ado	s certificate is issued on behalf of ditional Insured as respects the o	perat	cions	of the Named Insured for	sanctioned act	ivities of the st	tate association.	te Holder is
CF	RTIFICATE HOLDER				CANCELLA	TION		
Cla At 15	awson Middle School tn: Yvonne Curtis 0 John M				SHOULD ANY THE EXPIRATION	OF THE ABOVE I ON DATE THEREO LICY PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	
Ul	awson, MI 48017				AUTHORIZED REPI	RESENTATIVE	Patik Queli	_



DATE (MM/DD/YYYY) 8/26/2015

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).	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	res	Inc	CONTACT NAME:	Sports Divis	sion	
	2560 River Park Pl				PHONE: (81	17) 738-6100	FAX: (817) 738-2	993
	Fort Worth, TX 76	,	Sui	.tc 300	E-MAIL ADDRESS:	contact@pu		
	Toft Worth, 1A 70	110			PRODUCER CUSTO			
					INSURERS AF	FORDING COVI	FRAGE	NAIC #
INSU	RED Michigan State Vouth	Co	2221	Association	<del>                                     </del>	tional Casualty		11991
	Wildingan State Touti					utual of Omaha		71412
	9401 General Drive, S	Sulu	3 12	U		ituai 01 Oilialia	1	/1412
	Plymouth, MI 48170				Insurer C:			
					Insurer D:			
					Insurer E:			
$\Box$	VERAGES CE	DTI	EIC.	ATE NUMBER: 150072	Insurer F:		REVISION NUMBER:	0
THIS	S IS TO CERTIFY THAT THE POLICIENCE CATED. NOTWITHSTANDING ANY F	ES OI	= INS	URANCE LISTED BELOW HA	VE BEEN ISSUE	D TO THE INSUI	RED NAMED ABOVE FOR T	HE POLICY PERIOD
CEF	TIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	Y PEI	RTAIN DLICIE	I, THE INSURANCE AFFORD	DED BY THE POI E BEEN REDUCE	LICIES DESCRIB D BY PAID CLAI	SED HEREIN IS SUBJECT T	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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							
Α	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000
DESC	   CRIPTION OF OPERATIONS / LOCATIONS / VE	L HICLF	L S (Atta	L 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
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		
	awson High School							
	tn: Yvonne Curtis				SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA PF, NOTICE WILL BE DELIVERE	NCELLED BEFORE
	1 John M					ICY PROVISIONS		.D III ACCONDANCE
l .	awson, MI 48017							
	uvv 5011, 1v11 7001/				AUTHORIZED REP	RESENTATIVE	$()$ $ , a \cap a$	
							Vatik Well-	-



DATE (MM/DD/YYYY) 8/26/2015

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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: Mutual of Omaha	71412
	*	Insurer C:	
	•	Insurer D:	
		Insurer E:	
		Insurer F:	
COVERA	AGES CERTIFICATE NUMBER: 1500729	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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)	
	71						(Per accident)	
	X NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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 MULDER	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



DATE (MM/DD/YYYY) 8/26/2015

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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 th	e certificate holder
PROI	Pullen Insurance Se	rvi	200	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@pu	llenins.com	
	Toft Worth, 124 70	110			PRODUCER CUSTO			
					INSURERS AF	FORDING COVI	FRAGE	NAIC #
INSU	IRED Michigan State Voyeth	Co		Association	-	tional Casualty		11991
	Michigan State 1 outil					utual of Omaha		71412
	9401 General Drive, S	Sulte	3 1 2	U		utuai 01 Omana	1	/1412
	Plymouth, MI 48170				Insurer C:			
					Insurer D:			
					Insurer E:			
	VED 4 0 5 0			TE MUMBER 450055	Insurer F:		EVIOLONI NILIMBED	
				ATE NUMBER: 150075			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 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 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016	E. L. DISEASE - POLICY LIWIT	\$100,000
ъ	PARTICIPANT ACCIDENT MEDICAL			SK2014WII-I -033230	9/1/2013	9/1/2010		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 o	f Mi	chig	an State Youth Soccer As	sociation & Mi	d-Michigan Yo		tificate Holder is
CF	RTIFICATE HOLDER				CANCELLA	TION		
					JANULLA			
At 12	tn: Tom Curatti 50 N. Oak Rd.				THE EXPIRATION		DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	
Da	avison, MI 48423				AUTHORIZED REPR	RESENTATIVE	$\bigcap$	
						_	Jatik Pulli	-



DATE (MM/DD/YYYY) 8/26/2015

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 place in lieu of such endorsement(s).	olicie	s ma	ny require an endorsement.	Á statement on	this certificate of	loes not confer rights to the	ne certificate holder
PRODUCER Pullen Insurance S	ervi	CAS	Inc	CONTACT NAME:	Sports Divis	ion	
2560 River Park P				PHONE: (8)	17) 738-6100	FAX: (817) 738-2	993
Fort Worth, TX 76			iic 300	E-MAIL ADDRESS:	contact@pu		
For word, 1A /	1110			PRODUCER CUSTO			
					FORDING COVI	FRAGE	NAIC #
INSURED Michigan State Vout	I- C -						11991
Michigan State 1 Out					ational Casualty		
9401 General Drive,		e 12	20		utual of Omaha	1	71412
Plymouth, MI 48170				Insurer C:			
				Insurer D:			
				Insurer E:			
				Insurer F:			
			ATE NUMBER: 150091			REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLIC INDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR MATERIAL 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	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		SUBR	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	UNLIMITED
GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000
X EXCESS LIAB CLAIMS-MADE			11110 0000 100	7,1,2016	37172010	AGGREGATE	\$5,000,000
DEDUCTIBLE						NOOKEONIE	++,,,,,,,,
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	
		-	CD2014MI D 052256	0/1/2015	0/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000
B PARTICIPANT ACCIDENT MEDICAL	-		SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000
DESCRIPTION OF OREDATIONS (LOCATIONS (L			1 10000 101 11111				
This certificate is issued on behalf						Canada Lagarra Contifica	sta Haldania
Additional Insured as respects the	on IVII	tions	of the Named Insured for	sociation & Mi	tivities of the st	sate association	ite moidel is
Additional histired as respects the v	рста	10115	of the Named Histied for	sanctioned act	irvities of the st	ate association.	
CERTIFICATE HOLDER				CANCELLA	TION		
CENTRAL MIDDLE SCHO	OL			0110111 5 4411	05 THE ADOME I		NOTILED DEFORE
200 32ND ST				THE EXPIRATION	ON DATE THEREC	DESCRIBED POLICIES BE CA PF, NOTICE WILL BE DELIVERE	ED IN ACCORDANCE
PORT HURON, MI 48060				WITH THE POL	LICY PROVISIONS		
, · · · · · · · · · · · · · · · · · · ·				AUTHORIZED REP	RESENTATIVE	<u> </u>	
				AG THORIZED REPI	RECEIVIATIVE	Vatik Dueli	
					,	Valute Ville	-

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DATE (MM/DD/YYYY) 8/26/2015

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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 may	require an endorsement.	A statement on t	this certificate of	loes not confer rights to th	e certificate holder		
PROI	Pullen Insurance Se	rvio	res I	Inc	CONTACT NAME: Sports Division					
	2560 River Park Plant				PHONE: (81	7) 738-6100	FAX: (817) 738-2	993		
	Fort Worth, TX 76		Sun	.C 300	E-MAIL ADDRESS:	contact@pul				
	101t Worth, 121 70	110			PRODUCER CUSTO					
					INSURERS AF	FORDING COVE	ERAGE	NAIC #		
INSU	Michigan State Youth	Soc	ccer	Association	Insurer A: Na	11991				
	9401 General Drive, S				Insurer B: Mu	71412				
	Plymouth, MI 48170	Juice	120	,	Insurer C:		•	, , , , , ,		
	Trymouth, Wir 40170				Insurer D:					
					Insurer E:					
					Insurer F:					
СО	VERAGES CE	RTII	FICA	TE NUMBER: 150113		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 PEF H PO	IREME RTAIN, DLICIES	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 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 COMMERCIAL GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	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 5663300	9/1/2015	9/1/2016	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						(Caracas)			
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
	X EXCESS LIAB CLAIMS-MADE				,, ,, _ , _ ,	,, ,, _, _ , _ ,	AGGREGATE	\$5,000,000		
	DEDUCTIBLE						7.00.112	12,722,722		
	RETENTION \$ WORKERS COMPENSATION						WC STATU- OTH- TORY LIMITS ER			
	AND EMPLOYERS' LIABILITY Y/N						E. L. EACH ACCIDENT			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E. L. DISEASE - EA EMPLOYEE			
	If yes, describe under						E. L. DISEASE - POLICY LIMIT			
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
DESC	 CRIPTION OF OPERATIONS / LOCATIONS / VE	HICI F	S (Attacl	h ACORD 101. Additional Remarks S	chedule, if more space	is required)	<u> </u>			
Thi	s certificate is issued on behalf o litional Insured as respects the op-	f Mio	chiga	n State Youth Soccer Ass	sociation & Mi	chigan Youth S		te Holder is		
CE	RTIFICATE HOLDER				CANCELLA	TION				
46	TY OF WAYNE PARKS A 35 HOWE RD. ayne, MI 48184	AND	) RE	C DEPARTMENT	THE EXPIRATION	OF THE ABOVE I ON DATE THEREO ICY PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE DINACCORDANCE		
					AUTHORIZED REPF	RESENTATIVE	Ot & Puel	_		



DATE (MM/DD/YYYY) 8/26/2015

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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in lieu of such endorsement(s).		u					
PRODUCER Pullen Insurance Se	ervic	ces.	Inc.	CONTACT NAME:	Sports Divis	ion	
2560 River Park Pl				PHONE: (8	17) 738-6100	FAX: (817) 738-29	93
Fort Worth, TX 76		~ ~		E-MAIL ADDRESS:	contact@pul	llenins.com	
	110			PRODUCER CUSTO	OMER ID#: MI		
				INSURERS AF	FORDING COVE	RAGE	NAIC #
INSURED Michigan State Youth	Soc	ccer	Association	Insurer A: Na	tional Casualty	Company	11991
9401 General Drive, S				Insurer B: M	utual of Omaha	l	71412
Plymouth, MI 48170			•	Insurer C:			
				Insurer D:			
				Insurer E:			
				Insurer F:			
COVERAGES CE	RTII	FIC/	<b>ATE NUMBER:</b> 150119	83	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	REQUI Y PER CH PO	IREM RTAIN 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 CLAII	DOCUMENT WITH RESPECT DESCRIPTION OF THE DESCRIPTION OF THE PROPERTY OF THE PR	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	UNLIMITED
GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000
X EXCESS LIAB CLAIMS-MADE			71110 3003 100	7/1/2013	7/1/2010	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	
B PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016	2. 2. 3.02.7.02	\$100,000
			51201	7,1,2010	7,1,2010		,,
DESCRIPTION OF OPERATIONS / LOCATIONS / VE	HICLES	S (Atta	ch ACORD 101, Additional Remarks S	chedule, if more space	e is required)	I	
This certificate is issued on behalf o	f Mic	chiga	an State Youth Soccer As	sociation & Mi	chigan Youth S		e Holder is
Additional Insured as respects the op-	perat	ions	of the Named Insured for	sanctioned act	tivities of the st	ate 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

Satik Rulling



DATE (MM/DD/YYYY) 8/26/2015

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in lie	u of such endorsement(s).		,				
PROD	Pullen Insurance S	ervices.	Inc.	CONTACT NAME:	Sports Divis	ion	
	2560 River Park P	,		PHONE: (81	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 Yout	h Soccer	Association	Insurer A: Na	tional Casualty	Company	11991
	9401 General Drive,			Insurer B: Mu	utual of Omaha		71412
	Plymouth, MI 48170			Insurer C:			
	,			Insurer D:			
				Insurer E:			
				Insurer F:			
CO	/ERAGES C	ERTIFIC/	ATE NUMBER: 1501198	37	R	<b>EVISION NUMBER:</b>	0
INDIC CERT	IS TO CERTIFY THAT THE POLIC CATED. NOTWITHSTANDING ANY FIFICATE MAY BE ISSUED OR MA LUSIONS AND CONDITIONS OF SU	REQUIREM Y PERTAIN	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	OF ANY CONTR ED BY THE POI	ACT OR OTHER LICIES DESCRIB	DOCUMENT WITH RESPI ED HEREIN IS SUBJECT	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	3
Α	GENERAL LIABILITY	X	KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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 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	
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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
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 Dull



DATE (MM/DD/YYYY) 8/26/2015

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	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 th	e certificate holder		
PROI	Pullen Insurance Se	rvices	Inc	CONTACT NAME:	Sports Divis	sion			
	2560 River Park Pla			PHONE: (8	17) 738-6100	FAX: (817) 738-29	993		
	Fort Worth, TX 761	,	iiie 300	E-MAIL ADDRESS: contact@pullenins.com					
	Toft Worth, 12t 701	110		PRODUCER CUSTOMER ID#: MI					
				INSURERS AF	FORDING COVI	ERAGE	NAIC #		
INSU	RED Michigan State Vouth	Sagar	or Association		ntional Casualt		11991		
	Michigan State 1 Outil				utual of Omaha		71412		
	9401 General Drive, S	suite i	20		utuai 01 Oilialla	1	/1412		
	Plymouth, MI 48170			Insurer C:					
				Insurer D:					
				Insurer E:					
~~	VEDAGES OF	DTIFIC	NATE NUMBER - 150106	Insurer F:		SEVICION NUMBER			
			CATE NUMBER: 150126			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	EQUIRE PERTA H POLIC	MENT, TERM OR CONDITION IN, THE INSURANCE AFFORD IES. 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 SUB INSRD WV	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A	GENERAL LIABILITY	X	KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR					MED EXP (Any one person)	\$5,000		
						PERSONAL & ADV INJURY	\$1,000,000		
						GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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		SR2014MI-P-053256	9/1/2015	9/1/2016	2.2.3.02.102 . 02.0 . 2	\$100,000		
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEI	HICLES (At	tach 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 op	f Michi	gan State Youth Soccer Ass	sociation & Mi	chigan Youth	Soccer League. Certifica tate association.	te Holder is		
CE	RTIFICATE HOLDER			CANCELLA	TION				
45	ERC Building 5 E Scripps Rd. ke Orion, MI 48360			THE EXPIRATION		DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE			
				AUTHORIZED REP	RESENTATIVE	Patik Dull_	-		



DATE (MM/DD/YYYY) 8/26/2015

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).		u	,						
PROI	Pullen Insurance Se	rvic	es,	Inc.	CONTACT NAME: Sports Division					
	2560 River Park Pla	aza,	Sui	te 300	PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 762	116			E-MAIL ADDRESS: contact@pullenins.com					
					PRODUCER CUSTO	OMER ID#: MI				
					INSURERS AF	FORDING COVI	ERAGE	NAIC #		
INSU	Michigan State Youth	Soc	ccer	Association	Insurer A: Na	tional Casualt	y Company	11991		
	9401 General Drive, S				Insurer B: Mu	utual of Omaha	a	71412		
	Plymouth, MI 48170				Insurer C:					
	,				Insurer D:					
					Insurer E:					
					Insurer F:					
CO	VERAGES CE	RTI	FICA	ATE NUMBER: 1501304	42	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	EQUI PEF H PO	REM 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 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	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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)			
	<del></del>						(Per accident)			
	X NON-OWNED AUTOS									
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	FACIL OCCUPPENCE	\$5,000,000		
A	X EXCESS LIAB CLAIMS-MADE			AKO 3003400	9/1/2013	9/1/2010	EACH OCCURRENCE	\$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			
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000		
Ъ	PARTICIPANT ACCIDENT MEDICAL			3K2014MI-F-033230	9/1/2013	9/1/2010		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)	1			
	s certificate is issued on behalf of						Soccer League. Certifica	te Holder is		
	ditional Insured as respects the op-									
CF	RTIFICATE HOLDER				CANCELLA	TION				
					CANCELLA	IION				
42	nerokee Elementary 900 Rivergate Drive inton 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 REP	RESENTATIVE	0 0			
							Vatik Cueli-	_		



DATE (MM/DD/YYYY) 8/26/2015

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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 lieu of such endorsement(s).	olicies	s may	require an endorsement.	A statement on	this certificate	does not confer rights to the	ne certificate holder		
PRODUCER Pullen Insurance Se	rvic	es l	Inc	CONTACT NAME:	Sports Divis	sion			
2560 River Park Pl				PHONE: (8	317) 738-6100	FAX: (817) 738-2	993		
Fort Worth, TX 76		Dun	200	E-MAIL ADDRESS: contact@pullenins.com					
1 010 11 11 70	110			PRODUCER CUST	OMER ID#: MI				
				INSURERS A	NAIC #				
INSURED Michigan State Youth	Soc	ccer	Association	Insurer A: N	ational Casualt	y Company	11991		
9401 General Drive, S					Iutual of Omah		71412		
Plymouth, MI 48170		- 1-		Insurer C:					
				Insurer D:					
				Insurer E:					
				Insurer F:					
COVERAGES CE	RTIF	FICA	TE NUMBER: 150131	33	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	REME RTAIN 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 OTHEF DLICIES DESCRIE ED BY PAID CLAI	R DOCUMENT WITH RESPE BED 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
						PERSONAL & ADV INJURY	\$1,000,000		
						GENERAL AGGREGATE	UNLIMITED		
GEN'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 5663300	9/1/2015	9/1/2016	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 simes heres									
A UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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 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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
This certificate is issued on behalf o Holder is Additional Insured as resp	f Mic	chiga	n State Youth Soccer As	sociation & M	ICHIGAN YO				
CERTIFICATE HOLDER				CANCELLA	MOITA				
CENTRAL MIDDLE SCHOOL				JANOLLLA	11011				
305 REARDON STREET MIDLAND, MI 48442	JL			THE EXPIRAT	OF THE ABOVE ION DATE THEREC LICY PROVISIONS	DESCRIBED POLICIES BE CA DF, NOTICE WILL BE DELIVER! S.	ANCELLED BEFORE ED IN ACCORDANCE		
				AUTHORIZED REPRESENTATIVE 0					

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DATE (MM/DD/YYYY) 8/26/2015

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in li	eu of such endorsement(s).		a	, . oquiro un enuorsement.				S Solumonte Holder	
PROI	Pullen Insurance Se	ervic	es,	Inc.	CONTACT NAME: Sports Division				
	2560 River Park Pla	aza,	Sui	te 300	PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76	116			E-MAIL ADDRESS: contact@pullenins.com				
	,				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, S				Insurer B: Mu	itual of Omaha	1	71412	
	Plymouth, MI 48170	Juite	. 12	O	Insurer C:				
	Trymoden, wir 10170				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTII	FIC/	ATE NUMBER: 150136	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 POL E BEEN REDUCE	ACT OR OTHER LICIES DESCRIB D 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		
Α	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016	2.2.3.02.402 . 02.0.1 2	\$100,000	
Thi	cription of operations/locations/ve s certificate is issued on behalf o ditional Insured as respects the op	f Mic	higa	an State Youth Soccer Ass	sociation & Mi	d-Michigan Yo		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 PF, NOTICE WILL BE DELIVERE	NCELLED BEFORE D IN ACCORDANCE		
					AUTHORIZED REPR	RESENTATIVE	Patik Dulle	_	



DATE (MM/DD/YYYY) 8/26/2015

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	eu of such endorsement(s).	Olicie	S IIIa	y require an endorsement.	A Statement on	inis certificate c	loes not comer rights to th	le certificate floider	
PRO	Pullen Insurance S	ervio	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				
	1 010 11 01011, 111 7 0				PRODUCER CUSTO	MER ID#: MI			
					INSURERS AF	FORDING COVE	ERAGE	NAIC #	
INSU	Michigan State Youtl	2 500	COT	Association	Insurer A: Na	tional Casualty	v Company	11991	
	9401 General Drive,					itual of Omaha		71412	
	Plymouth, MI 48170	Suite	12	O	Insurer C:	atual of Official		71112	
	Flymoum, MI 48170				Insurer D:				
					Insurer E:				
					Insurer F:				
	VERAGES CE	DTI		ATE NUMBER: 150138	1		REVISION NUMBER:	0	
THIS IND CER EXC	S IS TO CERTIFY THAT THE POLICI ICATED. NOTWITHSTANDING ANY RTIFICATE MAY BE ISSUED OR MA LUSIONS AND CONDITIONS OF SU	ES OF REQUI Y PEF CH PO	INS IREM RTAIN LICIE	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 ACT OR OTHER LICIES DESCRIB D BY PAID CLAI	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT TO	HE POLICY PERIOD	
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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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	N1/2					E. L. EACH ACCIDENT		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E. L. DISEASE - EA EMPLOYEE		
	If yes, describe under						E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016	2. 2. 3.027.02	\$100,000	
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VI	HICLES	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	of Mio	chiga	an State Youth Soccer Ass	sociation & Mi	d-Michigan Yo		tificate Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
Co 41	Corunna High School 417 E King St. Corunna, MI 48817				SHOULD ANY THE EXPIRATION	OF THE ABOVE I	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE		
					AUTHORIZED REPP	RESENTATIVE	Patik Pull	-	



DATE (MM/DD/YYYY) 8/26/2015

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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: Mutual of Omaha	71412				
	Plymouth, MI 48170	Insurer C:					
	•	Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 1501383	18 REVISION NUMBER: (	)				
INDICATED	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	OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPEC	T TO WHICH THIS				
$\cup$ LIXIIIIU/	TIE MAT DE 1990ED ON MAT FERTAIN. THE INSURANCE AFFORD	LD DI THE FULICIES DESCRIBED HENEIN IS SUBJECT TO	ALL HIL TENNO.				

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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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	
	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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
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 Satikbull

CANCELL ATION

CERTIFICATE HOLDER



DATE (MM/DD/YYYY) 8/26/2015

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	require an endorsement.	A statement on t	this certificate o	loes not confer rights to th	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.	,	Dun	300	E-MAIL ADDRESS: contact@pullenins.com				
	Toft Worth, 12 70.	110			PRODUCER CUSTOMER ID#: MI				
					INSURERS AF	NAIC #			
INSU	IRED M: -1-: C4-4- X/41-	C		A!-4!	1			11991	
	Michigan State 1 Outil					<u>tional Casualty</u> ıtual of Omaha			
	9401 General Drive, S	suite	120	)		71412			
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:	_		_	
				TE NUMBER: 1501399			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	REME TAIN, LICIES	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		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016	2. 2. 3.62.1.62 1 62.61 2	\$100,000	
_	THETENTAL TREEDERY MEDICIE			511201 1111 1 055250	<i>y</i> , 1, 2015	<i>7,1,2010</i>		+,	
Thi	CRIPTION OF OPERATIONS/LOCATIONS/VE s certificate is issued on behalf o lder is Additional Insured as resp	f Mic	chiga	n State Youth Soccer Ass	sociation & MI	CHIGAN YOU	UTH SOCCER LEAGUE es of the state association.	E. Certificate	
<u> </u>	DTIEICATE HOLDED				CANCELLA	TION			
	RTIFICATE HOLDER	· · ·	QT	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	CANCELLA	HUN			
23	HATFIELD ELEMENTAR 1 LAKE DRIVE APEER, MI 48446	Y SO	CHC	OOL	THE EXPIRATION		DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE		
					AUTHORIZED REPRESENTATIVE Jatik Pull				



DATE (MM/DD/YYYY) 8/26/2015

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.	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 Division				
	2560 River Park Pl				PHONE: (81	17) 738-6100	FAX: (817) 738-2	993	
	Fort Worth, TX 76	,	Sui	iic 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 Voyal	· Co	0001	Aggariation	<del>                                     </del>	tional Casualty		11991	
	Michigan State 1 Outi					utual of Omaha		71412	
	9401 General Drive, S	Sulu	e 12	U		ituai 01 Oilialia	1	/1412	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
$\Box$	VERAGES CE	DTI	EIC.	ATE NUMBER: 150141	Insurer F:		REVISION NUMBER:	0	
THIS IND CEF	S IS TO CERTIFY THAT THE POLICI CATED. NOTWITHSTANDING ANY F STIFICATE MAY BE ISSUED OR MA LUSIONS AND CONDITIONS OF SUG	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 INSUITACT OR OTHER	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		SUBR WVD		POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X	WVD	KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
11	X COMMERCIAL GENERAL LIABILITY	1		1110 3003300	)/ 1/2013	7/1/2010	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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016	'	\$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	f Mi	chig	an State Youth Soccer Ass	sociation & Mi	chigan Youth	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	ate association.		
CE	RTIFICATE HOLDER				CANCELLA	TION			
88	TY OF LAPEER OPTIMIS 0 SAGINAW ST. APEER, MI 48446	ST S	SOC	CER FIELDS	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 Jatik Pull				



DATE (MM/DD/YYYY) 8/26/2015

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 certain policy ieu 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	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	ic 500	E-MAIL ADDRESS: contact@pullenins.com					
	Tort Worth, 124 70	110			PRODUCER CUSTOMER ID#: MI					
					INSURERS AF	FORDING COVE	RAGE	NAIC #		
INSU	JRED Michigan State Vouth	· Co		Association		tional Casualty		11991		
	whenigan state 1 out					utual of Omaha		71412		
	9401 General Drive, S	Suite	e 12	U		utuai oi Oilialia	<u>l</u>	/1412		
	Plymouth, MI 48170				Insurer C:					
					Insurer D:					
					Insurer E:					
					Insurer F:	_		_		
				ATE NUMBER: 1501419			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	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 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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					E. L. DISEASE - EA EMPLOYEE			
	(Mandatory in NH) If yes, describe under						E. L. DISEASE - POLICY LIMIT			
В	DARTICIDANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000		
Д	PARTICIPANT ACCIDENT MEDICAL			SK2014MI-P-035230	9/1/2013	9/1/2010		\$100,000		
	CRIPTION OF OPERATIONS / LOCATIONS / VE						Control Control	4- H-1d'-		
	is certificate is issued on behalf of ditional Insured as respects the of							te Holder is		
CF	RTIFICATE HOLDER				CANCELLA	TION				
	TY OF LAPEER AUDUB	ONT	DΛΙ	OK.						
32	11 OF LAFEER AUDUB 25 PARKWAY ST. APEER, MI 48446	ON	ΓAI	XX	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 Satisfull					



DATE (MM/DD/YYYY) 8/26/2015

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and conditions of the policy, certain plin lieu of such endorsement(s).	s an AL olicies	may require an endorsement.	A statement on	endorsed. If SUI this certificate o	BROGATION IS WAIVED, S loes not confer rights to th	ne certificate holder	
PRODUCER Pullen Insurance So	rvice	e Inc	CONTACT NAME: Sports Division				
2560 River Park Pl			PHONE: (81	17) 738-6100	FAX: (817) 738-2	.993	
Fort Worth, TX 76		June 300	E-MAIL ADDRESS:	contact@pu	` ′		
1 oft worth, 121 70	110		PRODUCER CUSTO	OMER ID#: MI			
			INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSURED Michigan State Youth	Soco	cer Association	Insurer A: Na	ational Casualty	Company	11991	
9401 General Drive,				utual of Omaha		71412	
Plymouth, MI 48170	34110	120	Insurer C:				
			Insurer D:				
			Insurer E:				
			Insurer F:				
COVERAGES CE	RTIF	ICATE NUMBER: 150150	85	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	REQUIR Y PERT CH POL	EMENT, TERM OR CONDITION TAIN, THE INSURANCE AFFORD ICIES. 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 ED HEREIN IS SUBJECT T	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
CLAIMS MADE X OCCUR					MED EXP (Any one person)	\$5,000	
					PERSONAL & ADV INJURY	\$1,000,000	
					GENERAL AGGREGATE	UNLIMITED	
GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
X EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$5,000,000	
DEDUCTIBLE						. ,	
RETENTION \$							

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

SR2014MI-P-053256

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.

9/1/2015

9/1/2016

CERTIFICATE HOLDER	CANCELLATION
Clintonwood Park- Independence Township Parks and Recreation 6000 Clarkston 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.
Clarkston, MI 48348	AUTHORIZED REPRESENTATIVE Satisfull—

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) 8/26/2015

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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	s ma	y require an endorsement.	A statement on	this certificate of	does not confer rights to the	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	iic 300	E-MAIL ADDRESS:	contact@pu				
	101t Worth, 12t 70	110			PRODUCER CUSTO					
					INSURERS AF	FORDING COVI	ERAGE	NAIC #		
INSU	Michigan State Youth	So	CCEI	· Association		tional Casualt		11991		
	9401 General Drive, S					utual of Omaha		71412		
	Plymouth, MI 48170	Juit	0 12	O	Insurer C:					
	Trymouth, wir 10170				Insurer D:					
					Insurer E:					
					Insurer F:					
СО	VERAGES CE	RTI	FIC	ATE NUMBER: 150150		F	REVISION NUMBER:	0		
IND CEF EXC	S IS TO CERTIFY THAT THE POLICI ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY LUSIONS 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 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 INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
11	X EXCESS LIAB CLAIMS-MADE			7110 3003400	7/1/2013	7/1/2010	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			SR2014MI-P-053256	9/1/2015	9/1/2016	2. 2. 3.32.162 1 32.01 2	\$100,000		
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	chigan Youth		te Holder is		
	RTIFICATE HOLDER				CANCELLA	TION				
Clarkston Community Schools -Springfield Plains Elementary 8650 Holcomb Rd Clarkston, MI 48348					THE EXPIRATION WITH THE POL	ON DATE THEREC	0 0	NCELLED BEFORE D IN ACCORDANCE		
					AUTHORIZED REPRESENTATIVE Vatilbull					

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DATE (MM/DD/YYYY) 8/26/2015

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: Mutual of Omaha	71412							
	Plymouth, MI 48170	Insurer C:								
	,	Insurer D:								
		Insurer E:								
		Insurer F:								
COVER	AGES CERTIFICATE NUMBER: 1501623	REVISION NUMBER: 0	)							
INDICATED 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 DERTIFICATE 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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)	
							(refaccident)	
	X NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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 Dull			



DATE (MM/DD/YYYY) 8/26/2015

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 person 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 Plaza, Suite 300					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				
						FORDING COVE	FRAGE	NAIC #	
INSU	RED Minhings Chata Vandl			. A association	1	tional Casualty		11991	
"1001	Michigan State 1 out					utual of Omaha		71412	
	9401 General Drive, S	Suite	e 12	20		utuai oi Oinana	1	/1412	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
				A== 1000== 1001=	Insurer F:				
				ATE NUMBER: 150167			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	IREM RTAII DLICII	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 JED HEREIN IS SUBJECT T	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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		
	HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
		-						<b>*</b> * * * * * * * * * * * * * * * * * *	
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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)	14// (					E. L. DISEASE - EA EMPLOYEE		
	If yes, describe under						E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
DESC	CRIPTION 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.		
CFI	RTIFICATE HOLDER				CANCELLA	TION			
	vinton Middle School				JANOLLLA				
		1	_		SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA	NCELLED BEFORE	
	tn: Birmingham Public Sch	1001	8		THE EXPIRATION	ON DATE THEREO LICY PROVISIONS	F, NOTICE WILL BE DELIVERE	D IN ACCORDANCE	
I .	0 W. Merril						<del>-</del>		
Bii	rmingham, MI 48009				AUTHORIZED REPI	RESENTATIVE	$\bigcap$		
					Till felle				



DATE (MM/DD/YYYY) 8/26/2015

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and co	RIANT: If the certificate holder is onditions of the policy, certain p i of such endorsement(s).	s an A olicie	s ma	y require an endorsement.	A statement on	this certificate of	BROGATION IS WAIVED, s loes not confer rights to the	ne certificate holder
PRODU	Pullen Insurance S	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 CUST	OMER ID#: MI		_
					INSURERS AF	FORDING COVE	ERAGE	NAIC #
INSURE	Michigan State Youth	h Soo	ccer	Association	Insurer A: N	ational Casualty	/ Company	11991
	9401 Ğeneral Drive,	Suite	12	0	Insurer B: M	utual of Omaha	l	71412
	Plymouth, MI 48170				Insurer C:			
	•				Insurer D:			
					Insurer E:			
					Insurer F:			
COV	ERAGES CE	ERTII	FICA	ATE NUMBER: 150169	60	F	REVISION NUMBER:	0
INDIC/ CERTI	S TO CERTIFY THAT THE POLICI ATED. NOTWITHSTANDING ANY I 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 CONTI	RACT OR OTHER LICIES 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	
AG	ENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	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	UTOMOBILE LIABILITY  ANY AUTO			KRO 5663300	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
l	-						BODILY INJURY (Per person)	

					1	IVILD LXI (Ally one person)	φε,σσσ
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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		SR2014MI-P-053256	9/1/2015	9/1/2016		\$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 Jatik Pull



DATE (MM/DD/YYYY) 8/26/2015

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	eu of such endorsement(s).	olicies m	ay require an endorsement.	A statement on	tnis certificate o	ioes not conter rights to th	e certificate noider	
PROI	Pullen Insurance Se	ervices	Inc	CONTACT NAME:	Sports Divis	sion		
	2560 River Park Pla			PHONE: (817) 738-6100 FAX: (817) 738-2993  E-MAIL ADDRESS: contact@pullenins.com				
	Fort Worth, TX 76.	,	ite 300					
	ron worm, 1A /0.	110		PRODUCER CUSTO				
					FORDING COVI	EDACE	NAIC #	
INSU	IDED A STATE OF TAXAL							
INSU	Michigan State 1 Outil				tional Casualty		11991	
	9401 General Drive, S	Suite 12	20		utual of Omaha	<u>1</u>	71412	
	Plymouth, MI 48170			Insurer C:				
				Insurer D:				
				Insurer E:				
				Insurer F:				
CO	VERAGES CE	RTIFIC	ATE NUMBER: 151166	55	F	REVISION NUMBER:	0	
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAN LUSIONS AND CONDITIONS OF SUC	REQUIREN PERTAI H POLICI	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 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 SUBI	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X	KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR					MED EXP (Any one person)	\$5,000	
						PERSONAL & ADV INJURY	\$1,000,000	
						GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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		SR2014MI-P-053256	9/1/2015	9/1/2016	E. E. BIOLAGE T GEIGT ENVIT	\$100,000	
D	TARTICITARY ACCIDENT MEDICAL		51(2014)111 033230	7/1/2013	7/1/2010		<b>\$100,000</b>	
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLES (Att	ach ACORD 101, Additional Remarks S	L Schedule, if more space	is required)			
	s certificate is issued on behalf or					Soccer League. Certifica	te Holder is	
	ditional Insured as respects the op-							
	•							
CE	RTIFICATE HOLDER			CANCELLA	TION			
		1		CANCELLA	TION			
90	narter Township of Independ North Main Street arkston, MI 48347	dence		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	RESENTATIVE	0 0		
				AUTHORIZED REPRESENTATIVE Satisfully				



DATE (MM/DD/YYYY) 8/26/2015

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	cu or such chaorsement(s).									
PRO	Pullen Insurance Se	rvi	ces,	Inc.	CONTACT NAME:	Sports Divis				
	2560 River Park Pla	aza,	Sui	te 300	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	NAIC #				
INSU	Michigan State Youth	So	ccer	Association	Insurer A: National Casualty Company 11991					
	9401 General Drive, S					utual of Omaha		71412		
	Plymouth, MI 48170	uiu	12	O	Insurer C:					
	1 1ymouth, 1411 401 / 0				Insurer D:					
					Insurer E:					
					Insurer F:					
	VERAGES CE	PTI	FIC	ATE NUMBER: 151166			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 SUCI	S OF EQU PEF 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 INSUITANCE OR OTHER LICIES DESCRIBED BY PAID CLAIR	RED NAMED ABOVE FOR TO DOCUMENT WITH RESPE ED 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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			XKO 5663400	0/1/2015	9/1/2016		\$5,000,000		
A	X EXCESS LIAB CLAIMS-MADE			AKU 3003400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
	DEDUCTIBLE CEANWISTWADE						AGGREGATE	\$3,000,000		
	RETENTION \$									
							WC STATU- OTH- TORY LIMITS ER			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N									
	OFFICER/MEMBER EXCLUDED?	N/A					E. L. EACH ACCIDENT			
	(Mandatory in NH)  If yes, describe under						E. L. DISEASE - EA EMPLOYEE			
D				CD2014MI D 052257	0/1/2015	0/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000		
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
	CRIPTION OF OPERATIONS / LOCATIONS / VEH		,	·		. ,				
Ado	s certificate is issued on behalf of ditional Insured as respects the op				sanctioned act	ivities of the st		te Holder is		
CE	RTIFICATE HOLDER				CANCELLA	TION				
Fr	narter Township of Orion iendship Park 25 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.					

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Orion, MI 48359



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	I conditions of the policy, certain policy certain policy ieu 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	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	<b>10</b> 500	E-MAIL ADDRESS: contact@pullenins.com					
	1 of t worth, 121 70	110			PRODUCER CUSTO					
					INSURERS AFFORDING COVERAGE NAIC #					
INSU	Michigan State Youth	So	0001	Association	Insurer A: National Casualty Company 11991					
	9401 General Drive, S					utual of Omaha		71412		
	Plymouth, MI 48170	Suiu	5 12	U	Insurer C:	atual of Offiana	<u> </u>	/1412		
	Plymoum, MI 48170									
					Insurer D:					
					Insurer E:					
	VED 4 0 E 0	- D-T-I		ATE MUMBER 151166	Insurer F:		EVIOLONI NUMBER			
				ATE NUMBER: 151166			REVISION NUMBER:			
IND CEF EXC	S IS TO CERTIFY THAT THE POLICII ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY CLUSIONS 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 EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
	X EXCESS LIAB CLAIMS-MADE				27 -1 - 2 - 2		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			
D				CD201 D C D C C C C	0/1/2017	0/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000		
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
	CRIPTION OF OPERATIONS / LOCATIONS / VE is 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	ate association.			
CF	RTIFICATE HOLDER				CANCELLA	TION				
Cł At 47	nesterfield Township/Pollar ttn: Recreation Department- 275 Sugarbush				SHOULD ANY THE EXPIRATION	OF THE ABOVE I	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE			
Cł	nesterfield, MI 48051				AUTHORIZED REPR	RESENTATIVE	Patik Dull	-		



DATE (MM/DD/YYYY) 8/26/2015

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	conditions of the policy, certain po ou 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 noider	
PROD	Pullen Insurance Se	rvio	200	Inc	CONTACT NAME:	Sports Divis	sion		
	2560 River Park Pla				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 762		Sui	ic 500	E-MAIL ADDRESS:	contact@pu			
	Fort Worth, TA 70.			PRODUCER CUSTO					
					INSURERS AF	FORDING COVI	FRAGE	NAIC #	
INSU	RED Michigan State Vouth	Sa	222	Association	Insurer A: National Casualty Company 11991				
	Michigan State 1 Outil					utual of Omaha	<del></del>	71412	
	9401 General Drive, S	ounc	3 1 2	U					
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
$\Box$	VERAGES CE	DTI	EIC/	ATE NUMBER: 151166	Insurer F:		REVISION NUMBER:	0	
THIS INDI CER EXC	IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY R TIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUC	S OF EQU PEF H 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 T R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT T	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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)		
	NON-OWNED AUTOS								
Α	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VE	HIC! F	S (Atto	ch ACORD 101 Additional Remarks S	chedule if more space	is required)			
l	s certificate is issued on behalf or		,				Soccer League. Certifica	te Holder is	
Add	litional Insured as respects the op-	erat	ions	of the Named Insured for	sanctioned act	ivities of the st	tate association.		
CF	RTIFICATE HOLDER			CANCELLA	TION				
	y of Birmingham-Poppleto	n D	orlz		I	11014			
	30 East Lincoln	11 1	aik		SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA	NCELLED BEFORE	
						ICY PROVISIONS	OF, NOTICE WILL BE DELIVERE i.	IN ACCORDANCE	
DII	rmingham, MI 48009								
					AUTHORIZED REPR	RESENTATIVE	$\Omega$ . $\Omega$ .		
						,	Satikbull	-	



DATE (MM/DD/YYYY) 8/26/2015

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	eu of such endorsement(s).	oncies	may require an endorsement	. A statement on	uns ceruncate o	ioes not confer 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 76	,		E-MAIL ADDRESS:	contact@pu	llenins.com		
	Tore worth, 111 / o.	110		PRODUCER CUSTOMER ID#: MI				
				INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSU	Michigan State Youth	Soci	car Association				11991	
	9401 General Drive, S			Insurer A: National Casualty Company 11991 Insurer B: Mutual of Omaha 71412				
	Plymouth, MI 48170	Suite	120	Insurer C:				
	Flymoun, Mi 48170			Insurer D:				
				Insurer E:				
				Insurer F:				
	VERAGES CE	DTIE	ICATE NUMBER: 15116			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	ES OF REQUIR PERT CH POL	INSURANCE LISTED BELOW H REMENT, TERM OR CONDITION FAIN, THE INSURANCE AFFOR ICIES. LIMITS SHOWN MAY HA	AVE BEEN ISSUE N OF ANY CONTF DED BY THE PO VE BEEN REDUCE	ED TO THE INSU RACT OR OTHEF 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 S	BUBR POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X	KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR					MED EXP (Any one person)	\$5,000	
						PERSONAL & ADV INJURY	\$1,000,000	
						GENERAL AGGREGATE	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 5663300	9/1/2015	9/1/2016	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 X NON-OWNED AUTOS					(Per accident)		
	X NON-OWNED AUTOS							
Α	UMBRELLA LIAB X OCCUR		XKO 5663400	9/1/2015	9/1/2016	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		SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
Thi Add	CRIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf or ditional Insured as respects the op	f Micl	higan State Youth Soccer A	ssociation & Mi r sanctioned act	ichigan Youth Stivities of the st	Soccer League. Certifica ate association.	te Holder is	
	RTIFICATE HOLDER			CANCELLA	TION			
90	ty of Grosse Pointe Farms Kerby Road cosse Pointe Farms, MI 482	36		THE EXPIRATI	OF THE ABOVE I ON DATE THEREC LICY PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE DINACCORDANCE	
				AUTHORIZED REP	RESENTATIVE	Patik Dull	_	



DATE (MM/DD/YYYY) 8/26/2015

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111) 11	eu oi	such endorsement(s).								
PRO	DUCER	runen msurance se				CONTACT NAME:	Sports Divis			
		2560 River Park Pl	aza,	Sui	te 300	PHONE: (8)	17) 738-6100	FAX: (817) 738-2	1993	
		Fort Worth, TX 76				E-MAIL ADDRESS:	contact@pul	llenins.com		
		,				PRODUCER CUSTO	OMER ID#: MI			
						INSURERS AFFORDING COVERAGE NAIC #				
INSL	IRED	Michigan State Youth	ı So	ccer	Association	Insurer A: National Casualty Company 11991				
		9401 General Drive, S				Insurer B: Mutual of Omaha 71412				
		Plymouth, MI 48170			•	Insurer C:				
		11/11/00/01, 1/11 1/01/0				Insurer D:				
						Insurer E:				
						Insurer F:				
CC	VER	AGES CE	RTI	FIC	ATE NUMBER: 1511666		F	REVISION NUMBER:	0	
THI: IND CEF EXC	S IS T ICATE RTIFIC CLUSIO	O CERTIFY THAT THE POLICIED. NOTWITHSTANDING ANY F ATE MAY BE ISSUED OR MAY DNS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREM RTAIN OLICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAVI	OF ANY CONTR DED BY THE POI E BEEN REDUCE	D TO THE INSUITACT OR OTHER LICIES DESCRIBED BY PAID CLAIR	RED NAMED ABOVE FOR T DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	THE POLICY PERIOD ECT 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		RAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X	OMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	Щl	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
	Щ-							PERSONAL & ADV INJURY	\$1,000,000	
	Ш-							GENERAL AGGREGATE	UNLIMITED	
	GEN'L	AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000	
	Р	OLICY PROJECT LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000	
A	$\vdash$	MOBILE LIABILITY NY AUTO			KRO 5663300	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	$\vdash$	LL OWNED AUTOS						BODILY INJURY (Per person)		
	$\vdash$	CHEDULED AUTOS						BODILY INJURY (Per accident)		
	$\vdash$	IRED AUTOS						PROPERTY DAMAGE (Per accident)		
	++	ON-OWNED AUTOS						(i di doldoni)		
		ON OWNED NOTED								
A	Hu	MBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
Α.	-	XCESS LIAB CLAIMS-MADE			AKO 3003400	9/1/2013	9/1/2010		\$5,000,000	
	<del></del>	EDUCTIBLE	1					AGGREGATE	ψ3,000,000	
	$\vdash$	ETENTION \$								
	-	·	+					WC STATU- TORY LIMITS OTH- ER		
	AND	KERS COMPENSATION EMPLOYERS' LIABILITY Y/N						TORY LIMITS ER  E. L. EACH ACCIDENT		
	OFFICI	ROPRIETOR/PARTNER/EXECUTIVE ER/MEMBER EXCLUDED?	N/A							
	Ι,	atory in NH) describe under						E. L. DISEASE - EA EMPLOYEE		
D	+ -				CD2014MLD 052256	9/1/2015	9/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000	
В	PAK	FICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2013	9/1/2010		\$100,000	
DES	PIDTI	ON OF OPERATIONS / LOCATIONS / VE		S (Atto	ch ACOPD 101 Additional Pomarks Sc	chadula if mara space	is roquirod)			
l .		tificate is issued on behalf o						Soccer League Certifica	ate Holder is	
Ad	dition	al Insured as respects the or	perat	ions	of the Named Insured for	sanctioned act	ivities of the st	ate association.	ite Holder is	
			1							
	DTIT	TOATE HOLDED				CANCELLA	TION			
		FICATE HOLDER				CANCELLA	IION			
		Rochester Hills				SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA	ANCELLED BEFORE	
l		Rochester Hills Drive				THE EXPIRATION	ON DATE THEREO	F, NOTICE WILL BE DELIVERE	ED IN ACCORDANCE	
Ro	oche	ster Hills, MI 48309				WITH THE POL	ICT FROVISIONS	•		



DATE (MM/DD/YYYY) 8/26/2015

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PROD	Pullen Insurance Se	ervic	es,	Inc.	CONTACT NAME:	Sports Divis				
	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 CUSTOMER ID#: MI					
					PRODUCER CUSTO					
					INSURERS AF	FORDING COVE	ERAGE	NAIC #		
INSUR	Michigan State Youth	Soc	cer	Association	Insurer A: Na	y Company	11991			
	9401 General Drive, S	Suite	12	0	Insurer B: M	utual of Omaha	l	71412		
	Plymouth, MI 48170				Insurer C:					
					Insurer D:					
					Insurer E:					
					Insurer F:					
				ATE NUMBER: 151166			REVISION NUMBER:			
INDIC CER EXCL	IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY F IFICATE MAY BE ISSUED OR MA' 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 CLAII	R DOCUMENT WITH RESPE 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	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	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 5663300	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
	ALL OWNED AUTOS						BODILY INJURY (Per person)			
Ī	SCHEDULED AUTOS						BODILY INJURY (Per accident)			
	X HIRED AUTOS						PROPERTY DAMAGE (Per accident)			
	X NON-OWNED AUTOS									
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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  AND EMPLOYERS' LIABILITY  AND EMPLOYERS' LIABILITY  AND EMPLOYERS' LIABILITY	N/A					E. L. EACH ACCIDENT			
- 1	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	19/7					E. L. DISEASE - EA EMPLOYEE			
	If yes, describe under						E. L. DISEASE - POLICY LIMIT			
	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
_										

CERTIFICATE HOLDER	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 Satikbull



DATE (MM/DD/YYYY) 8/26/2015

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in li	eu of such endorsement(s).		o ma	, . oquiro un enuoracinent.				o Joi inicate Holder	
PROI	Pullen Insurance Se	ervio	es,	Inc.	CONTACT NAME:	Sports Divis			
	2560 River Park Plant	aza,	Sui	te 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 AFFORDING COVERAGE NAIC #				
INSU	RED Michigan State Youth	Soc	ccer	Association	Insurer A: National Casualty Company 11991				
	9401 General Drive, S				Insurer B: Mutual of Omaha 71412				
	Plymouth, MI 48170	Juice	. 12	O	Insurer C:				
	Trymoden, wir 10170				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTII	FIC.	ATE NUMBER: 151166		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 Y PEF CH PO	REM RTAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	OF ANY CONTR DED BY THE POL E BEEN REDUCE	ACT OR OTHER LICIES DESCRIE D 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 WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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	<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			SR2014MI-P-053256	9/1/2015	9/1/2016	2.2.3.62.162 . 62.6 . 2	\$100,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLES	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 op-							te Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
38	City of Sterling Heights 38901 Dodge Park Road Sterling Heights, MI 48312				THE EXPIRATION	OF THE ABOVE I DN DATE THEREC ICY PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE D IN ACCORDANCE	
					AUTHORIZED REPR	RESENTATIVE	Patik Pull	_	



DATE (MM/DD/YYYY) 8/26/2015

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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 peu 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	
PRO	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				E-MAIL ADDRESS:	contact@pul	llenins.com		
	1 010 11 01011, 111 70				PRODUCER CUSTO	OMER ID#: MI			
					INSURERS AFFORDING COVERAGE NAIC #				
INSU	RED Michigan State Youth	ı So	ccer	Association	Insurer A: Na	11991			
	9401 General Drive,				Insurer B: M	71412			
	Plymouth, MI 48170	Juit			Insurer C:				
	11,1110 0011, 1/11 101 / 0				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	ERTI	FIC	ATE NUMBER: 151166	63	F	REVISION NUMBER:	0	
IND	S IS TO CERTIFY THAT THE POLICI CATED. NOTWITHSTANDING ANY I TIFICATE MAY BE ISSUED OR MA LUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IIREM RTAIN OLICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAV	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	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
Α	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 ACTOS								
A	UMBRELLA LIAB X OCCUR	+		XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
11	X EXCESS LIAB CLAIMS-MADE			7KO 3003400	7/1/2013	7/1/2010	AGGREGATE	\$5,000,000	
	DEDUCTIBLE	-					AGGREGATE	Ψ2,000,000	
	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					E. L. DISEASE - EA EMPLOYEE		
	(Mandatory in NH) If yes, describe under						E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016	E. E. DIOLAGE - I GLIGIT LIWITI	\$100,000	
					7, -, -, -,	, , , , , , , , , , , , , , , , , , ,		. ,	
Thi	RIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf of litional Insured as respects the o	of Mi	chiga	an State Youth Soccer Ass	sociation & Mi	chigan Youth S		ate Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
	ry of Troy (Raintree Park) tention: Parks & Rec				SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	ANCELLED BEFORE	
	West Big Beaver Pond				WITH THE POI	ICY PROVISIONS	•		

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Troy, MI 48084



DATE (MM/DD/YYYY) 8/26/2015

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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 t	this certificate o	loes not confer rights to th	e certificate holder		
PROI	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	ic 300	E-MAIL ADDRESS:	contact@pu				
	FOR WORLD, 1A /0	110			PRODUCER CUSTOMER ID#: MI					
								NAIC #		
					INSURERS AFFORDING COVERAGE NAIC #					
INSU	RED Michigan State Youth	ı So	ccer	Association	Insurer A: Na	tional Casualty	y Company	11991		
	9401 General Drive, S	Suit	e 12	0	Insurer B: Mu	utual of Omaha	ı	71412		
	Plymouth, MI 48170				Insurer C:					
	<b>5</b>				Insurer D:					
					Insurer E:					
					Insurer F:					
	VERAGES CE	DTI	EIC/	ATE NUMBER: 151166			REVISION NUMBER:	0		
THIS INDI CER EXC	S IS TO CERTIFY THAT THE POLICI ICATED. NOTWITHSTANDING ANY F ITIFICATE 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 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 LACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPE JED 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & 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 5663300	9/1/2015	9/1/2016	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						,			
	A									
Λ.	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016		\$5,000,000		
A	$\vdash$			AKU 3003400	9/1/2013	9/1/2010	EACH OCCURRENCE			
	71	-					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			SR2014MI-P-053256	9/1/2015	9/1/2016	'	\$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 Certifica	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				
					JANGLELA	11014		1		
60	arkston Community School 93 Flemings Lake Road arkston, MI 48346	IS			THE EXPIRATION		DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE			
					AUTHORIZED REPR	RESENTATIVE	0 0			
							Vatik Pull	-		



DATE (MM/DD/YYYY) 8/26/2015

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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 S	ervi	ces,	Inc.	CONTACT NAME:	Sports Divis	ion	
	2560 River Park Pl				PHONE: (8	17) 738-6100	FAX: (817) 738-	2993
	Fort Worth, TX 76				E-MAIL ADDRESS:	contact@pu	llenins.com	
	, , , , , , , , , , , , , , , , , , , ,				PRODUCER CUSTO	OMER ID#: MI		
					INSURERS AFFORDING COVERAGE NAIC #			
INSU	Michigan State Youtl	1 So	ccei	· Association	Insurer A: Na	11991		
	9401 General Drive,	Snit	e 12	0		utual of Omaha		71412
	Plymouth, MI 48170	Juit	0 12		Insurer C:			
	1 1y 1110 atii, 1v11 +01 70				Insurer D:			
					Insurer E:			
					Insurer F:			
CO	VERAGES CE	RTI	FIC	ATE NUMBER: 151166		F	REVISION NUMBER:	0
THIS IND CER EXC	S IS TO CERTIFY THAT THE POLICI CATED. NOTWITHSTANDING ANY I ITIFICATE 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 CONTF DED BY THE PO E BEEN REDUCE	D TO THE INSUI RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	RED NAMED ABOVE FOR DOCUMENT WITH RESP ED HEREIN IS SUBJECT MS.	THE POLICY PERIOD ECT TO WHICH THIS TO ALL THE TERMS,
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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	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 5663300	9/1/2015	9/1/2016	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 ci dooldciit)	
	A NON-OWNED ACTOS							
A	UMBRELLA LIAB X OCCUR	+		XKO 5663400	9/1/2015	9/1/2016	EAGU GOOURDENOE	\$5,000,000
A	X EXCESS LIAB CLAIMS-MADE			AKO 3003400	9/1/2013	9/1/2010	EACH OCCURRENCE	\$5,000,000
	DEDUCTIBLE 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	
D		+	1	SD2014MI D 052257	0/1/2015	9/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2010		\$100,000
Thi	REPITION OF OPERATIONS / LOCATIONS / VI S certificate is issued on behalf of ditional Insured as respects the of	of Mi	chig	an State Youth Soccer Ass	sociation & Mi	chigan Youth		ate Holder is
CE	RTIFICATE HOLDER				CANCELLA	TION		
Cl 65	arkston Middle School 95 Middle Lake Road arkston, MI 48346				SHOULD ANY THE EXPIRATION	OF THE ABOVE I	DESCRIBED POLICIES BE C F, NOTICE WILL BE DELIVER	ANCELLED BEFORE
	,				AUTHORIZED REP	RESENTATIVE	<u> </u>	

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DATE (MM/DD/YYYY) 8/26/2015

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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 th	e certificate holder	
PRO	Pullen Insurance Se	rvi	200	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@pu			
	Toft Worth, TA 70.			PRODUCER CUSTO					
					INSURERS AF	FORDING COVI	FRAGE	NAIC #	
INSU	IRED Michigan State Voyeth	C <sub>0</sub>		Association	Insurer A: National Casualty Company 11991				
	Michigan State 1 Outil								
	9401 General Drive, S	Sulte	3 12	U		/1412			
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
	VEDACES OF	DTI		ATE NUMBER, 151160	Insurer F:		DEVICION NUMBER.	0	
				ATE NUMBER: 1511683			REVISION NUMBER:		
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	OF ANY CONTR DED BY THE POI E BEEN REDUCE	ACT OR OTHER LICIES DESCRIB D 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL 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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
DEC	COURTION OF ODERATIONS (1.00ATIONS (1.75		C (A	ACODD 404 Additional Date 1 - C	abadula if	in an accionate			
I	cription of operations / locations / ve s certificate is issued on behalf o		,				outh Soccar Langua Car	tificate Holder is	
	ditional Insured as respects the op-							uncate moider is	
1 100	artional insured as respects the of	orac	10115	of the funica moured for	surretioned act	ivides of the st	ate association.		
	RTIFICATE HOLDER				CANCELLA	TION			
14	armen Ainsworth Jr. High S 09 W. Maple Ave. int , MI 48507	cho	ol		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) 8/26/2015

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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 o	loes not confer rights to th	e certificate holder		
	Pullen Insurance Se	ervi	es	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@pu	llenins.com			
	1 of t worth, 121 70	110			PRODUCER CUSTO					
					INSURERS AF	FORDING COVI	ERAGE	NAIC #		
INSU	Michigan State Youth	So	2221	Association		tional Casualty		11991		
	9401 General Drive, S					utual of Omaha		71412		
		Suiu	: 12	U	Insurer C:	utuai oi Oilialia	1	/1712		
	Plymouth, MI 48170				Insurer D:					
					Insurer E:					
	VEDACES CE	DTI	FIC	ATE MILIMPED. 1511(0	Insurer F:		DEVICION NUMBER.	0		
				ATE NUMBER: 151168			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 LICIE	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 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016	2. 2. 2.02. 02. 02. 02. 02. 02. 02. 02.	\$100,000		
	DIDTION OF ODERATIONS (1.004TICHS (1.77	1110: 5		- AOODD 404 Addition 1.5	National Market					
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		
CE	RTIFICATE HOLDER				CANCELLA	TION				
Cli 14	io Youth Sports Complex 45 W Hurd Rd io, 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 REP	RESENTATIVE	$\Omega$ $=$ $:$ $:$ $:$ $:$ $:$ $:$ $:$ $:$ $:$ $:$			
						_	Vatile Gueli-	-		



DATE (MM/DD/YYYY) 8/26/2015

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 NA					
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991				
	9401 General Drive, Suite 120	Insurer B: Mutual of Omaha	71412				
	Plymouth, MI 48170	Insurer C:					
	•	Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 15116	841 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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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 Gates Elementry 2359 Irish Rd. Davison Davison, 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 REPRESENTATIVE Satik Pull			



DATE (MM/DD/YYYY) 8/26/2015

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   in 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	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			110 300					
ron worm, 12 /0	)110			PRODUCER CUSTO				
					FORDING COVI	FRAGE	NAIC #	
INSURED Michigan State Vout	1. C -						11991	
Michigan State 1 out					ational Casualty			
9401 General Drive,		e 12	20		utual of Omaha	l	71412	
Plymouth, MI 48170				Insurer C:			_	
				Insurer D:				
				Insurer E:				
				Insurer F:				
COVERAGES C	ERTI	FIC	ATE NUMBER: 150171	00	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 Y PE CH PC	IIREM 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 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 GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
						PERSONAL & ADV INJURY	\$1,000,000	
						GENERAL AGGREGATE	UNLIMITED	
GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
X EXCESS LIAB CLAIMS-MADE			7110 3003 100	7/1/2013	7/1/2010	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		
			GD20141 FLD 052254	0/1/2015	0/1/2016	E. L. DISEASE - POLICY LIMIT	¢100 000	
B PARTICIPANT ACCIDENT MEDICAL	-		SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
This certificate is issued on behalf Additional Insured as respects the	of Mi	chig	an State Youth Soccer As	sociation & Mi	chigan Youth		te Holder is	
CERTIFICATE HOLDER				CANCELLA	TION			
CREASEY BICENTENNIA 1505 E GRAND BLANC RO GRAND BLANC, MI 48439	<u>C</u>	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 REPI	RESENTATIVE	Patik Pull	-	

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DATE (MM/DD/YYYY) 8/26/2015

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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 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: Mutual of Omaha	71412					
	Plymouth, MI 48170	Insurer C:						
	•	Insurer D:						
		Insurer E:						
		Insurer F:						
COVER	AGES CERTIFICATE NUMBER: 1501813	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 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,								

INSR 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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)	
	71						(Per accident)	
	X NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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



DATE (MM/DD/YYYY) 8/26/2015

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in nea or such chaorsement(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				
		Insurer B: Mutual of Omaha	71412				
	,	Insurer C:					
	· · · · · · · · · · · · · · · · · · ·	Insurer D:					
		Insurer E:					
		Insurer F:					
COVERA	AGES CERTIFICATE NUMBER: 1501813	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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			
Crissman Elementary 53550 Wolf Drive Shelby Township, MI 48316	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFOR THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANG WITH THE POLICY PROVISIONS.			
	AUTHORIZED REPRESENTATIVE Satisfull-			



DATE (MM/DD/YYYY) 8/26/2015

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iii iica oi	saon 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: Mutual of Omaha	71412			
	Plymouth, MI 48170	Insurer C:				
	<b>,</b> ,	Insurer D:				
		Insurer E:				
		Insurer F:				
<b>COVER</b>	AGES CERTIFICATE NUMBER: 150205	REVISION NUMBER: (	)			
THIS IS TO	O 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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)	
	71						(Per accident)	
	X NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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
CIVIC CENTER PARK (CLINTON TWP) 40700 ROMEO PLANK 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 Satikalil



DATE (MM/DD/YYYY) 8/26/2015

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 live of conference (c).

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: Mutual of Omaha	71412				
	Plymouth, MI 48170	Insurer C:					
	•	Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 1502276	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 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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
Creek Center & Banquet Sports Complex 72025 North Ave Armanda, MI 48005	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) 8/26/2015

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 th	e certificate holder		
PROI	Pullen Insurance S	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	.tc 300	E-MAIL ADDRESS: contact@pullenins.com					
	Fort Worth, 12 70	110			PRODUCER CUSTOMER ID#: MI					
					INSURERS AF	FORDING COVI	FRAGE	NAIC #		
INSU	RED Mishimor Ctata Variati			A a a a a i a ti a a	1	tional Casualty		11991		
	Michigan State 1 out	1 20	ccei	Association		•		71412		
	9401 General Drive,	Suit	e 12	0		utual of Omaha	1	/1412		
	Plymouth, MI 48170				Insurer C:					
					Insurer D:					
					Insurer E:					
					Insurer F:			_		
				ATE NUMBER: 150228			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 T	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 RESPE SED 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
	X EXCESS LIAB CLAIMS-MADE			11120 0000 100	7,1,2010	7/1/2010	AGGREGATE	\$5,000,000		
	DEDUCTIBLE	1					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			
D				CD2014MI D 052256	0/1/2015	0/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000		
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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	f Mi	chiga	an State Youth Soccer As	sociation & Mi	d-Michigan Yo		tificate Holder is		
CE	RTIFICATE HOLDER				CANCELLA	TION				
Davison Middle School 600 Dayton St Davison, MI 48423					SHOULD ANY THE EXPIRATION	OF THE ABOVE I	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE			
					AUTHORIZED REPI	RESENTATIVE	$\bigcap$			
							Vatik beli	_		



DATE (MM/DD/YYYY) 8/26/2015

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	require an endorsement.	A statement on t	this certificate o	loes not confer rights to th	e certificate holder	
PROI	Pullen Insurance Se	ervic	es I	nc	CONTACT NAME: Sports Division				
	2560 River Park Pla				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76.	,	Suit	C 300	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:	1			11991	
	Michigan State 1 Outil					tional Casualty		//-	
	9401 General Drive, S	Suite	120	)		utual of Omaha	ı	71412	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:	_		_	
CO	VERAGES CE	RTIF	FICA	TE NUMBER: 1502422	29	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	EQUII PER H POI	REME RTAIN, LICIES	NT, 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 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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	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			SR2014MI-P-053256	9/1/2015	9/1/2016	2. 2. 3.02.102 1 02.01 2	\$100,000	
	DUDTION OF ODERATIONS (LOCATIONS (LV			40000 404 A Hiii - I D - I - O					
	cription of operations / locations / ve s certificate is issued on behalf o						Socon Loogue Contifica	to Holdonia	
	ditional Insured as respects the op-							te notuel is	
riac	ditional insured as respects the of	Crati	ions c	of the rannea mourea for	sanctioned act	ivides of the st	ate association.		
	RTIFICATE HOLDER				CANCELLA	TION			
43	narter Township of Oakland 93 Collins Road ochester, MI 48306	/Ma	rshv	iew Park	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 Jatik Pull				



DATE (MM/DD/YYYY) 8/26/2015

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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		~ ~~		E-MAIL ADDRESS: contact@pullenins.com				
Tore worth, 111 70	110			PRODUCER CUSTOMER ID#: MI				
				INSURERS AFFORDING COVERAGE			NAIC #	
INSURED Michigan State Youth	So	cer	Association	Insurer A: N	ational Casualty	v Company	11991	
9401 General Drive, S	Snite	12	1 1330C1at1011		Iutual of Omaha		71412	
Plymouth, MI 48170	Juin	. 12	O	Insurer C:		•	, , , , , ,	
Trymouth, Wir 40170				Insurer D:				
				Insurer E:				
				Insurer F:				
COVERAGES CE	RTI	FIC/	ATE NUMBER: 150012	-	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 PEF CH 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 CLAII	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 LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
						PERSONAL & ADV INJURY	\$1,000,000	
						GENERAL AGGREGATE	UNLIMITED	
GEN'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 5663300	9/1/2015	9/1/2016	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			XXX 0 # 6 6 0 4 0 0	0.44.004.5	0/4/2045		Φ5 000 000	
A UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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		
			CD2014MI D 052256	9/1/2015	9/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000	
B PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2013	9/1/2016		\$100,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VE	LUICI E	C (A#0	ah ACORD 101 Additional Remarks C	shadula if mara anas	ao io roquirod)			
This certificate is issued on behalf of Additional Insured as respects the o	f Mi	chiga	an State Youth Soccer Ass	sociation & M	ichigan Youth S	Soccer League. Certificate association.	te Holder is	
CERTIFICATE HOLDER				CANCELLA	ATION			
				CANCELLA	-110IN			
Detroit Country Day School 22305 W. 13 Mile 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.				

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22305 W. 13 Mile Rd. Beverly Hills, MI 48025



DATE (MM/DD/YYYY) 8/26/2015

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	conditions of the policy, certain policy, cert	oncie	s ma	y require an endorsement.	A statement on	this certificate (	does not confer rights to th	e certificate noider	
PRO	Pullen Insurance Se	ervic	es.	Inc.	CONTACT NAME: Sports Division				
	2560 River Park Pla				PHONE: (8	17) 738-6100	FAX: (817) 738-29	993	
	Fort Worth, TX 76	,	~ ~ ~		E-MAIL ADDRESS: contact@pullenins.com				
	Tore worth, 111 /o.	110			PRODUCER CUSTOMER ID#: MI				
					INSURERS AF	FORDING COV	ERAGE	NAIC #	
INSU	Michigan State Youth	Soc	Cer	Association	Insurer A: Na	11991			
	9401 General Drive, S					utual of Omaha		71412	
	Plymouth, MI 48170			•	Insurer C:				
	11/11/04/11, 1/11 101/0				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTII	FICA	ATE NUMBER: 1500110	03	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	REQUI Y PER CH PO	REM 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 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	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 5663300	9/1/2015	9/1/2016	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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
11	X EXCESS LIAB CLAIMS-MADE			71KO 3003400	)/1/2013	7/1/2010	AGGREGATE	\$5,000,000	
	DEDUCTIBLE	1					AGGILGATE	Ψ2,000,000	
	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					E. L. DISEASE - EA EMPLOYEE		
	(Mandatory in NH) If yes, describe under						E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016	Z. Z. DIOLAGE TOLIOT LIWIT	\$100,000	
Thi	CRIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf o ditional Insured as respects the op	f Mic	higa	an State Youth Soccer Ass	sociation & Mi	chigan Youth	Soccer League. Certifica tate association.	te Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
Fi 44	rst Baptist Church of Mt. Cl 000 North Avenue inton Township, MI 48036	leme	ens		SHOULD ANY THE EXPIRATI	OF THE ABOVE	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE D IN ACCORDANCE	



DATE (MM/DD/YYYY) 8/26/2015

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111 11	eu or such endorsement(s).									
PROI	Pullen Insurance Se	rvic	es,	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@pu	llenins.com			
	,				PRODUCER CUSTOMER ID#: MI					
					INSURERS AF	ERAGE	NAIC #			
INSU	Michigan State Youth	Soc	ccer	· Association	Insurer A: Na	11991				
	9401 General Drive, S				Insurer B: Mi	utual of Omaha	1	71412		
	Plymouth, MI 48170	, 0.110			Insurer C:					
	Trymouth, wir 10170				Insurer D:					
					Insurer E:					
					Insurer F:					
СО	VERAGES CE	RTII	FIC	ATE NUMBER: 150011	-	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	REM 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 CLAI	R DOCUMENT WITH RESPECT 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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 (Per accident)			
	X HIRED AUTOS X NON-OWNED AUTOS						(rei accident)			
Α	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
	X EXCESS LIAB CLAIMS-MADE			11120 0000 100	7,1,2010	), 1, <b>2</b> 010	AGGREGATE	\$5,000,000		
	DEDUCTIBLE						7.001.207.112	1- 4 4		
	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			SR2014MI-P-053256	9/1/2015	9/1/2016	E. E. BIOLAGE -1 OLIGI ENVIT	\$100,000		
Thi	 CRIPTION OF OPERATIONS / LOCATIONS / VE Is certificate is issued on behalf or litional Insured as respects the op	f Mio	chiga	an State Youth Soccer As	sociation & Mi	chigan Youth		te Holder is		
CE	RTIFICATE HOLDER				CANCELLA	TION				
Fli	ckenger Elementary 40 Vanker				SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE DINACCORDANCE		
	rling Heights MI 19210				WITH THE POL	LICY PROVISIONS				

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Sterling Heights, MI 48310



DATE (MM/DD/YYYY) 8/26/2015

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in li	eu of such endorsement(s).								
PRO	Pullen Insurance Se	ervice	s, Inc.	CONTACT NAME: Sports Division					
	2560 River Park Pla	aza, S	Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 762	116		E-MAIL ADDRESS: contact@pullenins.com					
	,			PRODUCER CUSTOMER ID#: MI					
				INSURERS AI	FFORDING COVI	ERAGE	NAIC #		
INSU	RED Michigan State Youth	Soco	er Association	Insurer A: N	ational Casualt	y Company	11991		
	9401 General Drive, S	Suite	120	Insurer B: M	Iutual of Omaha	1	71412		
	Plymouth, MI 48170			Insurer C:					
	11/11/04/11/101/0			Insurer D:					
				Insurer E:					
				Insurer F:					
СО	VERAGES CE	RTIFI	CATE NUMBER: 15001	_	F	REVISION NUMBER:	0		
IND CEF EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R ITIFICATE MAY BE ISSUED OR MAN LUSIONS AND CONDITIONS OF SUC	EQUIR PERT H POLI	EMENT, TERM OR CONDITIO AIN, THE INSURANCE AFFOR CIES. LIMITS SHOWN MAY HA	N OF ANY CONT RDED BY THE PO VE BEEN REDUC	RACT OR OTHEF DLICIES 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 SU	JBR IVD POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A	GENERAL LIABILITY	X	KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR					MED EXP (Any one person)	\$5,000		
						PERSONAL & ADV INJURY	\$1,000,000		
						GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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 oi dooldon)			
	A non-emile noise								
Α	UMBRELLA LIAB X OCCUR		XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
	X EXCESS LIAB CLAIMS-MADE		71110 3003 100	7/1/2015	7,1,2010	AGGREGATE	\$5,000,000		
	DEDUCTIBLE					, to ott 2 , to 1	, , , , , , , , , , , , , , , , , , , ,		
	RETENTION \$								
	WORKERS COMPENSATION					WC STATU- TORY LIMITS ER			
	AND EMPLOYERS' LIABILITY Y/N					E. L. EACH ACCIDENT			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E. L. DISEASE - EA EMPLOYEE			
	If yes, describe under					E. L. DISEASE - POLICY LIMIT			
В	PARTICIPANT ACCIDENT MEDICAL		SR2014MI-P-053256	9/1/2015	9/1/2016	2.2.3.627.62 . 62.6 . 2	\$100,000		
	CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLES (	 Attach ACORD 101, Additional Remarks	Schedule, if more space	ce is required)				
Thi	s certificate is issued on behalf o ditional Insured as respects the op-	f Mich	igan State Youth Soccer A	ssociation & M	ichigan Youth		nte Holder is		
CE	RTIFICATE HOLDER			CANCELLA	ATION				
33	aser Public Schools 466 Garfield aser, MI 48026			THE EXPIRAT	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 REF	PRESENTATIVE	Patik Pull	_		



DATE (MM/DD/YYYY) 8/26/2015

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	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 th	e certificate holder		
PROI	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					
						FORDING COVI	EDAGE	NAIC #		
INSU	DED 3.5'.1' G 37 .1							_		
INSU	Michigan State 1 out					tional Casualty		11991		
	9401 General Drive, S	Suit	e 12	0		utual of Omaha	1	71412		
	Plymouth, MI 48170				Insurer C:					
					Insurer D:					
					Insurer E:					
					Insurer F:					
<u>co</u>	VERAGES CE	RTI	FIC/	ATE NUMBER: 150011	06	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 DLICIE	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 CLAI	R DOCUMENT WITH RESPE SED 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
	X EXCESS LIAB CLAIMS-MADE				7, 2, 2, 2		AGGREGATE	\$5,000,000		
	DEDUCTIBLE	1					7.CONLONIE	1-99		
	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				CD2014MI D 052256	0/1/2015	9/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000		
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
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 ditional Insured as respects the o	f Mi	chig	an State Youth Soccer Ass	sociation & Mi	chigan Youth S		te Holder is		
CE	RTIFICATE HOLDER				CANCELLA	TION				
		T	`		CANCELLA	IION				
30	ntor Star Park (Volpe-Vito, 00 Auburn Road ica, MI 48317	Inc.	.)		THE EXPIRATION WITH THE POL	ON DATE THEREO LICY PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE DINACCORDANCE		
					AUTHORIZED REP	RESENTATIVE	Jatik Dulle	-		



DATE (MM/DD/YYYY) 8/26/2015

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PROI	Pullen Insurance Se	ervi	ces.	Inc.	CONTACT NAME: Sports Division					
	2560 River Park Pl				PHONE: (8)	(01.) 100 0100				
	Fort Worth, TX 76		E-MAIL ADDRESS:	contact@pul	llenins.com					
	,				PRODUCER CUSTO	OMER ID#: MI				
					INSURERS AF	FORDING COVE	RAGE		NAIC #	
INSU	RED Michigan State Youth	So	ccer	Association	Insurer A: Na	tional Casualty	Company Company		11991	
	9401 General Drive, S				Insurer B: M	utual of Omaha	l		71412	
	Plymouth, MI 48170				Insurer C:					
	•				Insurer D:					
					Insurer E:					
					Insurer F:					
CO	VERAGES CE	RTI	FIC/	ATE NUMBER: 150012	87	F	REVISION NU	MBER:	0	
CER EXC	S IS TO CERTIFY THAT THE POLICII CATED. NOTWITHSTANDING ANY R 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 AFFORI	OF ANY CONTR DED BY THE PO 'E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	DOCUMENT WITED 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE		\$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 LEGAL		\$1,000,000	
A	ANY AUTO			KRO 5663300	9/1/2015	9/1/2016	(Ea accident)	LIMIT	\$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 5663400	9/1/2015	9/1/2016	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 - POLI	ICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016			\$100,000	
Thi	CRIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf o litional Insured as respects the o	f Mi	chiga	an State Youth Soccer As	sociation & Mi	chigan Youth S			te Holder is	

CERTIFICATE HOLDER	CANCELLATION
Eagle Creek 3739 Kern Oakland Township, MI 48363	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) 8/26/2015

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	eu of such endorsement(s).	olicies	s ma	y require an endorsement. <i>I</i>	A statement on	inis certificate d	loes not confer rights to th	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  E-MAIL ADDRESS: contact@pullenins.com  PRODUCER CUSTOMER ID#: MI				
	Fort Worth, TX 761	,	Sui	10 300					
	Fort Worth, 1A 70	110							
						FORDING COVE	=RAGE	NAIC #	
INSU	IRED IM. 1. C X7 .1			A				11991	
11400	Michigan State 1 Outil					tional Casualty			
	9401 General Drive, S	Suite	12	0		utual of Omaha	1	71412	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:				
				ATE NUMBER: 1500144			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	REQUII / PER :H POL	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 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VEI						2		
	s certificate is issued on behalf or ditional Insured as respects the op							te Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
15	st China Stadium 85 Meisner Rd st China, MI 48054				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	Patik Dull_	-	



DATE (MM/DD/YYYY) 8/26/2015

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and conditions of the policy, certain print lieu of such endorsement(s).	olicie	s ma	ny require an endorsement.	A statement on this certificate does not confer rights to the 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  E-MAIL ADDRESS: contact@pullenins.com					
Fort Worth, TX 76		Du.	110 300						
Ton word, 12 /c	1110			PRODUCER CUSTO					
					FORDING COVI	FRAGE	NAIC #		
INSURED Michigan State Vout			A				11991		
Wilchigan State 1 Out					ational Casualty				
9401 General Drive,	Suit	e 12	20		utual of Omaha	1	71412		
Plymouth, MI 48170				Insurer C:					
				Insurer D:					
				Insurer E:					
				Insurer F:					
COVERAGES CI	ERTI	FIC	ATE NUMBER: 150035	60	F	REVISION NUMBER:	0		
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 RESPE SED HEREIN IS SUBJECT T	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
						PERSONAL & ADV INJURY	\$1,000,000		
						GENERAL AGGREGATE	UNLIMITED		
GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
X EXCESS LIAB CLAIMS-MADE			11110 0000 100	7, 1, 2010	77 17 2010	AGGREGATE	\$5,000,000		
DEDUCTIBLE	1					AGGILGATE	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)						E. L. DISEASE - EA EMPLOYEE			
If yes, describe under						E. L. DISEASE - POLICY LIMIT	****		
B PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / V		,							
This certificate is issued on behalf	of Mi	chig	an State Youth Soccer As	sociation & Mi	chigan Youth S	Soccer League. Certifica	ite Holder is		
Additional Insured as respects the o	perat	ions	of the Named Insured for	r sanctioned act	tivities of the st	tate association.			
CERTIFICATE HOLDER				CANCELLA	TION				
Fuhrman				J, J L L L A					
				SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA	NCELLED BEFORE		
Attn: Yvonne Curtis				THE EXPIRATION	ON DATE THEREC LICY PROVISIONS	OF, NOTICE WILL BE DELIVERE	:D IN ACCORDANCE		
5155 Fourteen Mile Road						•			
Sterling Heights, MI 48312				AUTHORIZED REPI	RESENTATIVE	0			
						Vatile Well	_		
				yall Chille-					



DATE (MM/DD/YYYY) 8/26/2015

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).	olicie	s ma	y require an endorsement.	A statement on this certificate does not confer rights to the certificate holder					
PRO	Pullen Insurance Se	273/1/	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 763		Sui	ie 300						
	Fort Worth, IA 70.	110			PRODUCER CUSTO		iioiiiiis.coiii			
						FORDING COVI	EDAGE	NAIC #		
INICII	JRED Michigan State Vouth									
IINOU	Michigan State 1 outil	So	ccer	Association		tional Casualty		11991		
	9401 General Drive, S	Suite	e 12	0		utual of Omaha	1	71412		
	Plymouth, MI 48170				Insurer C:					
					Insurer D:					
					Insurer E:					
					Insurer F:					
<u>co</u>	VERAGES CE	RTI	FIC	ATE NUMBER: 150035	61	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 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
<i>_</i>	X EXCESS LIAB CLAIMS-MADE			AKO 3003400	7/1/2013	7/1/2010	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			
	,.,				0/1/2017	0/1/2015	E. L. DISEASE - POLICY LIMIT	¢100.000		
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
DES	L 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 ditional Insured as respects the op							te Holder is		
CF	RTIFICATE HOLDER				CANCELLA	TION				
	elia Park				JANULLA					
At 34	tn: Yvonne Curtis 99 Eighteen Mile Road				THE EXPIRATION		DESCRIBED POLICIES BE CA PF, NOTICE WILL BE DELIVERE			
Sto	erling Heights, MI 48314				AUTHORIZED REPRESENTATIVE					



DATE (MM/DD/YYYY) 8/26/2015

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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	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: Mutual of Omaha	71412				
	Plymouth, MI 48170	Insurer C:					
		Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 1500416	54 REVISION NUMBER: (	)				
INDICATE! 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 AFFORD OR SUCH BOULDIES 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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)		
	71						(Per accident)		
	X NON-OWNED AUTOS								
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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 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 Satisfulli



DATE (MM/DD/YYYY) 8/26/2015

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

	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 th	ne certificate holder	
PRODUCER	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			= = =	E-MAIL ADDRESS:	contact@pu	llenins.com		
	1 010 ( , 01011, 111 / 0	110			PRODUCER CUSTOMER 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, S					utual of Omaha		71412	
	Plymouth, MI 48170	Juit			Insurer C:				
	11/11/04/11, 1/11 1/01/0				Insurer D:				
					Insurer E:				
					Insurer F:				
COVERA	AGES CE	RTI	FIC/	ATE NUMBER: 150042	47	F	REVISION NUMBER:	0	
INDICATED CERTIFICA EXCLUSION	CERTIFY THAT THE POLICII NOTWITHSTANDING ANY F TE MAY BE ISSUED OR MA' NS 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 CLAI	R DOCUMENT WITH RESPE LED HEREIN IS SUBJECT T	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		
A GENERA	AL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
X COM	MMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$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	LICY PROJECT LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000	
I * * ├──	OBILE LIABILITY  AUTO			KRO 5663300	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
l <del></del>							BODILY INJURY (Per person)		
l <del>-  </del>	OWNED AUTOS HEDULED AUTOS						BODILY INJURY (Per accident)		
l <del>-  </del>	ED AUTOS						PROPERTY DAMAGE (Per accident)		
<del>  </del>	N-OWNED AUTOS						(Fer accident)		
A	N-OWNED AUTOS								
A UME	BRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
	CESS LIAB CLAIMS-MADE				7, -, -, -,	***	AGGREGATE	\$5,000,000	
	DUCTIBLE						7.CONLONIE	1-99	
RET	TENTION \$								
WORKE	RS COMPENSATION						WC STATU- TORY LIMITS ER		
AND EM	IPLOYERS' LIABILITY Y/N						E. L. EACH ACCIDENT		
ANY PRO OFFICER/ (Mandato	PRIETOR/PARTNER/EXECUTIVE /MEMBER EXCLUDED?	N/A					E. L. DISEASE - EA EMPLOYEE		
I I '	scribe under						E. L. DISEASE - POLICY LIMIT		
B PARTIO	CIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
								. ,	
This certif	of operations/locations/versicate is issued on behalf of Insured as respects the o	of Mi	chiga	an State Youth Soccer As	sociation & Mi	chigan Youth		ate Holder is	
CERTIFI	CATE HOLDER				CANCELLA	TION			
					JANGLLEA	11014			
Attn: Y	CHINA PARK VONNE CURTIS				THE EXPIRATI	OF THE ABOVE I ON DATE THEREC LICY PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	ANCELLED BEFORE ED IN ACCORDANCE	

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701 RECOR ROAD EAST CHINA, MI 48054



DATE (MM/DD/YYYY) 8/26/2015

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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 11 01111 7 01110	PRODUCER CUSTOMER ID#: MI
	INSURERS AFFORDING COVERAGE NAIC #
Michigan State Youth Soccer Associated Michigan State Michigan State Michigan State Michigan State Michigan Michig	iation Insurer A: National Casualty Company 11991
9401 General Drive, Suite 120	Insurer B: Mutual of Omaha 71412
Plymouth, MI 48170	Insurer C:
<b>,</b>	Insurer D:
	Insurer E:
	Insurer F:
COVERAGES CERTIFICATE NI	IMBER: 15004259 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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	
	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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.



DATE (MM/DD/YYYY) 8/26/2015

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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: Mutual of Omaha	71412			
	*	Insurer C:				
	•	Insurer D:				
		Insurer E:				
		Insurer F:				
COVERA	AGES CERTIFICATE NUMBER: 1500443	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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

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.

AUTHORIZED REPRESENTATIVE

Satik Dieli\_\_\_



DATE (MM/DD/YYYY) 8/26/2015

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 policy, certain policy.  Output  Description:	s an <i>A</i> olicie	S ma	rional insured, the policy require an endorsement.	ey(ies) must be e A statement on t	endorsed. If SUI this certificate o	BROGATION IS WAIVED, s loes not confer rights to th	ne certificate holder	
PROD	Pullen Insurance Se	ervio	ces.	Inc	CONTACT NAME:	Sports Divis	ion		
	2560 River Park Pl		,		PHONE: (81	17) 738-6100	FAX: (817) 738-2	993	
	Fort Worth, TX 76	,	201		E-MAIL ADDRESS:	contact@pul	llenins.com		
	1 310 (1 31011, 111 7 3	110			PRODUCER CUSTO	OMER ID#: MI			
					INSURERS AF	NAIC #			
INSUF	Michigan State Youth	So	ccer	Association	Insurer A: Na	tional Casualty	Company	11991	
	9401 General Drive, S				Insurer B: Mu	utual of Omaha	ì	71412	
	Plymouth, MI 48170	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Insurer C:				
	11/11/04/01, 1/11 1/01/0				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTI	FIC/	ATE NUMBER: 150044	31	F	REVISION NUMBER:	0	
INDIO CER	IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY F TIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUC	REQU Y PEF	IREM RTAIN	ENT, TERM OR CONDITION  I, THE INSURANCE AFFORD	OF ANY CONTR DED BY THE POI	RACT OR OTHER LICIES DESCRIB	DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	THE POLICY PERIOD OF TO WHICH THIS OF 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
ĺ							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	ALL OWNED AUTOS						BODILY INJURY (Per person)		

PROPERTY DAMAGE HIRED AUTOS (Per accident) NON-OWNED AUTOS \$5,000,000 UMBRELLA LIAB X OCCUR XKO 5663400 9/1/2015 9/1/2016 EACH OCCURRENCE CLAIMS-MADE \$5,000,000 X EXCESS LIAB AGGREGATE DEDUCTIBLE RETENTION \$

9/1/2015 9/1/2016 SR2014MI-P-053256 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 & 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 LUTHERAN CHURCH Attn: YVONNE CURTIS 37635 DEQUINDRE RD TROY, MI 48083

SCHEDULED AUTOS

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

If yes, describe under

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

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

**BODILY INJURY (Per accident)** 

WC STATU-TORY LIMITS

E. L. EACH ACCIDENT

E. L. DISEASE - EA EMPLOYEE

E. L. DISEASE - POLICY LIMIT

\$100,000



DATE (MM/DD/YYYY) 8/26/2015

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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 N.	AIC#			
INSURED M	ichigan State Youth Soccer Association	Insurer A: National Casualty Company 11	1991			
		Insurer B: Mutual of Omaha 7	1412			
		Insurer C:				
•	•	Insurer D:				
		Insurer E:				
		Insurer F:				
COVEDAG	EQ CEPTIFICATE NUMBED: 1500473	22 DEVISION 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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 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	
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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

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.



DATE (MM/DD/YYYY) 8/26/2015

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and	ORTANT: If the certificate holder is conditions of the policy, certain po eu of such endorsement(s).	s an A olicie	ADDIT s ma	ΓΙΟΝΑL INSURED, the polic y require an endorsement.	cy(ies) must be e A statement on	endorsed. If SUI this certificate o	BROGATION IS WAIVED, s loes not confer rights to th	subject to the terms ne certificate holder		
PRODUCER Pullen Insurance Services, Inc.					CONTACT NAME: Sports Division					
2560 River Park Plaza, Suite 300					PHONE: (81	(0.17) = 0.000				
	Fort Worth, TX 76		Sui	.tc 300	E-MAIL ADDRESS:	contact@pu	<u> </u>			
	Toft Worth, 124 70	110			PRODUCER CUSTO					
						FORDING COVI	FRAGE	NAIC #		
INSU	RED Michigan State Vouth	· Co	222	Aggaigtion	+	tional Casualty		11991		
	Wildingan State Touti					utual of Omaha		71412		
	9401 General Drive, S	Sulu	2 12	U		utuai 01 Omana	1	/1412		
	Plymouth, MI 48170					Insurer C:				
					Insurer D:					
					Insurer E:					
	VEDACES OF	DTI		ATE NUMBER: 150040	Insurer F:		DEVICION NUMBER.			
				ATE NUMBER: 150049			REVISION NUMBER:			
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 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 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 LIABILITY  X COMMERCIAL GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE  DAMAGE TO RENTED PREMISES (Ea occurance)	\$1,000,000 \$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
	CZ mino min dZ [X] seesen							\$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		
_	AUTOMOBILE LIABILITY			VDO 5662200	0/1/2015	0/1/2016	PARTICIPANT LEGAL LIABILITY  COMBINED SINGLE LIMIT	\$1,000,000		
A	ANY AUTO			KRO 5663300	9/1/2015	9/1/2016	(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									
				*****	0.4.4204.7	0.4./204.4		Φ. σ. ο ο ο ο ο ο		
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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 ER			
	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	ch ACORD 101, Additional Remarks S	Schedule, if more space	is required)	<del>'</del>			
Thi	s certificate is issued on behalf o	f Mi	chiga	an State Youth Soccer As	sociation & Mi	d-Michigan Yo	outh Soccer League. Cer	tificate Holder is		
Ado	litional Insured as respects the o	perat	ions	of the Named Insured for	sanctioned act	ivities of the st	ate association.			
CERTIFICATE HOLDER					CANCELLA	TION				
					JANGELLA	11014				
Frankenmuth Varsity Soccer Field							DESCRIBED POLICIES BE CA			
	tn: Terry Horstman					ON DATE THEREC LICY PROVISIONS	F, NOTICE WILL BE DELIVERE	ED IN ACCORDANCE		
	941 E. Genessee									
Fra	ankenmuth, MI 48734				AUTHORIZED REP	RESENTATIVE	0			
						Satikbull-				

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DATE (MM/DD/YYYY) 8/26/2015

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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 pour of such endorsement(s).	olicies	ma	y require an endorsement.	A statement on	this certificate d	loes not confer rights to the	he certificate holder
PROD	Pullen Insurance Se	ervic	es.	Inc.	CONTACT NAME:	Sports Divis	ion	
	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 #
INSUF	RED Michigan State Youth	Soc	cer	Association	Insurer A: Na	tional Casualty	Company	11991
	9401 General Drive, S				Insurer B: M	utual of Omaha	ļ	71412
	Plymouth, MI 48170				Insurer C:			
	,				Insurer D:			
					Insurer E:			
					Insurer F:			
CO	VERAGES CE	RTIF	FICA	TE NUMBER: 150050'	79	R	REVISION NUMBER:	0
INDI(	IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY F TIFICATE MAY BE ISSUED OR MA' LUSIONS AND CONDITIONS OF SUC	REQUII Y PER CH POI	REMI TAIN LICIE	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 EXPIRATION DATE (MM/DD/YY)	LIMITS	
Α	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000

LTR	TITE OF INSURANCE	INSRD	WVD	POLICI NOMBER	DATE (MM/DD/YY)	DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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)	1,7,7					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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
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

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DATE (MM/DD/YYYY) 8/26/2015

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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 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: Mutual of Omaha	71412				
	Plymouth, MI 48170	Insurer C:					
		Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 1500508	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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
	1

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

Satik Dulle



DATE (MM/DD/YYYY) 8/26/2015

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).

Fort Wo	CEDTIFICATE NUMBER: 1500500	2	DEVIS	SION NUMBER.	0
Fort Wo		Insurer F:			
Fort Wo		Insurer E:			
Fort Wo		Insurer D:			
Fort Wo	i, MI 48170	Insurer C:			
Fort Wo		Insurer B: N	Autual of Omaha		71412
	State Youth Soccer Association	Insurer A: N	National Casualty Com	npany	11991
		INSURERS A	FFORDING COVERAGE	<b>=</b>	NAIC #
		PRODUCER CUS	TOMER ID#: MI		
2560 Ri		E-MAIL ADDRESS	contact@pullening	s.com	
	,	PHONE: (8	817) 738-6100	FAX: (817) 738-29	93
PRODUCER Pullen I	Insurance Services, Inc.	CONTACT NAME:	Sports Division		

COVERAGES CERTIFICATE NUMBER: 15005082

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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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	
	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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.

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

**CANCELLATION** 

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**CERTIFICATE HOLDER** 



DATE (MM/DD/YYYY) 8/26/2015

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 pole of such endorsement(s).									
PRO	Pullen Insurance Se	rvio	res	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@pu	` /			
	1 oft worth, 12 <b>t</b> 70	110			PRODUCER CUSTO					
					INSURERS AF	FORDING COVI	ERAGE	NAIC #		
INSU	RED Michigan State Vouth	So	2225	Association		tional Casualty		11991		
	Michigan State Youth 9401 General Drive, S	Suite	12	Association 0		utual of Omaha		71412		
	Plymouth, MI 48170				Insurer C:					
	<b>,</b>				Insurer D:					
					Insurer E:					
					Insurer F:					
CO	VERAGES CE	RTI	FIC/	<b>ATE NUMBER:</b> 1500509	99	F	REVISION NUMBER:	0		
IND CER EXC	S IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY R ITIFICATE MAY BE ISSUED OR MAY SUUSIONS AND CONDITIONS OF SUC	REQU / PEF :H PC	IREM RTAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORE S. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POL E BEEN REDUCE	ACT OR OTHER LICIES DESCRIB D BY PAID CLAI	R DOCUMENT WITH RESPE SED 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   COMMERCIAL GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE  DAMAGE TO RENTED PREMISES (Ea occurance)	\$1,000,000 \$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
	D S S S S S S S S S S S S S S S S S S S						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		
A	AUTOMOBILE LIABILITY			KRO 5663300	9/1/2015	9/1/2016	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 5663400	0/1/2015	0/1/2016		\$5,000,000		
A	H <del>H</del>			AKU 3003400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
	A -No-sec and	-					AGGREGATE	\$3,000,000		
	DEDUCTIBLE									
	RETENTION \$ WORKERS COMPENSATION						WC STATU- TORY LIMITS ER			
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EYECUTIVE	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VE	HICI 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 o	f Mi	chiga	an State Youth Soccer Ass	sociation & Mi	d-Michigan Yo	outh Soccer League. Cer ate association.	tificate Holder is		
CE	RTIFICATE HOLDER				CANCELLA	TION				
At 16	ewitt Township Community tn: Tom Curatti 101 Brook Rd. nsing, MI 48906	Ce	nter		THE EXPIRATION	ON DATE THEREO LICY PROVISIONS	0 0			
	-					<u>-</u>	Satistalle	-		



DATE (MM/DD/YYYY) 8/26/2015

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COVED	ACES CEDTIFICATE NUMBER: 1500529	1 DEVISION NUMBED: 0	1
		Insurer F:	
		Insurer E:	
		Insurer D:	
	Plymouth, MI 48170	Insurer C:	
	9401 General Drive, Suite 120	Insurer B: Mutual of Omaha	71412
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) 738-299	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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

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) 8/26/2015

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	such chacreomeni(c).						
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: Mutual of Omaha	71412				
	Plymouth, MI 48170	Insurer C:					
	•	Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 1500562	27 <b>REVISION NUMBER:</b> (	)				
THIS IS TO	O CERTIEV THAT THE DOLLCIES OF INSLIDANCE LISTED BELOW HA	VE DEEN ISSUED TO THE INSURED 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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 HOLDER	OANOLLLATION
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 Satikbull

CANCELL ATION

CEDTIEICATE HOLDED



DATE (MM/DD/YYYY) 8/26/2015

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in li	eu of such endorsement(s).	J.1016	J ma	, require an endorsement.	- Julienieni VII I			o osi tilloate lloidel
PROI	Pullen Insurance Se	ervic	es,	Inc.	CONTACT NAME: Sports Division			
	2560 River Park Pla	aza,	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 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				Insurer B: Mu	itual of Omaha	1	71412
	Plymouth, MI 48170	Juite	. 12	O	Insurer C:			
	Trymoden, wir 10170				Insurer D:			
					Insurer E:			
					Insurer F:			
CO	VERAGES CE	RTII	FIC/	ATE NUMBER: 150057	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 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016	E. E. BIOL/IGE TO GEO TEMM	\$100,000
Thi	cription of operations/locations/ve s certificate is issued on behalf o ditional Insured as respects the op	f Mic	higa	an State Youth Soccer Ass	sociation & Mi	d-Michigan Yo		tificate Holder is
CF	RTIFICATE HOLDER				CANCELLA	TION		
Ge At 11	enesee Christian School tn: Tom Curatti 14 Genesee Rd. arton, MI 48509			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
טע	11011, 1111 10507				AUTHORIZED REPRESENTATIVE			



DATE (MM/DD/YYYY) 8/26/2015

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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)

	conditions of the policy, certain po eu of such endorsement(s).	olicies	s may ı	require an endorsement.	A statement on t	this certificate d	loes not confer rights to th	e certificate holder	
PROI	Pullen Insurance Se	rvic	es Ir	nc	CONTACT NAME: Sports Division				
	2560 River Park Pla				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76.	,	Buite	300	E-MAIL ADDRESS: contact@pullenins.com				
	Toft Worth, 12 70.	110			PRODUCER CUSTOMER ID#: MI				
					INSURERS AF	NAIC #			
INSU	RED Mishings Chata Waysh	Cas						11991	
	Michigan State Touth			Association		tional Casualty		//-	
	9401 General Drive, S	suite	120			utual of Omaha		71412	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:	_		_	
				TE NUMBER: 1500660			REVISION NUMBER:		
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	REQUI / PER CH POI	REMEN RTAIN, LICIES.	NT, 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	F	KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000	
	POLICY PROJECT LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000	
A	AUTOMOBILE LIABILITY		F	KRO 5663300	9/1/2015	9/1/2016	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 ο	
A	UMBRELLA LIAB X OCCUR		1	XKO 5663400	9/1/2015	9/1/2016	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)	111/7					E. L. DISEASE - EA EMPLOYEE		
	If yes, describe under						E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL		S	SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
Thi	CRIPTION OF OPERATIONS/LOCATIONS/VE s certificate is issued on behalf o ditional Insured as respects the op	f Mic	chigan	State Youth Soccer Ass	sociation & Mi	d-Michigan Yo		tificate Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
Fa At 12	ith Tabernacle Baptist Chur tn: Tom Curatti 25 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.					
Bu	orton, MI 48503				AUTHORIZED REPRESENTATIVE				



DATE (MM/DD/YYYY) 8/26/2015

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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 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		
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	,	, Dui	300	E-MAIL ADDRESS: contact@pullenins.com					
	1 of t worth, 12t 70	110			PRODUCER CUSTOMER ID#: MI					
					INSURERS AF	FORDING COVE	ERAGE	NAIC #		
INSU	Michigan State Youth	So	0001	Association		11991				
	9401 General Drive, S	1 30 Suit	~ 12	ASSOCIATION		<u>ttional Casualty</u> utual of Omaha		71412		
	Plymouth, MI 48170	Suiu	E 12	U	Insurer C:	71412				
	Flyilloutii, Mii 46170				Insurer D:					
					Insurer E:					
	VERAGES CE	рті	FIC	ATE NUMBER: 150069	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 OI REQU Y PEI CH PC	F INS IIREM RTAIN DLICIE	URANCE LISTED BELOW HA ENT, TERM OR CONDITION I, THE INSURANCE AFFORE S. 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 CLAII	RED NAMED ABOVE FOR T DOCUMENT WITH RESPE 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			
				CDOOL OF DOCCOOL	0/1/2015	0/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000		
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	ch ACORD 101, Additional Remarks S	chedule, if more space	is required)	•			
Thi Add	s certificate is issued on behalf of ditional Insured as respects the o	f Mi perat	chiga tions	an State Youth Soccer As of the Named Insured for	sociation & Mi sanctioned act	chigan Youth Sivities of the st	Soccer League. Certifica ate association.	te Holder is		
CE	RTIFICATE HOLDER				CANCELLA	TION				
At 29	ancis A. Higgins Elementar tn: Yvonne Curtis 901 24 Mile Road nesterfield, MI 48051	y S	choo	ol	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
<b>_1</b>	10001				AUTHORIZED REPRESENTATIVE Satikbull					



DATE (MM/DD/YYYY) 8/26/2015

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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 o	loes not confer rights to th	e certificate holder	
PRODUCER Pullen Insurance So	arvio	200	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 #				
INSURED Michigan State Vouth	Co		. A association		tional Casualty		11991	
Michigan State Youth 9401 General Drive, S				Insurer B: Ma	71412			
Plymouth, MI 48170	Juin	14	U	Insurer C:	attati of Official	•	71112	
1 Tymoum, WH 48170				Insurer D:				
				Insurer E:				
				Insurer F:				
COVERAGES CE	RTI	FICA	ATE NUMBER: 150070		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	ES OF REQU Y PEF CH PO	INS IREM RTAIN LICIE	URANCE LISTED BELOW HA ENT, TERM OR CONDITION I, THE INSURANCE AFFORE 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 CLAII	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
X COMMERCIAL GENERAL LIABILITY  CLAIMS MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000 \$5,000	
CLAIMS MADE 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	
A AUTOMOBILE LIABILITY			KRO 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EAGU GOOLIDDENGE	\$5,000,000	
X EXCESS LIAB CLAIMS-MADE			AKO 3003400	9/1/2013	9/1/2010	EACH OCCURRENCE	\$5,000,000	
DEDUCTIBLE	1					AGGREGATE	ψ3,000,000	
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			SR2014MI-P-053256	9/1/2015	9/1/2016	E. E. BIOLAGE T GLIGT ENVILLE	\$100,000	
B TARTIEN AND A REDICAL			511201 IVII 1 033230	7/1/2013	7,1,2010		7-00,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VE This certificate is issued on behalf of Additional Insured as respects the of	f Mi	chiga	an State Youth Soccer As	sociation & Mi	chigan Youth S		te Holder is	
CERTIFICATE HOLDER				CANCELLA	TION			
				CANCELLA	IION			
Fire Station No. 2				SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA	NCELLED BEFORE	
Soccer Field(s)					ON DATE THEREO LICY PROVISIONS	F, NOTICE WILL BE DELIVERE	:D IN ACCORDANCE	
Attn: Yvonne Curtis 5600 Livernois								
JUUU LIVEIHUIS				AUTHORIZED REPI	RESENTATIVE	$\cap$		

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Troy, MI 48098

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 8/26/2015

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and conditions of the policy, certain in lieu of such endorsement(s).	oolicie	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	ces	Inc	CONTACT NAME: Sports Division					
2560 River Park F				PHONE: (817) 738-6100 FAX: (817) 738-2993  E-MAIL ADDRESS: contact@pullenins.com					
Fort Worth, TX 70			iic 300						
Tolt Worth, IX /	)110			PRODUCER CUSTOMER ID#: MI					
				INSURERS AF	NAIC #				
INSURED Michigan State Vout	1. C -				11991				
wiichigan State 1 Out					ational Casualty				
9401 General Drive,		e 12	20		utual of Omaha	l	71412		
Plymouth, MI 48170				Insurer C:					
				Insurer D:					
				Insurer E:					
			A== 111115== 1500=0	Insurer F:					
			ATE NUMBER: 150070			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 PC	IIREN 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 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 GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
						PERSONAL & ADV INJURY	\$1,000,000		
						GENERAL AGGREGATE	UNLIMITED		
GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
X EXCESS LIAB CLAIMS-MADE			11110 0000 100	7,1,2016	7,1,2010	AGGREGATE	\$5,000,000		
DEDUCTIBLE	┪					AGGREGATE	42,000,000		
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								
(Mandatory in NH)  If yes, describe under						E. L. DISEASE - EA EMPLOYEE			
D DARTICIDANT ACCIDENT MEDICA			CD2014MI D 052256	9/1/2015	9/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000		
B PARTICIPANT ACCIDENT MEDICA	-		SR2014MI-P-053256	9/1/2013	9/1/2010		\$100,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / \	/FLUIOL F	0 (0 4	A A A A A A A A A A A A A A A A A A A	Note a desta of an analysis and a	- ii				
This certificate is issued on behalf Additional Insured as respects the	of Mi	chig	an State Youth Soccer As	sociation & Mi	ichigan Youth	Soccer League. Certifica ate association.	te Holder is		
CERTIFICATE HOLDER				CANCELLA	TION				
Firefighter's Park Fields 1-9 Attn: Yvonne Curtis 1800 West Square Lake Roa	Firefighter's Park Fields 1-9					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					

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	onditions of the policy, certain p of such endorsement(s).	olicie	s ma	y require an endorsement.	À statement on	this certificate of	loes not confer rights to the	ne certificate holder	
PRODU	Pullen Insurance S	ervi	res	Inc	CONTACT NAME: Sports Division				
	2560 River Park Pl				PHONE: (8	17) 738-6100	FAX: (817) 738-2	993	
	Fort Worth, TX 76		Sui	ic 500	E-MAIL ADDRESS: contact@pullenins.com				
	Tort Worth, 121 70	,110			PRODUCER CUSTOMER ID#: MI				
					INSURERS AF	NAIC #			
INSURE	Michigan State Youtl	h So	ccer	Association		ational Casualty		11991	
	9401 General Drive,				Insurer B: M	71412			
	Plymouth, MI 48170	Suit	0 12	U	Insurer C:	<u> </u>	•	71112	
	1 1ymoum, wn 401 70				Insurer D:				
					Insurer E:				
					Insurer F:				
COV	ERAGES CE	FRTI	FIC	ATE NUMBER: 150119	-	F	REVISION NUMBER:	0	
THIS I INDIC CERT EXCL	S TO CERTIFY THAT THE POLICI ATED. NOTWITHSTANDING ANY I FICATE MAY BE ISSUED OR MA JSIONS 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 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	ENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	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	
A	UTOMOBILE LIABILITY  ANY AUTO			KRO 5663300	9/1/2015	9/1/2016	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)		
4	NON-OWNED AUTOS						(Fer accident)		
	NON-OWNED AUTOS								
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
y	CLAIMS-MADE						AGGREGATE	\$5,000,000	
	DEDUCTIBLE								
	RETENTION \$								
v	ORKERS COMPENSATION						WC STATU- OTH- TORY LIMITS ER		
	ND EMPLOYERS' LIABILITY NY PROPRIETOR/PARTNER/EXECUTIVE	NI/A					E. L. EACH ACCIDENT		
0	FFICER/MEMBER EXCLUDED?	N/A					E. L. DISEASE - EA EMPLOYEE		
If	yes, describe under						E. L. DISEASE - POLICY LIMIT		
ВР	ARTICIPANT ACCIDENT MEDICAL	_		SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
DESCR	IPTION OF OPERATIONS / LOCATIONS / VI	EHICLE	S (Atta	ch ACORD 101, Additional Remarks S	chedule, if more space	e is required)	•		
	certificate is issued on behalf or cional Insured as respects the o							te Holder is	
	TIFICATE HOLDER				CANCELLA	TION			
	RBY MIDDLE SCHOOL				SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA	NCELLED REFORE	
1	DERBY RD				THE EXPIRATI	ON DATE THEREO	F. NOTICE WILL BE DELIVERE	DINACCORDANCE	
BIR	MINGHAM, MI 48009				WITH THE POLICY PROVISIONS.				

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AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 8/26/2015

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).	oncles	may require an endorsement.	A statement on	uns ceruncate o	ioes not confer rights to th	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	,	Julie 300	E-MAIL ADDRESS: contact@pullenins.com				
	Tort Worth, 171 70	110		PRODUCER CUSTOMER ID#: MI				
				INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSU	Michigan State Youth	Soci	par Association	Insurer A: National Casualty Company 11991				
	9401 General Drive, S				utual of Omaha		71412	
	Plymouth, MI 48170	ounc	120	Insurer C:	71412			
	Flymoun, Mi 48170			Insurer D:				
				Insurer E:				
				Insurer F:				
	VERAGES CE	DTIE	ICATE NUMBER: 150126	-		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	ES OF REQUIR / PERT CH POL	INSURANCE LISTED BELOW HA EMENT, TERM OR CONDITION AIN, THE INSURANCE AFFORI ICIES. LIMITS SHOWN MAY HAV	AVE BEEN ISSUE I OF ANY CONTF DED BY THE PO /E BEEN REDUCE	D TO THE INSU RACT OR OTHEF 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 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR					MED EXP (Any one person)	\$5,000	
						PERSONAL & ADV INJURY	\$1,000,000	
						GENERAL AGGREGATE	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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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		SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
Thi Add	CRIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf or ditional Insured as respects the op	f Mich	nigan State Youth Soccer As	sociation & Mi r sanctioned act	chigan Youth Stivities of the st	Soccer League. Certifica ate association.	te Holder is	
	RTIFICATE HOLDER			CANCELLA	TION		1	
Oa	ite Indoor Sports akland Drive aelby Twp, MI 48315			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) 8/26/2015

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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 th	e certificate holder		
PROI	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	,	541		E-MAIL ADDRESS: contact@pullenins.com					
	1010 0001111, 111 70	110			PRODUCER CUSTOMER ID#: MI					
					INSURERS AF	FORDING COVI	ERAGE	NAIC #		
INSU	Michigan State Youth	So	ccer	Association	Insurer A: National Casualty Company 11991					
	9401 General Drive,	Snit	- 12	0		utual of Omaha		71412		
	Plymouth, MI 48170	Juit	0 12	O .	Insurer C:					
	Trymoun, wir 10170				Insurer D:					
					Insurer E:					
					Insurer F:					
CO	VERAGES CE	RTI	FIC	ATE NUMBER: 1501313		F	REVISION NUMBER:	0		
INDI CER	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	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 SED HEREIN IS SUBJECT TO	CT TO WHICH THIS		
			WVD					¢1,000,000		
A	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	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		
A	AUTOMOBILE LIABILITY			KRO 5663300	9/1/2015	9/1/2016	PARTICIPANT LEGAL LIABILITY  COMBINED SINGLE LIMIT	\$1,000,000		
A	ANY AUTO			KKO 3003300	9/1/2013	9/1/2010	(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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
Thi	CRIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf of lder is Additional Insured as resp	f Mi	chiga	an State Youth Soccer Ass	sociation & MI	CHIGAN YO				
CF	RTIFICATE HOLDER				CANCELLA	TION				
DELTA COLLEGE 1961 DELTA RD MIDLAND, 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 REPI	RESENTATIVE	Jatik Dull	_		



DATE (MM/DD/YYYY) 8/26/2015

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	(0).					
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: Mutual of Omaha	71412			
	Plymouth, MI 48170	Insurer C:				
	•	Insurer D:				
		Insurer E:				
		Insurer F:				
COVER	AGES CERTIFICATE NUMBER: 1501313	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 CLAUMED.

_	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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
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 Jatik Pull



DATE (MM/DD/YYYY) 8/26/2015

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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 of	loes not confer rights to th	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 300	E-MAIL ADDRESS:					
	Toft Worth, 1A 70	110			PRODUCER CUSTO					
						FORDING COVI	FRAGE	NAIC #		
INSU	RED Mi-1-1 Ct-t- V1	. C -		. A				11991		
11400	Whengan State 1 out	1 50	ccer	Association		tional Casualty				
	9401 General Drive, S	Suite	e 12	0		utual of Omaha	l	71412		
	Plymouth, MI 48170				Insurer C:					
					Insurer D:					
					Insurer E:					
					Insurer F:					
<u>CO</u>	VERAGES CE	RTI	FIC/	ATE NUMBER: 150137	28	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  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	INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
••	X EXCESS LIAB CLAIMS-MADE			71110 2003 100	7/1/2013	7/1/2010	AGGREGATE	\$5,000,000		
	DEDUCTIBLE	†					AGOREGATE	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			
		-		CDOOLAND DOCCOOL	0/1/2015	0/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000		
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	L ch ACORD 101, Additional Remarks S	L Schedule, 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	civities of the st	ate association.			
	RTIFICATE HOLDER				CANCELLA	IION				
Flynn Middle School 2899 Fox Hill Drive 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.					
Stering Heights, wit 40010					AUTHORIZED REPRESENTATIVE Satisfull					

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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	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					
Folt Worth, 1A 70	110			PRODUCER CUST		ii ciiii ii si ciii si cii si ciii si ciii si cii c			
					INSURERS AFFORDING COVERAGE NAIC #				
INSURED Michigan State Vout							11991		
Wildingan State Tout					ational Casualt utual of Omaha	<del></del>	71412		
9401 General Drive,	Suite	2 12	0		utuai oi Oinana	1	/1412		
Plymouth, MI 48170				Insurer C:					
				Insurer D:					
				Insurer E:					
00//504050			ATE NUMBER - 1501450	Insurer F:		DEVICION NUMBER			
			ATE NUMBER: 1501450			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 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 LICIES DESCRIE ED BY PAID CLAI	R DOCUMENT WITH RESPE SED 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
						PERSONAL & ADV INJURY	\$1,000,000		
						GENERAL AGGREGATE	UNLIMITED		
GEN'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 5663300	9/1/2015	9/1/2016	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									
	+		*****	0/1/2017			Φ5 000 000		
A UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
X EXCESS LIAB CLAIMS-MADE	4					AGGREGATE	\$5,000,000		
DEDUCTIBLE									
RETENTION \$	₩					INC CTATH OTH			
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			
B PARTICIPANT ACCIDENT MEDICAL	·		SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VI This certificate is issued on behalf of						Soccar Laggue Cartifica	te Holder is		
Additional Insured as respects the o							ic Holder is		
	rorut	-0110		u					
OFFICIAL CONTRACTOR OF THE CON				04110=::::	TION				
CERTIFICATE HOLDER				CANCELLA	IION				
GABRIEL RICHARD HIGH	I SC	HO	OL	SHOULD ANY	OF THE ABOVE	DESCRIBED POLICIES BE CA	NCELLED BEFORE		
4333 WHITE HALL RD				THE EXPIRATI	ON DATE THEREC	)F, NOTICE WILL BE DELIVERE	DINACCORDANCE		
ANN ARBOR, MI 48105		WITH THE POLICY PROVISIONS.							

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AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 8/26/2015

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) 738-29	93			
	Fort Worth, TX 76116	E-MAIL ADDRES	s: contact@pullenins.com	n				
	,,,	PRODUCER CU	STOMER ID#: MI					
		INSURERS	AFFORDING COVERAGE		NAIC #			
INSURED	Michigan State Youth Soccer Association	Insurer A:	National Casualty Company	у	11991			
	9401 General Drive, Suite 120	Insurer B:	Mutual of Omaha		71412			
	Plymouth, MI 48170	Insurer C:						
		Insurer E:						
		Insurer F:						
COVER	AGES CERTIFICATE NUMBER: 1501425	56	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 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 INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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)	
	71						(Per accident)	
	X NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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			
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 Satik Pull			



DATE (MM/DD/YYYY) 8/26/2015

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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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: Mutual of Omaha	71412						
	Plymouth, MI 48170	Insurer C:							
	•	Insurer D:							
		Insurer E:							
		Insurer F:							
COVER	AGES CERTIFICATE NUMBER: 1501576	65 <b>REVISION NUMBER:</b> (	)						
INDICATED	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,								

A	GENERAL LIABILITY	X	KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR					MED EXP (Any one person)	\$5,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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)	11//				E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under					E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL		SR2014MI-P-053256	9/1/2015	9/1/2016		\$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
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-



DATE (MM/DD/YYYY) 8/26/2015

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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						
	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: Mutual of Omaha	71412					
	Plymouth, MI 48170	Insurer C:						
	<b>,</b>	Insurer D:						
		Insurer E:						
		Insurer F:						
COVER	AGES CERTIFICATE NUMBER: 1501578	REVISION NUMBER: 0	)					
THIS IS TO	HIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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)	
	71						(Per accident)	
	X NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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.

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 Dull



DATE (MM/DD/YYYY) 8/26/2015

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	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	ne certificate holder		
PRODU	Pullen Insurance So	arvi	200	Inc	CONTACT NAME: Sports Division					
	2560 River Park Pl				PHONE: (8	(0.15) = 0.0100				
	Fort Worth, TX 76		Sui	ic 300	E-MAIL ADDRESS: contact@pullenins.com					
	Fort Worth, 1A 70	110			PRODUCER CUSTO					
					INSURERS AF	NAIC #				
INSUR	Michigan State Youth	. 50	222	Association		tional Casualty		11991		
	9401 General Drive,				Insurer B: M		71412			
	Plymouth, MI 48170	Juin	- 12	U	Insurer C:	<u> </u>	71112			
	1 lyllloutii, W11 481 / 0				Insurer D:					
					Insurer E:					
					Insurer F:					
COV	ERAGES CE	RTI	FIC.	ATE NUMBER: 150158		F	REVISION NUMBER:	0		
THIS INDIC CERT EXCL	IS TO CERTIFY THAT THE POLICI ATED. NOTWITHSTANDING ANY F IFICATE MAY BE ISSUED OR MA USIONS 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	AVE 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 T DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	THE POLICY PERIOD ECT TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADD'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
(	GEN'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 5663300	9/1/2015	9/1/2016	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)			
l F	X NON-OWNED AUTOS						,			
ľ										
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000		
	DEDUCTIBLE									
	RETENTION \$									
	NORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						WC STATU- TORY LIMITS OTH- ER			
l 1,	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT			
	DFFICER/MEMBER EXCLUDED? Mandatory in NH)						E. L. DISEASE - EA EMPLOYEE			
	f yes, describe under						E. L. DISEASE - POLICY LIMIT	*100.000		
	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
DESCF	RIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	ch ACORD 101, Additional Remarks S	chedule, if more space	e is required)	1			
This	certificate is issued on behalf of tional Insured as respects the o	of Mi	chiga	an State Youth Soccer Ass	sociation & Mi	chigan Youth S		ate Holder is		
CER	TIFICATE HOLDER				CANCELLA	TION				
					JANGELLA					
1	OLUTION SPORTSPLEX	1			SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA	NCELLED BEFORE		
	SOUTH OPDYDE BURN HILLS, MI 48326				THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					

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AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 8/26/2015

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and	conditions of the policy, certain pole eu of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate of	does 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@pullenins.com					
	101t Worth, 12 <b>t</b> 70	110			PRODUCER CUSTO					
					INSURERS AF	FORDING COVI	ERAGE	NAIC #		
INSU	Michigan State Youth	So	CCEI	· Association		tional Casualt		11991		
	9401 General Drive, S					utual of Omaha	<del></del>	71412		
	Plymouth, MI 48170	Juin	0 12	O	Insurer C:		•	,		
	Trymouth, Wi 40170				Insurer D:					
					Insurer E:					
					Insurer F:					
CO	VERAGES CE	RTI	FIC	ATE NUMBER: 150168		F	REVISION NUMBER:	0		
IND CEF EXC	S IS TO CERTIFY THAT THE POLICII ICATED. NOTWITHSTANDING ANY F RTIFICATE 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 AFFORE ES. 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 RESPE SED 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EAGU COOURDENOE	\$5,000,000		
A	X EXCESS LIAB CLAIMS-MADE			AKO 3003400	9/1/2013	9/1/2010	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						E. L. DISEASE - POLICY LIMIT			
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016	E. L. DISEASE - FOLIOT LIMIT	\$100,000		
DEC	CRIPTION OF OPERATIONS / LOCATIONS / VE	ווכי ד	C (^#-	oh ACORD 101 Additional Dans - II- C	shadula if mars as	io 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	Soccer League. Certifica ate association.	te Holder is		
CE	RTIFICATE HOLDER				CANCELLA	TION				
Evolution Sportsplex 141 SOUTH OPDYKE ROAD 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 REPI	RESENTATIVE	Patik Dull	_		



DATE (MM/DD/YYYY) 8/26/2015

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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				
	9401 General Drive, Suite 120	Insurer B: Mutual of Omaha	71412				
	Plymouth, MI 48170	Insurer C:					
	<b>,</b> ,	Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 1501691	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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ALL OWNED AUTOS						BODILY INJURY (Per person)	
	$\vdash$						BODILY INJURY (Per accident)	
	X HIRED AUTOS						PROPERTY DAMAGE (Per accident)	
	X NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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
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 Satikbull

CANCELL ATION

CEDTIEICATE HOLDED



DATE (MM/DD/YYYY) 8/26/2015

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 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		
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	ne 300	E-MAIL ADDRESS: contact@pullenins.com					
	Toft Worth, 12 70	110			PRODUCER CUSTOMER ID#: MI					
						FORDING COVI	FRAGE	NAIC #		
INSU	RED Mishigan Chata Variation	Co		. A association	+	tional Casualty		11991		
	Michigan State Touth					utual of Omaha		71412		
	9401 General Drive, S	Suite	e 12	U		ituai oi Oilialia	1	/1412		
	Plymouth, MI 48170				Insurer C:					
					Insurer D:					
					Insurer E:					
	VED 4 0 5 0	T		ATE NUMBER 151160	Insurer F:		SEVICION NUMBER			
				ATE NUMBER: 151168			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	IENT, 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 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
	X EXCESS LIAB CLAIMS-MADE				7, 2, 2, 2		AGGREGATE	\$5,000,000		
	DEDUCTIBLE	1					7.CONLONIE	1-,,		
	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					E. L. DISEASE - EA EMPLOYEE			
	(Mandatory in NH) If yes, describe under									
В	DADTICIDANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000		
Ъ	PARTICIPANT ACCIDENT MEDICAL			3K2014WII-F-033230	9/1/2013	9/1/2010		\$100,000		
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	ch ACORD 101 Additional Remarks S	chedule, if more space	is required)	<u> </u>			
	s certificate is issued on behalf o						outh Soccer League Cer	tificate Holder is		
	ditional Insured as respects the op-							1101001 10		
CE	RTIFICATE HOLDER				CANCELLA	TION				
					CANCELLA	IION				
Deer Run Soccer Complex 15349 S Linden Rd 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 Satisfull					



DATE (MM/DD/YYYY) 8/26/2015

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	eu of such endorsement(s).	UNICIES II	iay require an endorsement.	A Statement On			ie certificate ficider	
PROI	Pullen Insurance Se	ervices	s, 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 CUSTO	OMER ID#: MI			
				INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSU	Michigan State Youth	Socce	er Association	Insurer A: Na	ntional Casualt	v Company	11991	
	9401 General Drive, S				utual of Omaha		71412	
	Plymouth, MI 48170	Juite 1	20	Insurer C:		•	, , , , , ,	
	1 Tymouth, WH 40170			Insurer D:				
				Insurer E:				
				Insurer F:				
CO	VERAGES CE	RTIFIC	CATE NUMBER: 151168		-	REVISION NUMBER:	0	
THIS 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	ES OF IN REQUIRE Y PERTA CH POLIC	ISURANCE LISTED BELOW HA MENT, TERM OR CONDITION NIN, THE INSURANCE AFFORI IES. LIMITS SHOWN MAY HAV	AVE BEEN ISSUE I OF ANY CONTR DED BY THE POI E BEEN REDUCE	D TO THE INSU RACT OR OTHER LICIES DESCRIE ED BY PAID CLAI	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT T	HE POLICY PERIOD	
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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR					MED EXP (Any one person)	\$5,000	
						PERSONAL & ADV INJURY	\$1,000,000	
						GENERAL AGGREGATE	UNLIMITED	
ı	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$1,000,000	
1	POLICY PROJECT LOC					PARTICIPANT LEGAL LIABILITY	\$1,000,000	
A	AUTOMOBILE LIABILITY		KRO 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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		SR2014MI-P-053256	9/1/2015	9/1/2016	L. L. DIOLAGE - FOLIGIT LIWIT	\$100,000	
	THE THE THE PART OF THE PART O			2, 1, 2010	2,1,2010			
	CRIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf o					outh Soccer League Cer	tificate Holder is	
	ditional Insured as respects the operation							
CE	RTIFICATE HOLDER			CANCELLA	TION			
95	rrand H. S. Soccer Complex 50 E. Lansing Rd. rrand, MI 48429	X		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	_	



DATE (MM/DD/YYYY) 8/26/2015

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and	conditions of the policy, certain pole eu of such endorsement(s).	olicie	s may require an endorsement	t. A statement on	this certificate of	does not confer rights to the	e certificate holder			
PROD	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	,		E-MAIL ADDRESS:	contact@pu	llenins.com				
	Tott Worth, 111 701	110		PRODUCER CUST	OMER ID#: MI					
				INSURERS AF	FORDING COVI	ERAGE	NAIC #			
INSU	Michigan State Youth	Soc	ccer Association	Insurer A: Na	ational Casualt	y Company	11991			
	9401 General Drive, S				utual of Omaha		71412			
	Plymouth, MI 48170	ource	120	Insurer C:						
	11/11104411, 1/11 10170			Insurer D:						
				Insurer E:						
				Insurer F:						
CO	VERAGES CE	RTII	FICATE NUMBER: 15116	844	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 CONDITIO RTAIN, THE INSURANCE AFFOF LICIES. LIMITS SHOWN MAY HA	N OF ANY CONTR RDED BY THE PO VE BEEN REDUC!	RACT OR OTHER 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'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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE  DAMAGE TO RENTED PREMISES (Ea occurance)	\$1,000,000 \$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'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$1,000,000			
	POLICY PROJECT LOC					PRODUCTS - COMP/OP AGG	\$1,000,000			
A	AUTOMOBILE LIABILITY		KRO 5663300	9/1/2015	9/1/2016	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) PROPERTY DAMAGE				
	X HIRED AUTOS					(Per accident)				
	X NON-OWNED AUTOS									
A	UMBRELLA LIAB X OCCUR		XKO 5663400	9/1/2015	9/1/2016	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		SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000			
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VEI	HIC! E	(Attach ACORD 101 Additional Remarks	Schedule if more space	l e is required)	1				
Thi	s certificate is issued on behalf of litional Insured as respects the op	f Mic	chigan State Youth Soccer A	ssociation & Mi	id-Michigan Yo	outh Soccer League. Certate association.	tificate Holder is			
CF	RTIFICATE HOLDER			CANCELLA	TION					
Ea 30	st Lansing Soccer Complex 01 Abbott Rd st Lansing, MI 48823			SHOULD ANY THE EXPIRATI	OF THE ABOVE	DESCRIBED POLICIES BE CA PF, NOTICE WILL BE DELIVERE S.	NCELLED BEFORE D IN ACCORDANCE			
	2,			AUTHORIZED REPRESENTATIVE						



DATE (MM/DD/YYYY) 8/26/2015

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	eu of such endorsement(s).	olicies	may	require an endorsement.	4 statement on t	ınıs certificatê d	ioes not conter rights to th	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  E-MAIL ADDRESS: contact@pullenins.com				
	Fort Worth, TX 76	,	Juli	<i>ic</i> 300					
	Toft Worth, 124 70	110			PRODUCER CUSTO				
						FORDING COVI	FRAGE	NAIC #	
INSU	IRED Michigan State Vouth	Coo		Aggariation		tional Casualty		11991	
	Michigan State 1 Outil					utual of Omaha		71412	
	9401 General Drive, S	sune	120	)		ituai 01 Oilialia	1	/1412	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
~~	VED 4 0 E 0	DTIE	104	TE NUMBER: 151160	Insurer F:		SEVICION NUMBER		
				TE NUMBER: 1511684			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	REQUIF / PER CH POL	REME TAIN LICIE:	ENT, TERM OR CONDITION , 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 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		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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)	N/A					E. L. DISEASE - EA EMPLOYEE		
	If yes, describe under						E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
								. ,	
Thi	CRIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf o ditional Insured as respects the op	f Micl	higa	n State Youth Soccer Ass	sociation & Mi	d-Michigan Yo		tificate Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
Elsa Meyer School 100 N Hastings St Corunna, MI 48817					SHOULD ANY THE EXPIRATION	OF THE ABOVE I	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE D IN ACCORDANCE	
					AUTHORIZED REPRESENTATIVE Satisfull				



DATE (MM/DD/YYYY) 8/26/2015

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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 t	this certificate of	does not confer rights to th	e certificate holder		
PRO	Pullen Insurance Se	rvio	es	Inc	CONTACT NAME: Sports Division					
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 76	,	Dui	<i>te</i> 300	E-MAIL ADDRESS: contact@pullenins.com					
	Toft Worth, 124 70	110			PRODUCER CUSTO					
					INSURERS AF		FRAGE	NAIC #		
INSU	IRED Mighigan Chata Mayath	C -		. A association						
	Michigan State Touth					utual of Omaha	<del></del>	71412		
	9401 General Drive, S	Suite	9 12	U		utuai oi Omana	1	/1412		
	Plymouth, MI 48170				Insurer C:					
					Insurer D:					
					Insurer E:					
					Insurer F:					
				ATE NUMBER: 151168			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 / 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 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			
A	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
11	X EXCESS LIAB CLAIMS-MADE			7KO 3003400	)/1/2013	7/1/2010	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			
				GD2014141 D 052256	0/1/2015	0/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000		
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
DESC		HICI E	S (Atta	ch ACORD 101 Additional Remarks S	chedule if more space	is required)				
	s certificate is issued on behalf o		,				outh Soccer League Cer	tificate Holder is		
	ditional Insured as respects the o							inicate fronter is		
	DTIFICATE HOLDED				041105114	<b>T</b> ION:				
	RTIFICATE HOLDER				CANCELLA	IION				
Flint Swim and Racquet Club 1126 N Elms Flint Township, MI 48532					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					
							Vatil Pull	_		



DATE (MM/DD/YYYY) 8/26/2015

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in li	eu of such endorsement(s).		ay							
PRO	Pullen Insurance Se	ervic	es. I	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 COV	ERAGE	NAIC #		
INSL	Michigan State Youth	Soc	cer	Association	Insurer A: Na	tional Casualt	y Company	11991		
	9401 General Drive, S					utual of Omaha		71412		
	Plymouth, MI 48170	Juite	120	,	Insurer C:					
	11/11104111, 1/11 1/01/0				Insurer D:					
					Insurer E:					
					Insurer F:					
CC	VERAGES CE	RTIF	FICA	TE NUMBER: 1511684		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	REQUII / PER :H POL	REME TAIN, LICIES	ENT, TERM OR CONDITION , THE INSURANCE AFFORD 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 RESPE BED 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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 ACTOO									
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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?	N/A					E. L. DISEASE - EA EMPLOYEE			
	If yes, describe under						E. L. DISEASE - POLICY LIMIT			
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLES	(Attacl	h ACORD 101. Additional Remarks S	chedule, if more space	is required)				
Thi	is 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		tificate Holder is		
CE	RTIFICATE HOLDER				CANCELLA	TION				
Fl: 52	int YMCA 119 W. Pierson Rd. int , MI 48504				SHOULD ANY THE EXPIRATION	OF THE ABOVE	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE :.	NCELLED BEFORE D IN ACCORDANCE		
					AUTHORIZED REPR	RESENTATIVE	Satik Dueli_	_		



DATE (MM/DD/YYYY) 8/26/2015

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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	does not confer rights to the	e certificate holder		
PRO	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	,	, Dui	110 300	E-MAIL ADDRESS: contact@pullenins.com					
	101t Worth, 12 <b>t</b> 70	110			PRODUCER CUSTOMER ID#: MI					
					INSURERS AF	NAIC #				
INSU	Michigan State Youth	. 50	2221	Association		ational Casualt		11991		
	9401 General Drive,	62254 1 20	. 12	Association		utual of Omaha		71412		
		Sulu	E 12	U	Insurer C:	didai of Offiana	<u>u</u>	/1712		
	Plymouth, MI 48170				Insurer D:					
					Insurer E:					
~~	VEDACES C	DTI		ATE MUMDED: 151170	Insurer F:		DEVICION NUMBER.			
				ATE NUMBER: 151168			REVISION NUMBER:			
INDI CER EXC	S IS TO CERTIFY THAT THE POLICI CATED. NOTWITHSTANDING ANY I ITIFICATE MAY BE ISSUED OR MA ILUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IIREM 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 DESCRIE ED BY PAID CLAI	R DOCUMENT WITH RESPE BED 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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			
	HIRED AUTOS						(Per accident)			
	NON-OWNED AUTOS									
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016	E. E. BIOLAGE - I OLIOT LIMIT	\$100,000		
DESS	 CRIPTION OF OPERATIONS / LOCATIONS / VE		C / ^ · ·	ob ACORD 404 Addition - 1 D 1 - 0	Cohodulo if man	io roquizad\				
Thi	s certificate is issued on behalf of litional Insured as respects the o	of Mi	chig	an State Youth Soccer As	sociation & Mi	d-Michigan Yo	outh Soccer League. Certate association.	tificate Holder is		
CE	RTIFICATE HOLDER				CANCELLA	TION				
Flu 40	ushing Community Educati 9 Chamberlin ushing, MI 48433	ion			SHOULD ANY THE EXPIRATION	OF THE ABOVE	DESCRIBED POLICIES BE CA PF, NOTICE WILL BE DELIVERE			
					AUTHORIZED REP	RESENTATIVE	0 0			
							Vatile Gueline	_		



DATE (MM/DD/YYYY) 8/26/2015

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	cu or such chaorsement(s).									
PROI	Pullen Insurance Se				CONTACT NAME: Sports Division					
	2560 River Park Pla	aza,	Sui	te 300	PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 762	116			E-MAIL ADDRESS: contact@pullenins.com					
					PRODUCER CUSTO	MER ID#: MI				
					INSURERS AF	FORDING COVI	ERAGE	NAIC #		
INSU	Michigan State Youth	So	ccer	Association	Insurer A: Na	tional Casualty	Company	11991		
	9401 General Drive, S				Insurer B: Mu	itual of Omaha	1	71412		
	Plymouth, MI 48170	, 6110		O .	Insurer C:					
	Trymoden, wir 10170				Insurer D:					
					Insurer E:					
					Insurer F:					
CO	VERAGES CE	RTI	FIC.	ATE NUMBER: 1511684		F	REVISION NUMBER:	0		
THIS INDI CER	S IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY R TIFICATE MAY BE ISSUED OR MAY LUSIONS 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 POL E BEEN REDUCE	D TO THE INSUI ACT OR OTHER LICIES DESCRIB D BY PAID CLAI	RED NAMED ABOVE FOR TI DOCUMENT WITH RESPE ED 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000		
	DEDUCTIBLE									
	RETENTION \$						WC STATU- OTH- 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			
				GD 204 12 ET D 0 202 2	0/1/2017	0/1/2016	E. L. DISEASE - POLICY LIMIT	¢100,000		
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
Thi Add	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 & Mic sanctioned act	d-Michigan Yo ivities of the st		tificate Holder is		
CE	RTIFICATE HOLDER				CANCELLA	TION				
44	ushing County Park 17 N. Mckinley Rd. ushing, MI 48433				THE EXPIRATION		DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE			
					AUTHORIZED REPRESENTATIVE Patik Pull					



DATE (MM/DD/YYYY) 8/26/2015

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ın li	eu of	such endors	sement(s).								
PRO	DUCER	Pullen	Insurance Se	ervi	ces,	Inc.	CONTACT NAME: Sports Division				
			River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993				
			Vorth, TX 76				E-MAIL ADDRESS: contact@pullenins.com				
								OMER ID#: MI			
							INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSU	RED	Michiga	n State Youth	ı So	ccer	Association	Insurer A: Na	ational Casualt	v Company	11991	
		9401 Ge	neral Drive,	Snite	<u> 12</u>	0		utual of Omaha		71412	
			h, MI 48170	Juin	0 12	O	Insurer C:		•	,	
		Tiyinout	11, 1411 401 70				Insurer D:				
							Insurer E:				
							Insurer F:				
CO	VFR	AGES	CF	RTI	FIC.	ATE NUMBER: 151168:		F	REVISION NUMBER:	0	
THIS IND CER EXC	S IS T CATE	O CERTIFY T D. NOTWITH ATE MAY BE	THAT THE POLICI STANDING ANY F ISSUED OR MA	ES OI REQU Y PEI CH PC	F INS IREM RTAIN OLICIE	URANCE LISTED BELOW HA ENT, TERM OR CONDITION I, THE INSURANCE AFFORE 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 T R DOCUMENT WITH RESPE EED HEREIN IS SUBJECT T	THE POLICY PERIOD ECT TO WHICH THIS	
INSR LTR		TYPE OF IN	NSURANCE	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	Xc	OMMERCIAL GE	NERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
		CLAIMS MAI	DE X OCCUR						MED EXP (Any one person)	\$5,000	
									PERSONAL & ADV INJURY	\$1,000,000	
									GENERAL AGGREGATE	UNLIMITED	
	GEN'L	AGGREGATE LIM	IIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000	
	P	OLICY PR	OJECT LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000	
A	-	MOBILE LIABILI	TY			KRO 5663300	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	$\vdash$	NY AUTO							BODILY INJURY (Per person)		
	$\vdash$	LL OWNED AUTO							BODILY INJURY (Per accident)		
	$\vdash$	CHEDULED AUT	os						PROPERTY DAMAGE		
		IRED AUTOS							(Per accident)		
	X	ON-OWNED AUT	OS								
Α	U	MBRELLA LIAB	X OCCUR			XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
	ΧE	XCESS LIAB	CLAIMS-MADE						AGGREGATE	\$5,000,000	
	D	EDUCTIBLE									
	$\sqcap_{R}$	ETENTION \$									
	WOR	KERS COMPENS	SATION						WC STATU- TORY LIMITS ER		
	AND I	EMPLOYERS' LIA	ABILITY Y/N						E. L. EACH ACCIDENT		
	OFFIC	ROPRIETOR/PARTN ER/MEMBER EXCLU	IER/EXECUTIVE IDED?	N/A					E. L. DISEASE - EA EMPLOYEE		
	1.	atory in NH) describe under							E. L. DISEASE - POLICY LIMIT		
В	PAR	TICIPANT ACC	CIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016	E. E. DIOLAGE - I GLIGI LIMIT	\$100,000	
						51201 11111 1 000200	3,1,2016	), 1, <b>2</b> 010		,,	
DES	RIPTIO	ON OF OPERATION	ONS / LOCATIONS / VE	HICLE	S (Atta	ch ACORD 101, Additional Remarks S	chedule, if more space	e is required)	<del> </del>		
						an State Youth Soccer Ass of the Named Insured for				rtificate Holder is	
CE	DTIE	ICATE UC	NI DED				CANCELLA	TION			
		FICATE HO					CANCELLA	TION			
52	1 N	ng High S McKinley ng, MI 48	Road				THE EXPIRATI	OF THE ABOVE I ON DATE THEREC LICY PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	ANCELLED BEFORE ED IN ACCORDANCE	
							AUTHORIZED REPRESENTATIVE				



DATE (MM/DD/YYYY) 8/26/2015

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in lie	eu of	such end	orsement	t(s).			, .,						
PRODUCER Pullen Insurance Services, Inc.								CONTACT NAME: Sports Division					
				Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993					
				, TX 76				E-MAIL ADDRESS: contact@pullenins.com					
								PRODUCER CUSTOMER ID#: MI					
								INSURERS	AFFORDING COV	ERAGE	NAIC #		
INSU	RED	Michie	gan Sta	te Youtl	1 So	ccer	Association	Insurer A:	National Casualt	v Company	11991		
		0///1 (	Gan Dia General	Drive,	Snit	2 1 2	Association		Mutual of Omah		71412		
				I 48170	Suru	J 12	U	Insurer C:	Tractata of Official	<u>u</u>	71112		
		1 Tyllio	uuii, ivii	140170				Insurer D:					
								Insurer E:					
								Insurer F:					
	VED	AGES		CI	DTI		ATE NUMBER: 151168:	-		REVISION NUMBER:	0		
THIS INDI CER EXC	S IS T CATE TIFIC	O CERTIF D. NOTWI ATE MAY ONS AND (	THSTAND BE ISSUE CONDITIO	HE POLICI DING ANY I ED OR MA NS 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 ISS OF ANY CON DED BY THE F E BEEN REDU	UED TO THE INSU ITRACT OR OTHEI POLICIES DESCRIE ICED BY PAID CLA	RED NAMED ABOVE FOR R DOCUMENT WITH RESP BED HEREIN IS SUBJECT IMS.	THE POLICY PERIOD ECT TO WHICH THIS TO ALL THE TERMS,		
INSR LTR			OF INSURANCE	E.		SUBR WVD	POLICY NUMBER	POLICY EFFECTIV DATE (MM/DD/YY		LIMITS			
A	GENE	RAL LIABILI	TY		X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	Χc	OMMERCIAL	GENERAL L	IABILITY						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		
	_									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 5663300	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
	$\vdash$	NY AUTO								BODILY INJURY (Per person)			
	$\vdash$	LL OWNED A								BODILY INJURY (Per accident)			
	$\vdash$	CHEDULED A								PROPERTY DAMAGE			
		IRED AUTOS								(Per accident)			
	X	ON-OWNED /	AUTOS										
A	U	MBRELLA LI	ав Х ОС	CUR			XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
	XE	XCESS LIAB	CL	AIMS-MADE						AGGREGATE	\$5,000,000		
	D	EDUCTIBLE											
	R	ETENTION	\$										
	WORK	KERS COMPE	ENSATION							WC STATU- TORY LIMITS OTH- ER			
	AND E	EMPLOYERS ROPRIETOR/PA	LIABILITY	Y/N						E. L. EACH ACCIDENT			
	OFFICE	ROPRIETOR/PA ER/MEMBER EX I <b>tory in NH)</b>	CLUDED?	TIVE	N/A					E. L. DISEASE - EA EMPLOYEE			
		lescribe under								E. L. DISEASE - POLICY LIMIT			
В	PAR	FICIPANT A	ACCIDENT	MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016	2. 2. 2.02.402 1 02.01 2	\$100,000		
			iccibbi.				511201 11111 000200	), 1, <b>2</b> 010	), 1, <b>2</b> 010		,,		
This	cert	ificate is	issued o	n behalf o	of Mi	chiga	ch ACORD 101, Additional Remarks S an State Youth Soccer As of the Named Insured for	sociation & I	Mid-Michigan Y		rtificate Holder is		
	DTIE	ICATE I	אטו עבי	D				CANCELL	ATION				
								CANCELL	ATION				
82	50 V	nd High Vebster nd, MI 4	Rd	I				THE EXPIRA	NY OF THE ABOVE ATION DATE THEREC POLICY PROVISIONS	DESCRIBED POLICIES BE C DF, NOTICE WILL BE DELIVER S.	ANCELLED BEFORE ED IN ACCORDANCE		
Freeland, MI 48623								AUTHORIZED R	AUTHORIZED REPRESENTATIVE				

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DATE (MM/DD/YYYY) 8/26/2015

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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 is likely of cush and represented.

	onditions of the policy, certain p of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate o	loes not confer rights to the	ne certificate holder	
PRODU	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		Sui	<b>10</b> 300	E-MAIL ADDRESS:	contact@pul	llenins.com		
	1011 (101111, 171 70	110			PRODUCER CUSTO	OMER ID#: MI			
					INSURERS AF	NAIC #			
INSURE	Michigan State Youth	h <b>S</b> O	ccer	Association	Insurer A: Na	tional Casualty	/ Company	11991	
	9401 General Drive,					utual of Omaha		71412	
	Plymouth, MI 48170	Duit	0 12	O	Insurer C:		•		
	1 1ymoddi, 1 <b>111</b> 401 70				Insurer D:				
					Insurer E:				
					Insurer F:				
COV	ERAGES CE	-RTI	FIC.	ATE NUMBER: 151168:	-	F	REVISION NUMBER:	0	
INDICA CERTI EXCLU	S TO CERTIFY THAT THE POLICI ATED. NOTWITHSTANDING ANY I FICATE MAY BE ISSUED OR MA ISIONS 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	R DOCUMENT WITH RESPE LED 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 G	ENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
X	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (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 A	UTOMOBILE LIABILITY ANY AUTO			KRO 5663300	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
<del> </del>	ALL OWNED AUTOS						BODILY INJURY (Per person)		
_	SCHEDULED AUTOS						BODILY INJURY (Per accident)		
\ \ <u>\</u>	HIRED AUTOS						PROPERTY DAMAGE (Per accident)		
$\frac{\Delta}{v}$							(Fer accident)		
	NON-OWNED AUTOS								
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
X	CLAIMS-MADE						AGGREGATE	\$5,000,000	
	DEDUCTIBLE	1							
	RETENTION \$								
	ORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER		
A	ND EMPLOYERS' LIABILITY  Y/N  Y PROPRIETOR/PARTNER/EXECUTIVE	NI/A					E. L. EACH ACCIDENT		
l lof	FFICER/MEMBER EXCLUDED?	N/A					E. L. DISEASE - EA EMPLOYEE		
	ves, describe under						E. L. DISEASE - POLICY LIMIT		
В Р.	ARTICIPANT ACCIDENT MEDICAL	,		SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
DESCRI	PTION OF OPERATIONS / LOCATIONS / VE	HIC! 5	S (A#0	ch ACORD 101 Additional Pamarka S	chedule if more speci	is required)			
This c	ertificate is issued on behalf clional Insured as respects the o	of Mi	chiga	an State Youth Soccer Ass	sociation & Mi	d-Michigan Yo		tificate Holder is	
CEP	TIFICATE HOLDER				CANCELLA	TION			
		orle			JANGLLEA				
	nes Area Lions Pinehill P	ark			SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA	ANCELLED BEFORE	
	35 Ray Rd nes, MI 48436				WITH THE POI	ON DATE THEREO LICY PROVISIONS	F, NOTICE WILL BE DELIVERE	ED IN ACCORDANCE	

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**AUTHORIZED REPRESENTATIVE** 



DATE (MM/DD/YYYY) 8/26/2015

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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		Du	300	E-MAIL ADDRESS:	contact@pu	llenins.com			
	1 of t worth, 121 70	110			PRODUCER CUSTO					
					INSURERS AF	FORDING COVI	ERAGE	NAIC #		
INSL	Michigan State Youth	So	0001	Association		tional Casualty		11991		
	9401 General Drive, S					utual of Omaha		71412		
	Plymouth, MI 48170	Juit	- 12	U	Insurer C:	atual of Official		71112		
	Flymouni, Mi 40170				Insurer D:					
					Insurer E:					
					Insurer F:					
	VERAGES CE	DTI		ATE NUMBER: 151168:	-		REVISION NUMBER:	0		
THI: IND CEF	S IS TO CERTIFY THAT THE POLICII ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY	ES O REQU Y PE	F INS IREM RTAIN	SURANCE 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 T R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	THE POLICY PERIOD ECT TO WHICH THIS		
1	CLUSIONS AND CONDITIONS OF SUC									
INSR LTR			SUBR WVD		POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	¢1,000,000		
A	GENERAL LIABILITY   X   COMMERCIAL GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EAGU GOOUDDENGE	\$5,000,000		
A	X EXCESS LIAB CLAIMS-MADE			AKO 3003400	9/1/2013	9/1/2010	EACH OCCURRENCE	\$5,000,000		
	DEDUCTIBLE	1					AGGREGATE	\$3,000,000		
	<del></del>									
	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			SR2014MI-P-053256	9/1/2015	9/1/2016	E. L. DISEASE - POLICY LIWIT	\$100,000		
Ь	PARTICIPANT ACCIDENT MEDICAL			SK2014MI-F-033230	9/1/2013	9/1/2010		Ψ100,000		
1	CRIPTION OF OPERATIONS / LOCATIONS / VE									
	s certificate is issued on behalf o ditional Insured as respects the o							rtificate Holder is		
	DTIEICATE HO! DED				CANCELLA	TION				
	RTIFICATE HOLDER	C.	11.		CANCELLA	IION				
24	aylord Intermediate School 0 E 4th St aylord, MI 49735	Stac	liun	1	THE EXPIRATION		DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE			
					AUTHORIZED REPI	RESENTATIVE	Patik Dull	_		



DATE (MM/DD/YYYY) 8/26/2015

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	eu of such endorsement(s).  Pullen Insurance Se	rvice	es Inc	CONTACT NAME:	CONTACT NAME: Sports Division				
	2560 River Park Pl			PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 76	,	June 300	E-MAIL ADDRESS: contact@pullenins.com					
	Fort Worth, 1A 70	110		PRODUCER CUST					
					FORDING COVI	FRAGE	NAIC #		
INSU	RED Michigan State Voyeth	Coo	nam Association		ational Casualty		11991		
	Michigan State Youth 9401 General Drive, S				utual of Omaha		71412		
		Suite	120	Insurer C:	utuai oi Oilialia	l	/1412		
	Plymouth, MI 48170			Insurer D:					
				Insurer E:					
				Insurer F:					
$\Box$	VERAGES CE	DTIE	ICATE NUMBER: 150170			REVISION NUMBER:	0		
	S IS TO CERTIFY THAT THE POLICIE								
INDI CER	CATED. NOTWITHSTANDING ANY F CATED. NOTWITHSTANDING ANY F TIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUC	REQUIR 1 PERT	EMENT, TERM OR CONDITION TAIN, THE INSURANCE AFFOR	N 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 S	UBR POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A	GENERAL LIABILITY	X	KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY			), 1, <b>2</b> 018	7,1,2010	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 5663300	9/1/2015	9/1/2016	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								
<u> </u>	TT GOOLD		XXX.0. 7.552.400	0/1/2017	0.11.12.01.5		\$5,000,000		
A	UMBRELLA LIAB X OCCUR		XKO 5663400	9/1/2015	9/1/2016	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>#</b> 100.000		
В	PARTICIPANT ACCIDENT MEDICAL		SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
Thi	RIPTION OF OPERATIONS/LOCATIONS/VE s certificate is issued on behalf o litional Insured as respects the o	f Mich	nigan State Youth Soccer As	ssociation & Mi	ichigan Youth S	Soccer League. Certificate association.	ate Holder is		
CE	RTIFICATE HOLDER			CANCELLA	TION				
	EARING ELEMENTARY						-		
1	O NORTH CARNEY DRIV	/E		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF NOTICE WILL BE DELIVERED IN ACCORDANCE					

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ST. CLAIR, MI 48079

WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 8/26/2015

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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 th	e certificate holder	
PROI	Pullen Insurance Se	rvi	266	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	10 300					
	Fort Worth, 1A /6	110			PRODUCER CUSTOMER ID#: MI				
								NAIC #	
					INSURERS AFFORDING COVERAGE NAIC #				
INSU	RED Michigan State Youth	ı So	ccer	Association	Insurer A: Na	tional Casualty	y Company	11991	
	9401 General Drive, S	Suite	e 12	0	Insurer B: Mu	utual of Omaha	ı	71412	
	Plymouth, MI 48170				Insurer C:				
	<i>j</i>				Insurer D:				
					Insurer E:				
					Insurer F:				
	VERAGES CE	PTI	FIC	ATE NUMBER: 150171	-		REVISION NUMBER:	0	
THIS INDI CER EXC	S IS TO CERTIFY THAT THE POLICII ICATED. NOTWITHSTANDING ANY F RTIFICATE 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 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 LACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	RED NAMED ABOVE FOR T DOCUMENT WITH RESPE 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE 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	
	POLICY PROJECT LOC						PRODUCTS - COMP/OP AGG		
A	AUTOMOBILE LIABILITY			KRO 5663300	9/1/2015	9/1/2016	PARTICIPANT LEGAL LIABILITY  COMBINED SINGLE LIMIT	\$1,000,000 \$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)		
	<del></del>						(Fer accident)		
	X NON-OWNED AUTOS								
Α	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
А	X EXCESS LIAB CLAIMS-MADE			AKO 3003400	7/1/2013	7/1/2010		\$5,000,000	
	DEDUCTIBLE DESCRIPTION OF THE PROPERTY OF THE	1					AGGREGATE	\$5,000,000	
	<del></del>								
	RETENTION \$						WC STATU- OTH-		
	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
DESC	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. Certifica	te Holder is	
	ditional Insured as respects the o								
CE	RTIFICATE HOLDER				CANCELLA	TION			
	ARDENS ELEMENTARY								
10	76 6TH STREET ARYSVILLE, MI 48040				THE EXPIRATION		DESCRIBED POLICIES BE CA IF, NOTICE WILL BE DELIVERE		
	•				AUTHORIZED REPR	RESENTATIVE	<u> </u>		
					AOTHORIZED REP	COLINIATIVE	Vatil Delle	<b>-</b>	



DATE (MM/DD/YYYY) 8/26/2015

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	eu of such endorsement(s).	oncies	may	require an endorsement.	a statement on t	mis certificate c	ives not confer rights to th	e certificate noider	
PROI	Pullen Insurance Se	ervice	es. I	inc.	CONTACT NAME: Sports Division				
	2560 River Park Pla				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76	,	Juit	<b>C</b> 300	E-MAIL ADDRESS: contact@pullenins.com				
	Toft Worth, 12 70	110			PRODUCER CUSTOMER ID#: MI				
					INSURERS AF	NAIC #			
INSU	JRED Michigan State Voyeth	Coo		Association					
	Michigan State 1 Outil					utual of Omaha		71412	
	9401 General Drive, S	sune	120	)		ituai 01 Oilialia	<u>a</u>	/1412	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
~~	VED 4 OF C	DTIE	10.4	TE NUMBER: 150106	Insurer F:		SEVICION NUMBER		
				TE NUMBER: 1501860			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	REME TAIN, JCIES	ENT, TERM OR CONDITION 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 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		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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 floider is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
20	rst Baptist Church 18 E. 4th Street avison, MI 48423				THE EXPIRATION	OF THE ABOVE I ON DATE THEREC LICY PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE 	NCELLED BEFORE D IN ACCORDANCE	
					AUTHORIZED REPR	RESENTATIVE	Patik Dull	-	



DATE (MM/DD/YYYY) 8/26/2015

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).	J.110163	, ma	, require an endorsement.	- Julienieni VIII			o oci illoate lloidel	
PROI	Pullen Insurance Se	ervic	es,	Inc.	CONTACT NAME: Sports Division  PHONE: (817) 738-6100 FAX: (817) 738-2993  E-MAIL ADDRESS: contact@pullenins.com				
	2560 River Park Pla	aza,	Sui	te 300					
	Fort Worth, TX 76	116							
	,				PRODUCER CUSTOMER ID#: MI				
					INSURERS AFFORDING COVERAGE NAIC #				
INSU	RED Michigan State Youth	Soc	cer	Association	Insurer A: Na	tional Casualty	y Company	11991	
	9401 General Drive, S				Insurer B: Mu	itual of Omaha	1	71412	
	Plymouth, MI 48170	Juite	. 12	O	Insurer C:				
	Trymoden, wir 10170				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTIE	FIC.	ATE NUMBER: 150189	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 POL E BEEN REDUCE	ACT OR OTHER LICIES DESCRIB D 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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								
Α	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016	2.2.3.62.162 . 62.6 . 2	\$100,000	
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLES	S (Attac	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 Mic	higa	an State Youth Soccer Ass	sociation & Mi	chigan Youth		te Holder is	
	one of	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.0110	01 010 1 0110 1110 110 101		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and appropriately		
<u>CE</u>	DTIFICATE HOLDED				CANCELLA	TION			
	RTIFICATE HOLDER				CANCELLA	IIUN		1	
15	MU 0 WESTVIEW ST. osilanti, MI 48197				THE EXPIRATION	OF THE ABOVE I ON DATE THEREC ICY PROVISIONS	DESCRIBED POLICIES BE CA OF, NOTICE WILL BE DELIVERE	NCELLED BEFORE DINACCORDANCE	
					AUTHORIZED REPF	RESENTATIVE	$\cap$		
							Satik Pulling	-	



DATE (MM/DD/YYYY) 8/26/2015

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 Se	71 V IL	es.	Inc.	CONTACT NAME: Sports Division					
	2560 River Park Pla				PHONE: (8	17) 738-6100	FAX: (817) 738-2	993		
	Fort Worth, TX 76		241		E-MAIL ADDRESS: contact@pullenins.com					
	Total World, III Vo.	110			PRODUCER CUSTOMER ID#: MI					
					INSURERS AF	NAIC #				
INSURE	Michigan State Youth	Soc	ccer	Association	Insurer A: Na	tional Casualty	Company	11991		
	9401 General Drive, S	Suite	120	0	Insurer B: M	utual of Omaha	l	71412		
	Plymouth, MI 48170			-	Insurer C:					
					Insurer D:					
					Insurer E:					
					Insurer F:					
COV	ERAGES CE	RTII	FICA	<b>ATE NUMBER:</b> 150191	74	F	REVISION NUMBER:	0		
INDICA CERTI EXCLU	IS TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY R IFICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUC	REQUI / PER CH PO	REMI RTAIN LICIE	ENT. TERM OR CONDITION	OF ANY CONTR DED BY THE PO 'E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	DOCUMENT WITH RESPE	CT TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADD'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
AG	BENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
Σ	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
L	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
L							PERSONAL & ADV INJURY	\$1,000,000		
L							GENERAL AGGREGATE	UNLIMITED		
G	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 5663300	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
.	ALL OWNED AUTOS						BODILY INJURY (Per person)			
.	SCHEDULED AUTOS						BODILY INJURY (Per accident)			
, <del> </del>	HIRED AUTOS						PROPERTY DAMAGE (Per accident)			
<u>&gt;</u>	NON-OWNED AUTOS									
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
2	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000		
	DEDUCTIBLE	1								
	RETENTION \$									
V	VORKERS COMPENSATION LND EMPLOYERS' LIABILITY  Y/N						WC STATU- TORY LIMITS OTH- ER			
l A	NY PROPRIETOR/PARTNER/EXECUTIVE DIFFICER/MEMBER EXCLUDED?	N/A					E. L. EACH ACCIDENT			
(N	Mandatory in NH)						E. L. DISEASE - EA EMPLOYEE			
_	yes, describe under				0/1/2012	0/1/2011	E. L. DISEASE - POLICY LIMIT	ф100.000		
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		

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
Flint YMCA 5219 Pierson Road Fowlerville, MI 48836	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) 8/26/2015

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 expenses (a)

in lieu	u of such endorsement(s).		,			<b>J</b>		
PRODU	Pullen Insurance	Services.	Inc.	CONTACT NAME: Sports Division				
	2560 River Park I			PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 7	,		E-MAIL ADDRESS:	contact@pul	lenins.com		
	1 310 ( ) 31011, 111 /	0110		PRODUCER CUSTO	OMER ID#: MI			
				INSURERS AF	FORDING COVE	RAGE	NAIC #	
INSURE	Michigan State You	th Soccer	Association	Insurer A: Na	tional Casualty	Company	11991	
	9401 General Drive.			Insurer B: Mu	71412			
	Plymouth, MI 48170	)		Insurer C:				
	,			Insurer D:				
				Insurer E:				
				Insurer F:				
COV	ERAGES C	ERTIFIC/	TE NUMBER: 1502054	15	R	EVISION NUMBER:	0	
INDIC. CERT	IS TO CERTIFY THAT THE POLIC ATED. NOTWITHSTANDING ANY IFICATE MAY BE ISSUED OR M USIONS AND CONDITIONS OF SI	REQUIREM AY PERTAIN	ENT, TERM OR CONDITION , THE INSURANCE AFFORD	OF ANY CONTR ED BY THE POI	ACT OR OTHER LICIES DESCRIB	DOCUMENT WITH RESPI ED HEREIN IS SUBJECT	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	3	
A G	SENERAL LIABILITY	X	KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 assisting	
	A NON OWNED NOTES							
Α	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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
ELMER LANGE MEMORIAL PARK 4135 KOCHVILLE RD 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 REPRESENTATIVE Jatik Pull



DATE (MM/DD/YYYY) 8/26/2015

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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 poin lieu of such endorsement(s).	olicies	s may	require an endorsement.	A statement on	this certificate o	loes not confer rights to th	e certificate holder	
PRODUCER Pullen Insurance Se	rvio	-AC	Inc	CONTACT NAME: Sports Division				
2560 River Park Pla					17) 738-6100	FAX: (817) 738-29	993	
		Sun	le 300	E-MAIL ADDRESS: contact@pullenins.com				
Fort Worth, TX 763	110			PRODUCER CUSTOMER ID#: MI				
				INSURERS AFFORDING COVERAGE NAIC #				
INCURED 3.5.1. G. 37.1.	<u> </u>							
Michigan State Youth					11991			
9401 General Drive, S	Suite	120	)		utual of Omaha	l	71412	
Plymouth, MI 48170				Insurer C:				
				Insurer D:				
				Insurer E:				
				Insurer F:				
COVERAGES CE	RTIF	FICA	TE NUMBER: 150205	51	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	REQUI / PER :H PO	REME TAIN LICIE	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 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
						PERSONAL & ADV INJURY	\$1,000,000	
						GENERAL AGGREGATE	UNLIMITED	
GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
X EXCESS LIAB CLAIMS-MADE			11110 0000 100	7,1,2010	), 1, <b>2</b> 010	AGGREGATE	\$5,000,000	
DEDUCTIBLE						AGOREGATE	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		
			CD2014MI D 052256	0/1/2015	0/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000	
B PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VE		,				Consum I consum Contiction	to Holdor in	
This certificate is issued on behalf of Additional Insured as respects the op-	perati	ons (	of the Named Insured for	sanctioned act	ivities of the st	ate association.	tie Holder is	
CERTIFICATE HOLDER				CANCELLA	TION			
DELTA COLLEGE								
1961 DELTA RD				SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE	
UNIVERSITY CENTER, MI	197	10		WITH THE POL	LICY PROVISIONS	, NOTICE WILL DE DELIVEKE	.D IN ACCURDANCE	
ONIVERSIII CENIER, MI	40/	10						
				AUTHORIZED REPI	RESENTATIVE	Patik Pull	_	

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DATE (MM/DD/YYYY) 8/26/2015

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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: Mutual of Omaha	71412				
	Plymouth, MI 48170	Insurer C:					
	,	Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 1502194	44 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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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	
	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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 valid only for activities on 11/26/2014.

CERTIFICATE HOLDER	CANCELLATION
Dean A Naldrett School Soccer Field 47800 Sugarbush Road New Baltimore, 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.
	AUTHORIZED REPRESENTATIVE Jatik Pull



DATE (MM/DD/YYYY) 8/26/2015

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	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	116			E-MAIL ADDRESS:	contact@pu	llenins.com			
	,				PRODUCER CUSTOMER ID#: MI					
					INSURERS AF	FORDING COVI	ERAGE	NAIC #		
INSU	Michigan State Youth	So	ccer	Association	Insurer A: Na	tional Casualty	y Company	11991		
	9401 General Drive, S	Suite	e 12	0	Insurer B: Mu	utual of Omaha	ì	71412		
	Plymouth, MI 48170	<i>-</i>			Insurer C:					
	11,1110,0011,1111 101,0				Insurer D:					
					Insurer E:					
					Insurer F:					
CO	VERAGES CE	RTI	FIC/	ATE NUMBER: 150219	49	F	REVISION NUMBER:	0		
IND CEF EXC	S IS TO CERTIFY THAT THE POLICII ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MA' LUSIONS AND CONDITIONS OF SUC	REQU Y PEF 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 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			
Α	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
-	X EXCESS LIAB CLAIMS-MADE			11110 0000 100	<i>3,1,2010</i>	), 1, <b>2</b> 010	AGGREGATE	\$5,000,000		
	DEDUCTIBLE	1					THOUSE THE STATE OF THE STATE O	1-,,		
	RETENTION \$									
	WORKERS COMPENSATION						WC STATU- TORY LIMITS ER			
	AND EMPLOYERS' LIABILITY Y/N						E. L. EACH ACCIDENT			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E. L. DISEASE - EA EMPLOYEE			
	If yes, describe under						E. L. DISEASE - POLICY LIMIT			
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016	2. 2. 3.62. (62. 1. 62.6 1. 2	\$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 o ditional Insured as respects the o	f Mi	chiga	an State Youth Soccer Ass	sociation & Mi	chigan Youth		te Holder is		
CE	RTIFICATE HOLDER				CANCELLA	TION				
Dε 47	ean A Naldrett School 800 Sugarbush Road ew Baltimore, 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.					
					AUTHORIZED REPR	RESENTATIVE	Patik Dull	_		



DATE (MM/DD/YYYY) 8/26/2015

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 properties.

in fleu of such endorsement(s).					Contract Diri	•		
Pullen Insurance				CONTACT NAME: Sports Division  PHONE: (817) 738-6100 FAX: (817) 738-2993  E-MAIL ADDRESS: contact@pullenins.com				
2560 River Par			te 300					
Fort Worth, TX	76116							
				PRODUCER CUSTOMER ID#: MI				
				INSURERS AF	NAIC #			
INSURED Michigan State Y					ational Casualty		11991	
9401 General Dri		e 12	0	Insurer B: M	utual of Omaha	ı	71412	
Plymouth, MI 48	170			Insurer C:				
				Insurer D:				
				Insurer E:				
				Insurer F:				
COVERAGES	CERTI	FICA	ATE NUMBER: 150219	67	F	REVISION NUMBER:	0	
THIS IS TO CERTIFY THAT THE POINDICATED. NOTWITHSTANDING A CERTIFICATE MAY BE ISSUED OF EXCLUSIONS AND CONDITIONS OF	ANY REQU R MAY PE F SUCH PO	IIREM RTAIN OLICIE	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 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 LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
X COMMERCIAL GENERAL LIABILIT	Υ					DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
CLAIMS MADE X OCCU	₹					MED EXP (Any one person)	\$5,000	
						PERSONAL & ADV INJURY	\$1,000,000	
						GENERAL AGGREGATE	UNLIMITED	
GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000	
POLICY PROJECT L	ос					PARTICIPANT LEGAL LIABILITY	\$1,000,000	
A AUTOMOBILE LIABILITY ANY AUTO			KRO 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
X EXCESS LIAB CLAIMS-N	ADE		1110 0000 100	7,1,2013	7,1,2010	AGGREGATE	\$5,000,000	
DEDUCTIBLE						, is site of the	+2,000,000	
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 MED	ICAL		SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
Z TAKTELIANI ACCIDENT WED	IC/IL		51,201-1,111 1-033230	7/1/2013	7/1/2010		Ψ100,000	
DESCRIPTION OF OPERATIONS / LOCATION	NS / VEHICLE	S (Atta	L ch ACORD 101, Additional Remarks S	Chedule, if more space	is required)			
This certificate is issued on bel		•				Soccer League. Certifica	te Holder is	
Additional Insured as respects								
	-							
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 WITH THE POLICY PROVISIONS.

Dean A Naldrett School

47800 Sugarbush Road New Baltimore, MI 48047

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 8/26/2015

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in li				sement(				y require air endorsement.					
PRO	DUCER	P	ulle	n Insu	rance Se	ervio	ces,	Inc.	CONTACT NAME: Sports Division				
					Park Pla				PHONE: (817) 738-6100 FAX: (817) 738-2993				
					TX 76				E-MAIL ADDRESS: contact@pullenins.com  PRODUCER CUSTOMER ID#: MI				
				,									
									INSURERS	NAIC #			
INSU	Michigan State Youth Soccer Association						ccer	Association	Insurer A:	National Casualt	y Company	11991	
					Drive, S				Insurer B:	Mutual of Omah	a	71412	
					48170			-	Insurer C:				
	<b>,</b> ,								Insurer D:				
									Insurer E:				
									Insurer F:				
CO	COVERAGES CERTIFICATE NUMBER: 150228							<b>ATE NUMBER:</b> 150228	13	I	REVISION NUMBER:	0	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITICERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOEXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY F							IREM RTAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAV	OF ANY CON DED BY THE I E BEEN REDU	ITRACT OR OTHEI POLICIES DESCRIE ICED BY PAID CLA	R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT T IMS.	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	-	RAL LIA				X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X c			ENERAL LI							DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	LL	CLA	IMS MA	DE X	OCCUR						MED EXP (Any one person)	\$5,000	
	Щ-										PERSONAL & ADV INJURY	\$1,000,000	
	Ш-										GENERAL AGGREGATE	UNLIMITED	
	-			MIT APPLIE:	S PER:						PRODUCTS - COMP/OP AGG	\$1,000,000	
	PC	DLICY	PF	ROJECT	LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000	
A	$\overline{}$	MOBILE NY AUTO		.ITY				KRO 5663300	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	$\vdash$	L OWN		os							BODILY INJURY (Per person)		
	$\vdash$	CHEDUL									BODILY INJURY (Per accident)		
	$\vdash$	RED AU									PROPERTY DAMAGE (Per accident)		
		N-OWN		TOS							,		
	7.1												
A	UI	MBRELL	A LIAB	X occ	CUR			XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
-	$\vdash$	(CESS L			IMS-MADE			11110 0000 100	<i>y, 1,</i> <b>2</b> 016	7,1,2010	AGGREGATE	\$5,000,000	
	-	DUCTIE	BLE									. , ,	
	RE	ETENTIC	ON \$										
	WORK	ERS CO	MPFN	SATION							WC STATU- TORY LIMITS ER		
	AND E	MPLOY	ERS' LI	ABILITY	Y/N						E. L. EACH ACCIDENT		
	OFFICE	OPRIETO R/MEMBE tory in NH	R EXCL	NER/EXECU <sup>*</sup> UDED?	IIVE	N/A					E. L. DISEASE - EA EMPLOYEE		
		escribe un									E. L. DISEASE - POLICY LIMIT		
В	PART	CICIPA	NT AC	CIDENT	MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
	<u> </u>					L	<u> </u>						
							•	ch ACORD 101, Additional Remarks S			outh Cooper I C	tificata II-14:	
								in State Youth Soccer Ass of the Named Insured for				uncate noticer is	
. 141	G1 (1 () 11	w1 1113	arou	as respe	ous the Op	crat	.0113	or the runned insured for	Sanctioned	activities of the s	tate apportation.		
	DTIE	10.4-	<b>-</b>	\ D==					CANOC	ATION			
				OLDER	<b>(</b>				CANCELI	AHON			
73	83 G	rand	Par	nouse kway [I 4843	39				THE EXPIRA	NY OF THE ABOVE ATION DATE THEREO POLICY PROVISIONS	DESCRIBED POLICIES BE CADF, NOTICE WILL BE DELIVERE 3.	NCELLED BEFORE ED IN ACCORDANCE	
									AUTHORIZED REPRESENTATIVE 0				
											Vatile Viele	_	



DATE (MM/DD/YYYY) 8/26/2015

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in li	eu of such endorsement(s).								
PRO	Pullen Insurance S	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				E-MAIL ADDRESS: contact@pullenins.com				
	,				PRODUCER CUSTOMER ID#: MI				
					INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSU	Michigan State Youth	ı So	ccer	Association	Insurer A: Na	ational Casualt	y Company	11991	
	9401 General Drive,	Suite	e 12	0	Insurer B: M	utual of Omaha	1	71412	
	Plymouth, MI 48170	0 0,20			Insurer C:				
	11/11100011, 1111 10170				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTI	FIC	ATE NUMBER: 150234		F	REVISION NUMBER:	0	
IND CEF EXC	ICATED. NOTWITHSTANDING ANY I RTIFICATE MAY BE ISSUED OR MA	REQU Y PEI CH PC	IREM RTAIN DLICIE	ENT, TERM OR CONDITION  I, THE INSURANCE AFFORD	HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIC ON OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH TH RDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERM AVE 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016	E. E. BIGERIGE TO GLIGHT EIMIT	\$100,000	
								,	
DES	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 of							te Holder is	
Ado	ditional Insured as respects the o	perat	ions	of the Named Insured for	sanctioned act	tivities of the st	tate association.		
CE	RTIFICATE HOLDER				CANCELLA	TION			
De	earborn High School								
	501 W. Outer Drive				SHOULD ANY THE EXPIRATI	OF THE ABOVE I	DESCRIBED POLICIES BE CA PF, NOTICE WILL BE DELIVERE	NCELLED BEFORE	
	earborn, MI 48124				WITH THE PO	LICY PROVISIONS			
_ `	· · · · · · · · · · · · · · · · · · ·				AUTHORIZED REP	DESENTATIVE	0 -		
					AUTHORIZED REP	NLOENIATIVE	Vatik Dueli		
						,	Yalu Chulle-	-	



DATE (MM/DD/YYYY) 8/26/2015

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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 th	e certificate holder		
PRO	Pullen Insurance Se	ervi	ces	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	500						
	1 of t worth, 121 70	110			PRODUCER CUSTO					
					INSURERS AF	NAIC #				
INSU	Michigan State Youth	. 50	CCOT	Association	Insurer A: Na	tional Casualty	v Company	11991		
	9401 General Drive,	200	12	ASSOCIATION		utual of Omaha		71412		
	Plymouth, MI 48170	Sulu	C 12	U	Insurer C:	atual of Official	<u>.                                    </u>	71412		
	Flymoum, WH 48170				Insurer D:					
					Insurer E:					
					Insurer F:					
	VERAGES CE	DTI	FIC	ATE NUMBER: 150236			REVISION NUMBER:	0		
THIS INDI 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 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 TO R DOCUMENT WITH RESPE 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	<b>#1.000.000</b>		
A	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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 HON SWILLS NOTES									
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
А	X EXCESS LIAB CLAIMS-MADE			AKO 3003400	<i>)/1/2013</i>	7/1/2010	AGGREGATE	\$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			
	(Mandatory in NH) If yes, describe under						E. L. DISEASE - EA EMPLOYEE			
В				SR2014MI-P-053256	9/1/2015	9/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000		
Ъ	PARTICIPANT ACCIDENT MEDICAL			SK2014WII-F-033230	9/1/2013	9/1/2010		\$100,000		
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	ch ACORD 101 Additional Remarks S	chedule if more space	is required)				
This	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. Certifica ate association.	te Holder is		
CF	RTIFICATE HOLDER				CANCELLA	TION				
Ea 36	st Lansing Sports Complex 36 Coleman Road st Lansing, MI 48823				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	Patik Oull	_		



DATE (MM/DD/YYYY) 8/26/2015

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.

PRO	Pullen Insurance So 2560 River Park Pl Fort Worth, TX 76	aza,	ces, Sui	Inc. te 300	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 #				
INSU	Michigan State Youth 9401 General Drive, S Plymouth, MI 48170				Insurer A: Na Insurer B: M Insurer C: Insurer D:	11991 71412			
					Insurer E:				
	OVERAGES CE	DTI	FIC (	ATE NUMBER: 150012	Insurer F:		REVISION NUMBER:	0	
THIS IND CEF	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	F INSI IIREM RTAIN	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 RACT OR OTHER LICIES DESCRIBED BY PAID CLAIR	RED NAMED ABOVE FOR TO 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 COMMERCIAL GENERAL LIABILITY  CLAIMS MADE X OCCUR	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE  DAMAGE TO RENTED PREMISES (Ea occurance)	\$1,000,000 \$300,000 \$5,000	
	CLAINIS WADE X OCCUR						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	
A	AUTOMOBILE LIABILITY  ANY AUTO			KRO 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE DEDUCTIBLE			11110 0000 100	37172010	3/1/2010	AGGREGATE	\$5,000,000	
	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)	",					E. L. DISEASE - EA EMPLOYEE		
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	*	
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
Thi Add	ERTIFICATE HOLDER Emball High School OU Lexington Blvd. Oyal Oak, MI 48073	f Mi	chiga	an State Youth Soccer As	CANCELLA SHOULD ANY THE EXPIRATI	TION  OF THE ABOVE ION DATE THEREOLICY PROVISIONS	DESCRIBED POLICIES BE CAF, NOTICE WILL BE DELIVERE	NCELLED BEFORE	
					AUTHORIZED REP	RESENTATIVE	Jatik Dueli	-	



DATE (MM/DD/YYYY) 8/26/2015

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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

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 NAME: Sports Division PHONE: (817) 738-6100 FAX: (817) 738-2993  E-MAIL ADDRESS: CONTACT NAME: Sports Division PHONE: (817) 738-6100 FAX: (817) 738-2993  E-MAIL ADDRESS: CONTACT NAME: Sports Division PHONE: (817) 738-6100 FAX: (817) 738-2993  E-MAIL ADDRESS: CONTACT NAME: Sports Division PHONE: (817) 738-6100 FAX: (817) 738-2993  E-MAIL ADDRESS: CONTACT NAME: Sports Division PHONE: (817) 738-6100 FAX: (817) 738-2993  E-MAIL ADDRESS: CONTACT NAME: Sports Division PHONE: (817) 738-6100 FAX: (817) 738-2993  E-MAIL ADDRESS: CONTACT NAME: Sports Division PHONE: (817) 738-6100 FAX: (817) 738-2993  E-MAIL ADDRESS: CONTACT NAME: Sports Division PHONE: (817) 738-6100 FAX: (817) 738-2993  E-MAIL ADDRESS: CONTACT NAME: Sports Division PHONE: (817) 738-6100 FAX: (817) 738-2993  E-MAIL ADDRESS: CONTACT NAME: Sports Division PHONE: (817) 738-6100 FAX: (817) 738-2993  E-MAIL ADDRESS: CONTACT NAME: Sports Division PHONE: (817) 738-6100 FAX: (817) 738-2993  E-MAIL ADDRESS: CONTACT NAME: Sports Division PHONE: (817) 738-6100 FAX: (817) 738-2993  E-MAIL ADDRESS: CONTACT NAME: Sports Division PHONE: (817) 738-6100 FAX: (817) 738-2993  E-MAIL ADDRESS: CONTACT NAME: Sports Division PHONE: (817) 738-6100 FAX: (817) 738-2993  E-MAIL ADDRESS: CONTACT NAME: Sports Division PHONE: (817) 738-6100 FAX: (817) 738-2993  E-MAIL ADDRESS: CONTACT NAME: Sports Division PHONE: (817) 738-6100 FAX: (817) 738-2993  E-MAIL ADDRESS: CONTACT NAME: Sports Division PHONE: (817) 738-6100 FAX: (817) 738-2993  E-MAIL ADDRESS: CONTACT NAME: Sports Division FAX: (817) 738-2993  E-MAIL ADDRESS: CONTACT NAME: Sports Division FAX: (817) 738-2993  INSURED NAME:	
PHONE: (817) 738-6100 FAX: (817) 738-2993  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 #	
Fort Worth, TX 76116  E-MAIL ADDRESS: contact@pullenins.com  PRODUCER CUSTOMER ID#: MI  INSURERS AFFORDING COVERAGE NAIC #	
PRODUCER CUSTOMER ID#: MI INSURERS AFFORDING COVERAGE NAIC #	
INSURED Michigan State Youth Soccer Association Insurer A: National Casualty Company 11991	ŧ
9401 General Drive, Suite 120 Insurer B: Mutual of Omaha 71412	,
Plymouth, MI 48170 Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	
COVERAGES CERTIFICATE NUMBER: 15001107 REVISION NUMBER: 0	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICINDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO W. CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE POLICIES DESCRIBED HEREIN IS SUBJECT.	HICH 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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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	
	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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 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 Pull



DATE (MM/DD/YYYY) 8/26/2015

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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: 1500110	NREVISION NUMBER: (	)			
		Insurer F:				
		Insurer E:				
	•	Insurer D:				
	Plymouth, MI 48170	Insurer C:				
	9401 General Drive, Suite 120	Insurer B: Mutual of Omaha	71412			
	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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) 8/26/2015

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	eu of such endorsement(s).	olicies	s ma	y require an endorsement.	A statement on t	inis certificate d	loes not confer rights to th	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	10 300					
	Fort Worth, IA 70.	110			PRODUCER CUSTOMER ID#: MI				
						FORDING COVI	=RAGE	NAIC #	
INSU	IRED N. 1. C N1			A				11991	
11400	Michigan State 1 Outil					tional Casualty			
	9401 General Drive, S	Suite	12	U		utual of Omaha	l	71412	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTIF	-IC/	ATE NUMBER: 1500110	)9	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 / PER :H 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 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
Thi	CRIPTION OF OPERATIONS/LOCATIONS/VE s certificate is issued on behalf or ditional Insured as respects the operations.	f Mic	higa	an State Youth Soccer Ass	sociation & Mi	chigan Youth S		te Holder is	
CF	RTIFICATE HOLDER				CANCELLA	TION			
Ha 65	ort Middle School OO Sheldon Road Ochester Hills, MI 48306				SHOULD ANY THE EXPIRATION	OF THE ABOVE I	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE DINACCORDANCE	
					AUTHORIZED REPF	RESENTATIVE	Patik Dull	-	



DATE (MM/DD/YYYY) 8/26/2015

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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.

PROD	Pullen Insurance Se	•			u	•	
				CONTACT NAME:	Sports Divis		002
	2560 River Park Pla		te 300	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	17) 738-6100	FAX: (817) 738-2	993
	Fort Worth, TX 76	116		E-MAIL ADDRESS:	contact@pul	llenins.com	
				PRODUCER CUSTO			
					FORDING COVE		NAIC #
INSUR	Michigan State 1 Outil	Soccer	· Association	Insurer A: Na	tional Casualty	Company	11991
	9401 General Drive, S	Suite 12	0	Insurer B: M	utual of Omaha	l	71412
	Plymouth, MI 48170			Insurer C:			
	•			Insurer D:			
				Insurer E:			
				Insurer F:			
CO	VERAGES CE	RTIFIC	ATE NUMBER: 150011	10	F	REVISION NUMBER:	0
INDIC CERT EXCL	IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY R TIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUC	REQUIREM 7 PERTAIN 3H POLICIE	ENT, TERM OR CONDITION  I, THE INSURANCE AFFOR  ES. LIMITS SHOWN MAY HAN	I OF ANY CONTF DED BY THE PO /E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	R DOCUMENT WITH RESPE JED HEREIN IS SUBJECT T	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	
A	GENERAL LIABILITY	X	KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
ı	CLAIMS MADE X OCCUR					MED EXP (Any one person)	\$5,000
ı						PERSONAL & ADV INJURY	\$1,000,000
. [						GENERAL AGGREGATE	UNLIMITED
ı [	GEN'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 5663300	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
ı	ALL OWNED AUTOS					BODILY INJURY (Per person)	
ı F	SCHEDULED AUTOS					BODILY INJURY (Per accident)	
ı F	X HIRED AUTOS					PROPERTY DAMAGE (Per accident)	
l +	X NON-OWNED AUTOS					(i oi doddoill)	
	NON-OWNED ACTOS						
A	UMBRELLA LIAB X OCCUR		XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000
l <del>-</del>	X EXCESS LIAB CLAIMS-MADE		11110 0000 100	7/1/2010	7,1,2010	AGGREGATE	\$5,000,000
ı	DEDUCTIBLE	1				NOONEONIE	+-,,
ı	RETENTION \$						
	WORKERS COMPENSATION					WC STATU- TORY LIMITS OTH- ER	
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR PARTNER EYECUTIVE	1				E. L. EACH ACCIDENT	
ı	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under					E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL		SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000

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
Indeoendence Township Parks & Recreation 90 North Main Street 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 Satik Pull



DATE (MM/DD/YYYY) 8/26/2015

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 I	nay require an endorsement.	A statement on	tnis certificate o	does not conter rights to th	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  E-MAIL ADDRESS: contact@pullenins.com					
	Fort Worth, TX 76.	,	unc 300						
	FOR WORLI, IA 70	110		PRODUCER CUSTOMER ID#: MI					
					FORDING COVI	EDACE	NAIC #		
INICLI	IDED 3.51.1. G. T. J.			_					
INSU	Michigan State 1 Outil				ational Casualty		11991		
	9401 General Drive, S	Suite 1	120		utual of Omaha	a	71412		
	Plymouth, MI 48170			Insurer C:					
				Insurer D:					
				Insurer E:					
				Insurer F:					
CO	VERAGES CE	RTIFI	CATE NUMBER: 150011	.11	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 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 RESPE BED HEREIN IS SUBJECT T	CT TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADD'L SU	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A	GENERAL LIABILITY	X	KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR					MED EXP (Any one person)	\$5,000		
						PERSONAL & ADV INJURY	\$1,000,000		
						GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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		SR2014MI-P-053256	9/1/2015	9/1/2016	E. E. DIOLAGE T GEIGT EINIT	\$100,000		
D	TAKTICII ANT ACCIDENT MEDICAL		5K2014WI-1-033230	<i>)/1/2013</i>	7/1/2010		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. Certifica	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.			
	-								
CE	RTIFICATE HOLDER			CANCELLA	TION				
				CANCELLA	IION				
	nnette Jr. High School			SHOULD ANY	OF THE ABOVE	DESCRIBED POLICIES BE CA	NCELLED BEFORE		
	400 Gulliver			THE EXPIRATI	ON DATE THEREC	)F, NOTICE WILL BE DELIVERE	DINACCORDANCE		
Ste	erling Heights, MI 48310			William For	LICTTROVISIONS	•			
				AUTHORIZED REP	RESENTATIVE	0 0			
						Vatik Oull	_		
						Naw is we			



DATE (MM/DD/YYYY) 8/26/2015

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in li	ieu of such endorsement(s).								
PRO	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					
	1010 ((01011, 111 / 01	110		PRODUCER CUSTOMER ID#: MI					
				INSURERS AF	NAIC #				
INSU	Michigan State Youth	Socc	er Association	Insurer A: Na	11991				
	9401 General Drive, S	Suite 1	20		71412				
	Plymouth, MI 48170	ounc i	.20	Insurer C:	utual of Omaha	•	71112		
	1 Tyllioutii, WII 40170			Insurer D:					
				Insurer E:					
				Insurer F:					
CO	VERAGES CE	RTIFI	CATE NUMBER: 150011	-	F	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	S OF II EQUIRE PERTA H POLIC	NSURANCE LISTED BELOW HA EMENT, TERM OR CONDITION AIN, THE INSURANCE AFFORD CIES. LIMITS SHOWN MAY HAV	AVE BEEN ISSUE OF ANY CONTR DED BY THE PO E BEEN REDUCE	D TO THE INSU RACT OR OTHEF LICIES DESCRIE 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	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR					MED EXP (Any one person)	\$5,000		
						PERSONAL & ADV INJURY	\$1,000,000		
						GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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		SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
Thi Add	CRIPTION OF OPERATIONS/LOCATIONS/VE is certificate is issued on behalf or ditional Insured as respects the operational Insured as respects the operation of the control of	f Mich	gan State Youth Soccer As	sociation & Mi	chigan Youth sivities of the si		te Holder is		
	peer Community Schools			JANGLLEA					
10	125 West Neppessing 126 peer, MI 48441			THE EXPIRATION		DESCRIBED POLICIES BE CA PF, NOTICE WILL BE DELIVERE			
				AUTHORIZED REPI	RESENTATIVE	Datik Dulle	_		



DATE (MM/DD/YYYY) 8/26/2015

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	conditions of the policy, certain po eu of such endorsement(s).	olicies	s ma	y require an endorsement.	A statement on t	this certificate o	loes not confer rights to th	e certificate holder	
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, 12 70.	110			PRODUCER CUSTOMER ID#: MI				
						FORDING COVE	FRAGE	NAIC #	
INSU	RED Mishigan Chata Wayath	Cas		Association	<u> </u>			11991	
	Michigan State 1 Outil					tional Casualty			
	9401 General Drive, S	Suite	120	J		itual of Omaha	Į	71412	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:	_		_	
CO	VERAGES CE	RTIE	-ICA	ATE NUMBER: 1500128	85	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 H 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 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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.	
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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	perati	ions	of the Named Insured for	sanctioned act	ivities of the st	ate association.	te Holder is	
CF	RTIFICATE HOLDER				CANCELLA	TION			
Ку 10	viv Estates 558 McNally Road hitmore Lake, MI 48189				SHOULD ANY THE EXPIRATION	OF THE ABOVE I	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE		
					AUTHORIZED REPR	RESENTATIVE	Patik Pull	_	



DATE (MM/DD/YYYY) 8/26/2015

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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 iicu oi .	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: Mutual of Omaha 7143					
	Plymouth, MI 48170	Insurer C:					
		Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 1500159	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, ISSUED ON AND CONDITIONS OF SLICH POLICIES I IMITS 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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
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 Satik Pull

CANCELLATION

CEDTIFICATE HOLDED



DATE (MM/DD/YYYY) 8/26/2015

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in li	ieu of such endorsement(s).			, containent on			o continuato nordo		
PRO	Pullen Insurance Se	rvices	s, Inc.	CONTACT NAME:	Sports Divis				
	2560 River Park Pla	aza, S	uite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 761	16		E-MAIL ADDRESS: contact@pullenins.com					
	,			PRODUCER CUSTO	OMER ID#: MI		_		
				INSURERS AF	FORDING COV	ERAGE	NAIC #		
INSU	Michigan State Youth	Socc	er Association	Insurer A: Na	tional Casualt	y Company	11991		
	9401 General Drive, S			Insurer B: Mi	utual of Omah	a	71412		
	Plymouth, MI 48170		-20	Insurer C:					
	Trymoden, wir 10170			Insurer D:					
				Insurer E:					
				Insurer F:					
CO	VERAGES CE	RTIFIC	CATE NUMBER: 150038	-	ı	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	EQUIRE PERTA H POLIC	EMENT, TERM OR CONDITION AIN, THE INSURANCE AFFORE CIES. 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 RESPE BED HEREIN IS SUBJECT TO MS.	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR					MED EXP (Any one person)	\$5,000		
						PERSONAL & ADV INJURY	\$1,000,000		
						GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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		SR2014MI-P-053256	9/1/2015	9/1/2016	E. E. DIOLAGE - I GLIGI EIIVIII	\$100,000		
	CRIPTION OF OPERATIONS // COATIONS ///	1101 50 (*	Hook ACORD 404 Additional Barrel Co	abadula if man-	in required				
	CRIPTION OF OPERATIONS / LOCATIONS / VEH IS certificate is issued on behalf of	,				Soccer League Certifica	te Holder is		
	ditional Insured as respects the op						1101001 10		
	RTIFICATE HOLDER			CANCELLA	IION				
At	the Orion Civic Center tn: Yvonne Curtis 25 Joslyn Road			THE EXPIRATION	OF THE ABOVE ON DATE THEREC LICY PROVISIONS	DESCRIBED POLICIES BE CA DF, NOTICE WILL BE DELIVERE S.	NCELLED BEFORE DINACCORDANCE		
	ike Orion, MI 48360			AUTHORIZED REPI	RESENTATIVE	Satik Dueli	_		



DATE (MM/DD/YYYY) 8/26/2015

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)

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 #
Michigan State Youth Soccer Associ	ation Insurer A: National Casualty Company	11991
9401 General Drive, Suite 120	Insurer B: Mutual of Omaha	71412
Plymouth, MI 48170	Insurer C:	
,	Insurer D:	
	Insurer E:	
	Insurer F:	
COVERAGES CERTIFICATE NUM	MBER: 15004248 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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

IMMANUEL LUTHERAN CHURCH Attn: YVONNE CURTIS 47120 ROMEO PLANK MACOMB, 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

Satik Dieli\_\_\_



DATE (MM/DD/YYYY) 8/26/2015

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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).

AGES CERTIFICATE NUMBER: 1500424	19 REVISION NUMBER: (				
	Insurer F:				
	Insurer E:				
	Insurer D:				
Plymouth, MI 48170	Insurer C:				
9401 General Drive, Suite 120	Insurer B: Mutual of Omaha	71412			
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) 738-2993				
Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division				
	9401 Ğeneral Drive, Suite 120 Plymouth, MI 48170	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  Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170  Insurer B: Mutual of Omaha Insurer C: Insurer D: Insurer F:			

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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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
--------------------

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

#### **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 Duel
------------

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DATE (MM/DD/YYYY) 8/26/2015

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		Insurer F:					
		Insurer E:					
	•	Insurer D:					
	Plymouth, MI 48170	Insurer C:					
		Insurer B: Mutual of Omaha	71412				
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 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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

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) 8/26/2015

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COVED	ACEC CEDTIFICATE NUMBER: 1500529	DEVISION NUMBER. (	١				
		Insurer F:					
		Insurer E:					
	•	Insurer D:					
	Plymouth, MI 48170	Insurer C:					
	9401 General Drive, Suite 120	Insurer B: Mutual of Omaha	71412				
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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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	
	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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.

OFFICIOATE HOLDED	CANOELLATIO
CERTIFICATE HOLDER	CANCELLATIO

**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



DATE (MM/DD/YYYY) 8/26/2015

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	eu of such endorsement(s).	oncies	may require an endorsement	. A statement on	uns ceruncate o	ives not confer rights to th	e certificate noider		
PROI	Pullen Insurance Se	ervice	es. Inc.	CONTACT NAME:	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					
	Tort worth, 121 /o.	110		PRODUCER CUSTOMER ID#: MI					
				INSURERS AF	NAIC #				
INSU	Michigan State Youth	Soci	car Association		77 1 10 1 0				
	9401 General Drive, S								
	Plymouth, MI 48170	ounc	120		Insurer C:				
	Flymoun, Mi 48170			Insurer D:					
				Insurer E:					
				Insurer F:					
	VERAGES CE	DTIE	ICATE NUMBER: 15005			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	ES OF REQUIR / PERT CH POL	INSURANCE LISTED BELOW H REMENT, TERM OR CONDITION FAIN, THE INSURANCE AFFOR ICIES. LIMITS SHOWN MAY HA	IAVE BEEN ISSUE N OF ANY CONTF RDED BY THE PO VE BEEN REDUCE	ED TO THE INSU RACT OR OTHEF LICIES DESCRIE ED BY PAID CLAI	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT T	HE POLICY PERIOD		
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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR					MED EXP (Any one person)	\$5,000		
						PERSONAL & ADV INJURY	\$1,000,000		
						GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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					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		SR2014MI-P-053256	9/1/2015	9/1/2016	'	\$100,000		
Thi	CRIPTION OF OPERATIONS/LOCATIONS/VE s certificate is issued on behalf or ditional Insured as respects the operations.	f Micl	nigan State Youth Soccer A	ssociation & Mi	ichigan Youth	Soccer League. Certificatate association.	te Holder is		
CE	RTIFICATE HOLDER			CANCELLA	TION				
Jol 18	hn Miller Park 401 Webster Ave outhfield, MI 48076			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 REPRESENTATIVE  Satisfull					



DATE (MM/DD/YYYY) 8/26/2015

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in li	eu of such endorsement(s).	J.11010	Ju	y require an endorsement.	A Statement (	on this oci inioate (	does not come rights to th	ic derimoute noider	
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	,	~ ~		E-MAIL ADDRESS: contact@pullenins.com				
	Tore Wortin, 111 / O	110			PRODUCER CUSTOMER ID#: MI				
					INSURERS	NAIC #			
INSU	Michigan State Youth	So	CCAI	· Association	Insurer A: National Casualty Company			11991	
	9401 General Drive, S	Smit	12	Association		Mutual of Omah		71412	
		ouru	5 12	U	Insurer C:	Mutual of Official	u	71412	
	Plymouth, MI 48170				Insurer D:				
					Insurer E:				
	VERAGES CE	DTI	FIC	ATE NUMBER: 1500579			REVISION NUMBER:	1	
THIS INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY F ITIFICATE 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 IENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	VE BEEN ISS OF ANY CON DED BY THE I E BEEN REDU	SUED TO THE INSUNTRACT OR OTHER POLICIES DESCRIE JCED BY PAID CLAI	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT T MS.	THE POLICY PERIOD	
INSR LTR	TYPE OF INSURANCE		SUBR WVD		POLICY EFFECTIVE DATE (MM/DD/YY		LIMITS	** ***	
A	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
**	X EXCESS LIAB CLAIMS-MADE			7110 3003 100	<i>),</i> 1, 2015	7/1/2010	AGGREGATE	\$5,000,000	
	DEDUCTIBLE	1					AGGILGATE	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		
_					0/4/004#	0/4/2045	E. L. DISEASE - POLICY LIMIT	¢100.000	
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
1	CRIPTION OF OPERATIONS / LOCATIONS / VE		,				outh Cooper I C	utificata II-14	
	s certificate is issued on behalf o ditional Insured as respects the or							runcate Holder is	
Auc	antional insured as respects the of	perai	10115	of the Named Insured for	sanctioned	activities of the s	tate association.		
CE	RTIFICATE HOLDER				CANCELI	LATION			
44	earsley Complex 37 Muriel Drive int , MI 48506				THE EXPIRA	NY OF THE ABOVE ATION DATE THEREC POLICY PROVISIONS	DESCRIBED POLICIES BE CA DF, NOTICE WILL BE DELIVER S.	ANCELLED BEFORE ED IN ACCORDANCE	
					AUTHORIZED R	REPRESENTATIVE	$\cap$		
						,	Vatik beli	-	



DATE (MM/DD/YYYY) 8/26/2015

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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	aza,	Sui	te 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 #		
INSU	RED Michigan State Youth	So	ccer	Association	Insurer A: Na	tional Casualty	y Company	11991		
	9401 General Drive, S	Suite	e 12	0	Insurer B: Mu	utual of Omaha	ì	71412		
	Plymouth, MI 48170	5 6720			Insurer C:					
	11/11/00/11/11/10/17/0				Insurer D:					
					Insurer E:					
					Insurer F:					
СО	VERAGES CE	RTI	FIC/	ATE NUMBER: 150067:	-	F	REVISION NUMBER:	0		
INDI CER EXC	S IS TO CERTIFY THAT THE POLICII ICATED. NOTWITHSTANDING ANY F RTIFICATE 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	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 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
11	X EXCESS LIAB CLAIMS-MADE			7110 3003 100	)/ 1/2013	7/1/2010	AGGREGATE	\$5,000,000		
	DEDUCTIBLE	1					AGGREGATE	ψε,σσσ,σσσ		
	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			SR2014MI-P-053256	9/1/2015	9/1/2016	E. E. BIOLINGE TOLIGITEMINI	\$100,000		
_	THE THE THE THE BEST MEDICIE			51201 1111 1 033230	<i>y</i> , 1, 2018	7,1,2010		+,		
Thi	CRIPTION OF OPERATIONS/LOCATIONS/VE s certificate is issued on behalf o ditional Insured as respects the o	f Mi	chiga	n State Youth Soccer Ass	sociation & Mi	chigan Youth	Soccer League. Certificate association.	ate Holder is		
CF	RTIFICATE HOLDER				CANCELI A	TION				
Ke At	elly Middle School tn: Yvonne Curtis 701 Kelly Road				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.					
	st Pointe, MI 48021				AUTHORIZED REPR	RESENTATIVE	Patik Dull	_		



DATE (MM/DD/YYYY) 8/26/2015

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ın li	ieu of such endorsem	ent(s).								
PROI	DUCER Pullen In	surance Se	ervi	ces,	Inc.	CONTACT NAME: Sports Division				
		er Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993				
		rth, TX 76				E-MAIL ADDRESS: contact@pullenins.com				
		,	-			PRODUCER CUSTOMER ID#: MI				
						INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSU	JRED Michigan S	State Youth	So	ccer	Association	Insurer A: Na	tional Casualty	y Company	11991	
	9401 Gener	ral Drive. S	Smite	12	0	Insurer B: M	utual of Omaha	1	71412	
	Plymouth, 1		, (11)		•	Insurer C:				
	1 1 y moden, 1	10170				Insurer D:				
						Insurer E:				
						Insurer F:				
CO	VERAGES	CE	RTI	FIC/	ATE NUMBER: 1500704		F	REVISION NUMBER:	0	
THIS INDI CER EXC	S IS TO CERTIFY THAT ICATED. NOTWITHSTA RTIFICATE MAY BE IS CLUSIONS AND CONDIT	T THE POLICIE ANDING ANY R SUED OR MAY	ES OI REQU / PEI CH PC	F INSI IREM RTAIN ILICIE	URANCE LISTED BELOW HA ENT, TERM OR CONDITION I, THE INSURANCE AFFORE S. LIMITS SHOWN MAY HAV	VE BEEN ISSUE OF ANY CONTR DED BY THE PO E BEEN REDUCE	D TO THE INSUITED TO THE INSUI	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT T	THE POLICY PERIOD ECT TO WHICH THIS	
INSR LTR	TYPE OF INSURA	ANCE	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERA	AL LIABILITY						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 AP	PPLIES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000	
	POLICY PROJEC	CT LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000	
A	AUTOMOBILE LIABILITY				KRO 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB	CLAIMS-MADE				27 -7 -0 -0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AGGREGATE	\$5,000,000	
	DEDUCTIBLE		1					7.GONLONIE	1-,,-	
	RETENTION \$									
	WORKERS COMPENSATIO	NNI						WC STATU- TORY LIMITS OTH- ER		
	AND EMPLOYERS' LIABILI	ITY Y/N						E. L. EACH ACCIDENT		
	ANY PROPRIETOR/PARTNER/E) OFFICER/MEMBER EXCLUDED?	XECUTIVE	N/A					E. L. DISEASE - EA EMPLOYEE		
	(Mandatory in NH)  If yes, describe under							E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDE	ENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000	
ו	PARTICIPANT ACCIDI	ENI MEDICAL			SR2014WII-1-033230	J/1/2013	)/1/2010		Ψ100,000	
DESC	CRIPTION OF OPERATIONS	/ LOCATIONS / VE	L HICLE	S (Attac	ch ACORD 101, Additional Remarks S	chedule if more space	is required)			
l .					an State Youth Soccer Ass			Soccer League Certifica	ate Holder is	
					of the Named Insured for				ite Holder 15	
	DTIESOATE HOLD					041105114	TION			
CERTIFICATE HOLDER						CANCELLA	IION			
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.				
ı ır	oy, MI 48098					AUTHORIZED REPRESENTATIVE Satilule				

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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 th	e certificate holder		
PROI	Pullen Insurance Se	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@pullenins.com					
	1 of t worth, 121 70	110			PRODUCER CUSTO					
					INSURERS AF	FORDING COVI	ERAGE	NAIC #		
INSU	Michigan State Youth	. 50	0001	Association	+	tional Casualty		11991		
	9401 General Drive,	1 20	. 12	Association		utual of Omaha		71412		
		Suit	<del>2</del> 12	U	Insurer C:	atual of Offiana		/1412		
	Plymouth, MI 48170				Insurer D:					
					Insurer E:					
	VEDACES CE	DTI		ATE NUMBER: 150070	Insurer F:		DEVICION NUMBER.			
				ATE NUMBER: 150070			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 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016	E. L. DISEASE - POLICY LIWIT	\$100,000		
ט	PARTICIPANT ACCIDENT MEDICAL			5K2014WII-1-033230	7/1/2013	7/1/2010		Ψ100,000		
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		
CF	RTIFICATE HOLDER				CANCELLA	TION				
	hn R Park				JANUELLA					
At 35	tn: Yvonne Curtis 00 John R				THE EXPIRATION		DESCRIBED POLICIES BE CA IF, NOTICE WILL BE DELIVERE			
Tr	oy, MI 48083				AUTHORIZED REPR	RESENTATIVE	0 0			
					AUTHORIZED REPRESENTATIVE Patriculum					



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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 th	e certificate holder	
PRO	Pullen Insurance Se	ervio	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	ic 500	E-MAIL ADDRESS: contact@pullenins.com				
	Tort Worth, 124 70	110			PRODUCER CUSTOMER ID#: MI				
					INSURERS AF	FORDING COVE	RAGE	NAIC #	
INSU	JRED Michigan State Vouth	Co		Association		tional Casualty		11991	
	whenigan state 1 out					utual of Omaha		71412	
	9401 General Drive, S	Suite	e 12	U		utuai oi Oilialia	<u>l</u>	/1412	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:				
				ATE NUMBER: 150070			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 PEF 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 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000	
	DEDUCTIBLE							. , ,	
	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		
В	DARTICIDANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000	
Ъ	PARTICIPANT ACCIDENT MEDICAL			3K2014WII-F-033230	9/1/2013	9/1/2010		\$100,000	
Thi	CRIPTION OF OPERATIONS/LOCATIONS/VE is certificate is issued on behalf of ditional Insured as respects the of	f Mi	chiga	an State Youth Soccer Ass	sociation & Mi	chigan Youth S	Soccer League. Certifica ate association.	te Holder is	
CE	DTIEICATE UOI DED				CANCELLA	TION			
	RTIFICATE HOLDER			1 777	CANCELLA	TION			
At 17	ycee Park - Northeast, Sout tn: Yvonne Curtis 73 E. Long Lake Road	heas	st, a	nd West	THE EXPIRATION WITH THE POL	ON DATE THEREO LICY PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE		
11	oy, MI 48085				AUTHORIZED REPRESENTATIVE Jatik Well-				



DATE (MM/DD/YYYY) 8/26/2015

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in lieu	of such endorsement(s).								
PRODUC	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@pullenins.com				
	1011 ( 01111, 111 / 0	110			PRODUCER CUSTOMER ID#: MI				
					INSURERS AFFORDING COVERAGE NAIC #				
INSURE	Michigan State Youth	2 50	CCAT	Association	Insurer A: Na	ational Casualty	/ Company	11991	
	9401 General Drive,	223:44	12	Association		utual of Omaha		71412	
		Suite	5 12	O	Insurer C:	atual of Official	•	71712	
	Plymouth, MI 48170								
					Insurer D:				
					Insurer E:				
				ATE MUMBER: 150070	Insurer F:		EVICION NUMBER	0	
				ATE NUMBER: 150072			REVISION NUMBER:		
INDICA CERTII	S TO CERTIFY THAT THE POLICI ATED. NOTWITHSTANDING ANY F FICATE MAY BE ISSUED OR MA JSIONS AND CONDITIONS OF SUC	REQU Y PEF	IREM RTAIN	ENT, TERM OR CONDITION  I. THE INSURANCE AFFORD	OF ANY CONTR	RACT OR OTHER LICIES DESCRIB	DOCUMENT WITH RESPE	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADD'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
	ENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
$  \cdot  _{\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	
GI	EN'L AGGREGATE LIMIT APPLIES PER:							\$1,000,000	
	POLICY PROJECT LOC						PRODUCTS - COMP/OP AGG	\$1,000,000	
A A	UTOMOBILE LIABILITY			KRO 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
X	CLAIMS-MADE						AGGREGATE	\$5,000,000	
	DEDUCTIBLE								
	RETENTION \$								
w	ORKERS COMPENSATION						WC STATU- OTH- TORY LIMITS ER		
l lan	ND EMPLOYERS' LIABILITY  NY PROPRIETOR/PARTNER/EXECUTIVE  Y/N	N/A					E. L. EACH ACCIDENT		
OF	FFICER/MEMBER EXCLUDED?	11//					E. L. DISEASE - EA EMPLOYEE		
If y	yes, describe under						E. L. DISEASE - POLICY LIMIT		
ВР	ARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Sc This certificate is issued on behalf of Michigan State Youth Soccer Ass Additional Insured as respects the operations of the Named Insured for					sociation & Mi	ichigan Youth S		te Holder is	
CER	TIFICATE HOLDER				CANCELLA	TION			
Hun	ter Community Center				01101111 5 411111	OF THE 13017		NOE!   ED	

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.

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Attn: Yvonne Curtis 509 Fisher Court Clawson, MI 48017



DATE (MM/DD/YYYY) 8/26/2015

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).		<b>u</b>	,						
PROI	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.				E-MAIL ADDRESS: contact@pullenins.com					
					PRODUCER CUSTOMER ID#: MI					
					INSURERS AF	FORDING COVI	ERAGE	NAIC #		
INSU	Michigan State Youth	Soc	cer	Association	Insurer A: Na	tional Casualt	v Company	11991		
	9401 General Drive, S					utual of Omaha		71412		
	Plymouth, MI 48170	Juice	. 12	O	Insurer C:					
	Trymouth, wir 10170				Insurer D:					
					Insurer E:					
					Insurer F:					
CO	VERAGES CE	RTI	FICA	ATE NUMBER: 1500729		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	INS IREM RTAIN LICIE	URANCE LISTED BELOW HA ENT, TERM OR CONDITION J. THE INSURANCE AFFORD	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 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
	X EXCESS LIAB CLAIMS-MADE				27 -1 - 2 - 2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	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			SR2014MI-P-053256	9/1/2015	9/1/2016	E. E. DIOLAGE - I GLIGIT LIWITI	\$100,000		
	CRIPTION OF OPERATIONS / LOCATIONS / VE						<del></del>			
	s certificate is issued on behalf o ditional Insured as respects the op-							te Holder is		
	DTIFICATE LICE DED				041105111	TION				
	RTIFICATE HOLDER				CANCELLA	IION				
At 24	enwood Elementary tn: Yvonne Curtis 0 NAHMA				THE EXPIRATION		DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE			
Cl	awson, MI 48017				AUTHORIZED REPI	RESENTATIVE	AUTHORIZED REPRESENTATIVE			



DATE (MM/DD/YYYY) 8/26/2015

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.	A Statement on t	mis certificaté d	ioes not conter rights to th	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	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		Association	11.00				
	Michigan State 1 Outil					itual of Omaha		71412	
	9401 General Drive, S	sune	12	U		/1412			
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
~~	VEDAGES OF	DTIE	10.4	ATE MUMBER: 150070	Insurer F:		SEVICION NUMBER	0	
				ATE NUMBER: 1500729			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	REQUIF / PER CH POL	REMI 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 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		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
Thi	CRIPTION OF OPERATIONS/LOCATIONS/VE s certificate is issued on behalf or ditional Insured as respects the operations.	f Micl	higa	n State Youth Soccer Ass	sociation & Mi	chigan Youth S	Soccer League. Certifica ate association.	te Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
At	ırley Field tn: Yvonne Curtis 05 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.				
Ве	erkley, MI 48072				AUTHORIZED REP	RESENTATIVE	Patik Dull_	-	



DATE (MM/DD/YYYY) 8/26/2015

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 nea of saon enactsement(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					
	1010 // 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: Mutual of Omaha	71412				
	Plymouth, MI 48170	Insurer C:					
	<b>3</b> ,	Insurer D:					
		Insurer E:					
		Insurer F:					
COVERA	AGES CERTIFICATE NUMBER: 1500778	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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	/A				E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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.

OEKTII IOATE HOEDEK	OANGELLATION
Kearsley Park Attn: Administrator 900-071 Kearsley Park 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.
Flint, MI 48503	AUTHORIZED REPRESENTATIVE  Jatik Pull

CANCELL ATION

CEDTIEICATE HOLDED



DATE (MM/DD/YYYY) 8/26/2015

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	eu of such endorsement(s).	olicies	s ma	y require an endorsement.	A Statement on	ınıs certificatê c	ioes not conter rights to th	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  E-MAIL ADDRESS: contact@pullenins.com				
	Fort Worth, TX 76	,	Dui	<i>te</i> 300					
	Toft Worth, 124 70	110			PRODUCER CUSTOMER ID#: MI				
					INSURERS AF	NAIC #			
INSU	JRED Michigan State Vouth	Coc		Association		tional Casualty		11991	
	Michigan State 1 Outil					utual of Omaha		71412	
	9401 General Drive, S	12	U		/1412				
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
~~	VED 4 OF C	DTII	-10	ATE MUMBER: 150075	Insurer F:		DEVICION NUMBER		
				ATE NUMBER: 1500752			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	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 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
Thi	CRIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf o ditional Insured as respects the op	f Mic	higa	an State Youth Soccer Ass	sociation & Mi	d-Michigan Yo		tificate Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
Ke At	earsley High School tn: Tom Curatti 02 Underhill Dr.				SHOULD ANY THE EXPIRATION	OF THE ABOVE I	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE D IN ACCORDANCE	
	int, MI 48506				AUTHORIZED REPRESENTATIVE Jatik Dull				



DATE (MM/DD/YYYY) 8/26/2015

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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 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	.tc 300	E-MAIL ADDRESS: contact@pullenins.com				
	Toft 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	
	Michigan State 1 out					utual of Omaha		71412	
	9401 General Drive, S	Suit	e 12	U		ituai oi Oilialia	l	/1412	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
	VED 4.050	- D-T-I	FIO	ATE MUMBER 150075	Insurer F:	-	NEVIOLONI NUMBER		
				ATE NUMBER: 150075			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 I, 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 CLAI	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
DES	L CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	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 o	f Mi	chiga	an State Youth Soccer Ass	sociation & Mi	d-Michigan Yo		tificate Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
Keystone Soccer Complex Attn: Tom Curatti 712 N Keystone Rd Traverse City, MI 49686					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 Rull	-	



DATE (MM/DD/YYYY) 8/26/2015

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 policy in lieu of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on t	this certificate d	loes not confer rights to th	e certificate holder	
PRODUCER Pullen Insurance Se		200	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, 1X 70	110			PRODUCER CUSTOMER ID#: MI				
				INSURERS AF	NAIC #			
INSURED Michigan State Vouth	Co.	200#	Association	1	tional Casualty		11991	
Michigan State Youth 9401 General Drive, S					itual of Omaha		71412	
Plymouth, MI 48170	Juin	. 12	U	Insurer C:		•	71112	
1 lymoum, wn 481 /0				Insurer D:				
				Insurer E:				
				Insurer F:				
COVERAGES CE	RTI	FIC	ATE NUMBER: 150076		F	REVISION NUMBER:	0	
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY FOR CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUC	ES OF REQUI Y PER CH PO	INS IREM RTAIN LICIE	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 INSUITACT OR OTHER LICIES DESCRIBED BY PAID CLAIR	RED NAMED ABOVE FOR TO DOCUMENT WITH RESPE ED HEREIN IS SUBJECT TO	HE POLICY PERIOD 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE  DAMAGE TO RENTED PREMISES (Ea occurance)	\$1,000,000 \$300,000	
CLAIMS MADE X OCCUR							\$5,000	
CLAIMS MADE X OCCUR						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							\$1,000,000	
A AUTOMOBILE LIABILITY			KRO 5663300	9/1/2015	9/1/2016	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	$\vdash$		XKO 5663400	9/1/2015	9/1/2016		\$5,000,000	
X EXCESS LIAB CLAIMS-MADE			AKO 3003400	9/1/2013	9/1/2010	EACH OCCURRENCE	\$5,000,000	
DEDUCTIBLE	-					AGGREGATE	\$5,000,000	
RETENTION \$								
	$\vdash$					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					E. L. DISEASE - EA EMPLOYEE		
(Mandatory in NH)  If yes, describe under						E. L. DISEASE - POLICY LIMIT		
B PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000	
B PARTICIPANT ACCIDENT MEDICAL			5K2014WII-1-033230	J/1/2013	7/1/2010		Ψ100,000	
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 Ass	sociation & Mi	chigan Youth S		te Holder is	
CERTIFICATE HOLDER				CANCELLA	TION			
				CANCELLA	IION			
Holmes Middle School Attn: Yvonne Curtis 16200 Newburgh Road				THE EXPIRATION	OF THE ABOVE I ON DATE THEREO LICY PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE DINACCORDANCE	
Livonia, MI 48154			AUTHORIZED REPRESENTATIVE 0					

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DATE (MM/DD/YYYY) 8/26/2015

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				
	Total (Form, 111 Form)	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: Mutual of Omaha	71412			
	Plymouth, MI 48170	Insurer C:				
	<b>y</b> ,	Insurer D:				
		Insurer E:				
		Insurer F:				
COVER	AGES CERTIFICATE NUMBER: 150091	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

_	LUSIONS AND CONDITIONS OF SUC						MS.	
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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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
HERITAGE PARK 8399 TEXTILE 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.
	AUTHORIZED REPRESENTATIVE Satik Pull



DATE (MM/DD/YYYY) 8/26/2015

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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

	onditions of the policy, certain partion of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on t	this certificate d	loes not confer rights to the	he certificate holder	
PRODL	Pullen Insurance So	ervio	ces.	Inc.	CONTACT NAME: Sports Division				
	2560 River Park Pl		,		PHONE: (81	17) 738-6100	FAX: (817) 738-2	2993	
	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	So	ccer	Association	Insurer A: Na	tional Casualty	Company	11991	
	9401 General Drive,				Insurer B: Mu	utual of Omaha	l	71412	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:				
COV	ERAGES CE	RTI	FIC/	ATE NUMBER: 1501168	35	R	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.								ECT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADD'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	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	
							DEDOCALAL & ADVIALILIDY	\$1,000,000	

LTR	TITE OF INSURANCE	INSRD V	WD FOLICI NOMBER	DATE (MM/DD/YY)	DATE (MM/DD/YY)	EIMITS	
A	GENERAL LIABILITY	X	KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR					MED EXP (Any one person)	\$5,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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		SR2014MI-P-053256	9/1/2015	9/1/2016		\$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
Hartker Field Attn: Gary Yunge 5202 E. Maple 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.
Grand Blanc, MI 48439	AUTHORIZED REPRESENTATIVE Satisfull-



DATE (MM/DD/YYYY) 8/26/2015

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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 th	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	,	Dui	300	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	CCOT	Association	1	tional Casualty		11991	
	9401 General Drive,	200	12	Association		utual of Omaha		71412	
	Plymouth, MI 48170	Sulu	C 12	U	Insurer C:	atual of Official	<u> </u>	71412	
	Flymoum, WH 48170				Insurer D:				
					Insurer E:				
					Insurer F:				
	VERAGES CE	DTI	FIC	ATE NUMBER: 150119			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 TO R DOCUMENT WITH RESPE 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
11	X EXCESS LIAB CLAIMS-MADE			7KO 3003400	)/1/2013	7/1/2010	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			SR2014MI-P-053256	9/1/2015	9/1/2016	E. L. DISEASE - POLICY LIWIT	\$100,000	
D	TAKTICII ANT ACCIDENT MEDICAL			SK2014WI-1-033230	)/1/2013	7/1/2010		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 of ditional Insured as respects the o	f Mi	chiga	an State Youth Soccer Ass	sociation & Mi	chigan Youth S	Soccer League. Certifica ate association.	te Holder is	
CE	DTIEICATE HOLDED				CANCELLA	TION			
CERTIFICATE HOLDER  HEVEL ELEMENTARY 12700 29 MILE RD WASHINGTON , MI 48094					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	Patific Oulling	-	



DATE (MM/DD/YYYY) 8/26/2015

\$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 portion of such endorsement(s).	s an <i>l</i> olicie	NDDIT s ma	ΓΙΟΝΑL 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 ne certificate holder	
PRODU	Pullen Insurance So	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				E-MAIL ADDRESS:	contact@pul	lenins.com		
	,				PRODUCER CUSTOMER ID#: MI				
					INSURERS AF	FORDING COVE	ERAGE	NAIC #	
INSURE	Michigan State Youth	ı So	ccer	Association	Insurer A: Na	ational Casualty	Company	11991	
9401 General Drive, Suite 120					Insurer B: M	utual of Omaha	l .	71412	
	Plymouth, MI 48170				Insurer C:				
, , ,					Insurer D:				
					Insurer E:				
					Insurer F:				
COV	ERAGES CE	RTI	FIC/	ATE NUMBER: 150119	88	F	REVISION NUMBER:	0	
INDIC CERT EXCL	S TO CERTIFY THAT THE POLICI ATED. NOTWITHSTANDING ANY F FICATE MAY BE ISSUED OR MA' JSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREM RTAIN 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 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		
' <b>`</b>	ENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	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	
A	UTOMOBILE LIABILITY  ANY AUTO			KRO 5663300	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
-	ALL OWNED AUTOS						BODILY INJURY (Per person)		
-	SCHEDULED AUTOS						BODILY INJURY (Per accident)		
2	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 5663400

SR2014MI-P-053256

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.

9/1/2015

9/1/2015

9/1/2016

9/1/2016

CERTIFICATE HOLDER	CANCELLATION
GILCHER PARK 6709 29 MILE ROAD WASHINGTON , MI 48095	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) 8/26/2015

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.

	DUCER Dullon Incurance Co.		Tue	CONTACT NAME:	Sports Divis	zion			
1110	runen msurance se			PHONE: (817) 738-6100 FAX: (817) 738-2993  E-MAIL ADDRESS: contact@pullenins.com					
	2560 River Park Pla		te 300						
	Fort Worth, TX 761	10		PRODUCER CUSTO		iiciiiis.com			
					FORDING COVI	EDAGE	NAIC #		
INICII	JRED Michigan State Vouth	<u> </u>	<u> </u>						
IIVOU	Michigan State 1 outil				tional Casualty	· · · · · · · · · · · · · · · · · · ·	11991		
	9401 General Drive, S	uite 12	0		utual of Omaha	1	71412		
	Plymouth, MI 48170			Insurer C:					
				Insurer D:					
				Insurer E:					
~~	WEDACES CEI	TIFIC	ATE NUMBER: 150100	Insurer F:		DEVICION NUMBER.			
			ATE NUMBER: 1501262			REVISION NUMBER:			
IND CEF	S IS TO CERTIFY THAT THE POLICIES ICATED. NOTWITHSTANDING ANY RERTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	EQUIREM PERTAIN POLICIE	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 RESPECT TO	CT TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADD'L SUBR NSRD WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A	GENERAL LIABILITY	X	KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR					MED EXP (Any one person)	\$5,000		
						PERSONAL & ADV INJURY	\$1,000,000		
						GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
	ANY AUTO					BODILY INJURY (Per person)			
	ALL OWNED AUTOS SCHEDULED AUTOS					BODILY INJURY (Per accident)			
	$\vdash$					PROPERTY DAMAGE (Per accident)			
	X HIRED AUTOS X NON-OWNED AUTOS					(Per accident)			
	A NON-OWNED ACTOS								
Α	UMBRELLA LIAB X OCCUR		XKO 5663400	9/1/2015	9/1/2016	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)	11//				E. L. DISEASE - EA EMPLOYEE			
	If yes, describe under					E. L. DISEASE - POLICY LIMIT			
В	PARTICIPANT ACCIDENT MEDICAL		SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
	is certificate is issued on behalf of ditional Insured as respects the op						te Holder is		
CE	RTIFICATE HOLDER			CANCELLA	TION				
16	olmes Middle School 5200 Newburgh Road vonia, MI 48154			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	Jatik Pull	_		



DATE (MM/DD/YYYY) 8/26/2015

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	may	require an endorsement.	4 Statement on t	mis certificate c	ioes not conter rights to the	e certificate noider		
PROI	Pullen Insurance Se	ervice	es. l	Inc	CONTACT NAME:	Sports Divis	sion			
	2560 River Park Pla				PHONE: (817) 738-6100 FAX: (817) 738-2993  E-MAIL ADDRESS: contact@pullenins.com					
	Fort Worth, TX 76	,	Juit	.0 300						
	Toft Worth, 12 70	110			PRODUCER CUSTO					
						FORDING COVI	FRAGE	NAIC #		
INSU	JRED Michigan State Voyeth	Coo		Association		tional Casualty		11991		
	Michigan State 1 Outil					utual of Omaha		71412		
	9401 General Drive, S	Sune	120	)		ituai 01 Omana	1	/1412		
	Plymouth, MI 48170				Insurer C:					
					Insurer D:					
					Insurer E:					
~~	VED 4 OF C	DTIE	-10 4	TE NUMBER: 150100	Insurer F:		SEVICION NUMBER	0		
				TE NUMBER: 150126			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	REME TAIN LICIE:	ENT, TERM OR CONDITION , 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 S	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016	2. 2. 3.02.402 1 02.01 2	\$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. Certificate association.	te Holder is		
CE	RTIFICATE HOLDER				CANCELLA	TION				
Κε 15	eller Elementary 05 Campbell Rd. Dyal Oak, MI 48067				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	Patik Dull	-		



DATE (MM/DD/YYYY) 8/26/2015

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 chacreomeni(c).						
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 #				
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991				
	9401 General Drive, Suite 120	Insurer B: Mutual of Omaha	71412				
	Plymouth, MI 48170	Insurer C:					
	<b>,</b> ,	Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 1501313	REVISION NUMBER: (	)				
THIS IS TO	O CERTIEV THAT THE ROLLOISE OF INCLIDANCE LISTED BELOW HA	VE BEEN ISSUED TO THE INSUBED NAMED ABOVE FOR TH	IE 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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
HADDOD CDDINGC OTTAWA CTADUM	

HARBOR SPRINGS OTTAWA STADIUM 170 ZOLL STREET HARBOR SPRINGS, MI 49740

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) 8/26/2015

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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 lieu of such endorsement(s).						
PRODUCER Pullen Insurance Se	rvices	Inc.	CONTACT NAME:	Sports Divis	ion	
2560 River Park Pla			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 AF	FORDING COVE	RAGE	NAIC #
INSURED Michigan State Youth	Socce	er Association	Insurer A: Na	ational Casualty	Company	11991
9401 General Drive, S	Suite 1	20		utual of Omaha		71412
Plymouth, MI 48170	oute 1	20	Insurer C:			
			Insurer D:			
			Insurer E:			
			Insurer F:			
COVERAGES CE	RTIFIC	ATE NUMBER: 150137		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	EQUIRE PERTA H POLIC	MENT, TERM OR CONDITION IN, THE INSURANCE AFFORI IES. 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	CT TO WHICH THIS
INSR LTR TYPE OF INSURANCE	ADD'L SUB INSRD WV		POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY	X	KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE  DAMAGE TO RENTED PREMISES (Ea occurance)	\$1,000,000 \$300,000
CLAIMS MADE X OCCUR						\$5,000
ODAINIO MADE A COCOR					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 5663300	9/1/2015	9/1/2016	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						
			0/4/2042			Φ5 000 000
A UMBRELLA LIAB X OCCUR		XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000
X EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$5,000,000
DEDUCTIBLE						
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		SR2014MI-P-053256	9/1/2015	9/1/2016	E. E. DIOLAGE - I GLIGI LIMIT	\$100,000
B Traction for the object to the best of t		51201 1111 1 033230	7,1,2015	7/1/2010		, ,
DESCRIPTION OF OPERATIONS / LOCATIONS / VE This certificate is issued on behalf o Additional Insured as respects the op	f Michi	gan State Youth Soccer As	sociation & M	ichigan Youth Stivities of the st		te Holder is
CERTIFICATE HOLDER			CANCELLA	TION		
L'Anse Creuse High School N			SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA	NCELLED BEFORE

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Macomb, MI 48042

WITH THE POLICY PROVISIONS.



DATE (MM/DD/YYYY) 8/26/2015

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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	res	Inc	CONTACT NAME:	Sports Divis	ion			
2560 River Park P				PHONE: (8	(0.17) -0.0 11.00				
Fort Worth, TX 76		Su.	IIC 300	E-MAIL ADDRESS: contact@pullenins.com					
ron worm, 1x /0	110			PRODUCER CUSTOMER ID#: MI					
					FORDING COVI	FRAGE	NAIC #		
INSURED Michigan State Vout	- 0 -						11991		
whenigan state 1 out					ational Casualty				
9401 General Drive,	Suite	e 12	20		utual of Omaha	l	71412		
Plymouth, MI 48170				Insurer C:					
				Insurer D:					
				Insurer E:					
			A	Insurer F:					
			ATE NUMBER: 150141			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 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 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
						PERSONAL & ADV INJURY	\$1,000,000		
						GENERAL AGGREGATE	UNLIMITED		
GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
X EXCESS LIAB CLAIMS-MADE			71110 2003 100	7/1/2015	9/1/2010	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 DARTICIDANT ACCIDENT MEDICAL	+		CD2014MI D 052256	9/1/2015	9/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000		
B PARTICIPANT ACCIDENT MEDICAL	'		SR2014MI-P-053256	9/1/2013	9/1/2016		\$100,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / V		0 (0 11	a ale ACORD 404 A delition at Donardo C	National of the second second	- ii				
This certificate is issued on behalf of Additional Insured as respects the of	of Mi	chig	an State Youth Soccer As	sociation & Mi	ichigan Youth		te Holder is		
CERTIFICATE HOLDER				CANCELLA	TION				
	TIO.		COCCED EIEI D	JANUELLA					
LAPEER COMMUNITY SC 250 2ND ST. LAPEER, MI 48446	HU	UL	SOCCER FIELD	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 REPI	DESENITATIVE	^ -			
				AUTHORIZED REPI	NEGENTATIVE	Vatik Pull	-		

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DATE (MM/DD/YYYY) 8/26/2015

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) 738-29	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				
	9401 General Drive, Suite 120	Insurer B: Mutual of Omaha	71412				
	Plymouth, MI 48170	Insurer C:					
	•	Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 1501420	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 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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	
	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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

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.

AUTHORIZED REPRESENTATIVE

Satik Dulli

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DATE (MM/DD/YYYY) 8/26/2015

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		Insurer D: Insurer E: Insurer F:	
	<b>3</b>	Insurer D:	
	Plymouth, MI 48170	Insurer C:	
	9401 General Drive, Suite 120	Insurer B: Mutual of Omaha	71412
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	

CERTIFICATE NUMBER: 15014201

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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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

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.



DATE (MM/DD/YYYY) 8/26/2015

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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		200	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					
Folt Worth, 1A 70	110			PRODUCER CUSTOMER ID#: MI					
				INSURERS AF	NAIC #				
INSURED Michigan State Vout	- C -		. A:-4:		11991				
Wildingan State 1 Out					ational Casualt utual of Omaha		71412		
9401 General Drive,	Suite	12	U		utuai oi Oilialia	1	/1412		
Plymouth, MI 48170				Insurer C:					
				Insurer D:					
				Insurer E:					
COVERAGES CE	EDTI		ATE NUMBER: 1501420	Insurer 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	REQUI Y PEF CH PO	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 DESCRIE ED BY PAID CLAI	R DOCUMENT WITH RESPE SED 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
						PERSONAL & ADV INJURY	\$1,000,000		
						GENERAL AGGREGATE	UNLIMITED		
GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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						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	_			0/1/2017		E. L. DISEASE - POLICY LIMIT	Ф100 000		
B PARTICIPANT ACCIDENT MEDICAL	'		SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
This certificate is issued on behalf of Additional Insured as respects the o	of Mio	chiga	an State Youth Soccer Ass	sociation & M	ichigan Youth		te Holder is		
CERTIFICATE HOLDER				CANCELLA	TION				
GRAND BLANC HIGH SCI 12500 HOLLY ROAD GRAND BLANC, MI 48439		L		SHOULD ANY THE EXPIRATI	OF THE ABOVE	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE DINACCORDANCE		
OKAIND DLAINC, MII 40437									

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	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		
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	,	, Dui	300	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	0001	Association		tional Casualty		11991		
	9401 General Drive,	2234	~ 12	ASSOCIATION		utual of Omaha		71412		
	Plymouth, MI 48170	Suit	E 12	U	Insurer C:	atual of Offiana		/1712		
	Flyilloutii, Mii 48170				Insurer D:					
					Insurer E:					
	VERAGES CE	DTI	EIC/	ATE NUMBER: 150143	Insurer F:		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 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 POI E BEEN REDUCE	D TO THE INSUI RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPE 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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)			
	<del></del>						(Per accident)			
	X NON-OWNED AUTOS									
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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			
	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				CD2014MI D 052256	0/1/2015	9/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000		
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	ch ACORD 101, Additional Remarks S	chedule, if more space	is required)	•			
Thi Add	s certificate is issued on behalf of ditional Insured as respects the o	of Mi perat	chiga tions	an State Youth Soccer As of the Named Insured for	sociation & Mi sanctioned act	chigan Youth Sivities of the st	Soccer League. Certifica ate 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	OF THE ABOVE I ON DATE THEREO LICY PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE			
					AUTHORIZED REPI	RESENTATIVE	Patik Pull	-		



DATE (MM/DD/YYYY) 8/26/2015

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and conditions of the policy, certain point lieu of such endorsement(s).	olicies r	may require an endorsement.	A statement on	this certificate	does not confer rights to the	ne certificate holder	
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 76		uite 500	E-MAIL ADDRESS: contact@pullenins.com				
Total Worth, 171 70	110		PRODUCER CUST	OMER ID#: MI			
			INSURERS A	FFORDING COV	ERAGE	NAIC #	
INSURED Michigan State Youth	Socc	er Association	Insurer A: N	ational Casualt	y Company	11991	
9401 General Drive, S				Iutual of Omah		71412	
Plymouth, MI 48170	, arec 1		Insurer C:				
			Insurer D:				
			Insurer E:				
			Insurer F:				
COVERAGES CE	RTIFI	CATE NUMBER: 150157	'68	I	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 / PERT/ :H POLIC	EMENT, TERM OR CONDITION AIN, THE INSURANCE AFFORI CIES. LIMITS SHOWN MAY HAV	I OF ANY CONT DED BY THE PO /E BEEN REDUC	RACT OR OTHER DLICIES DESCRIE ED BY PAID CLAI	R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT T	CT TO WHICH THIS	
INSR LTR TYPE OF INSURANCE	ADD'L SU INSRD W		POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A GENERAL LIABILITY	X	KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
CLAIMS MADE X OCCUR					MED EXP (Any one person)	\$5,000	
					PERSONAL & ADV INJURY	\$1,000,000	
					GENERAL AGGREGATE	UNLIMITED	
GEN'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 5663300	9/1/2015	9/1/2016	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 decident)		
A non owner no roc							
A UMBRELLA LIAB X OCCUR		XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
X EXCESS LIAB CLAIMS-MADE		71110 3003 100	7/1/2015	3,1,2010	AGGREGATE	\$5,000,000	
DEDUCTIBLE					NOOKEONIE	++,,,,,,,,	
RETENTION \$							
WORKERS COMPENSATION					WC STATU- TORY LIMITS ER		
AND EMPLOYERS' LIABILITY Y/N	ĺ l				E. L. EACH ACCIDENT		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E. L. DISEASE - EA EMPLOYEE		
If yes, describe under					E. L. DISEASE - POLICY LIMIT		
B PARTICIPANT ACCIDENT MEDICAL		SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VE This certificate is issued on behalf o Additional Insured as respects the op	f Mich	igan State Youth Soccer As	sociation & M	ichigan Youth		nte Holder is	
CERTIFICATE USI DER			CANCELL	ATION			
CERTIFICATE HOLDER			CANCELLA	ATION			
GREAT LAKES GOLF AND 3951 JOSLYN RD AUBURN HILLS, MI 48326	SPO	K1S COMPLEX	THE EXPIRAT	OF THE ABOVE ON DATE THERECOLICY PROVISIONS	DESCRIBED POLICIES BE CA DF, NOTICE WILL BE DELIVERE 3.	ANCELLED BEFORE ED IN ACCORDANCE	
			AUTHORIZED REF	PRESENTATIVE	0 0		

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PRODUCER Pullen Insuranc	2 Sarvi	200	Inc	CONTACT NAME:	Sports Divis	ion		
2560 River Parl				PHONE: (817) 738-6100 FAX: (817) 738-2993				
Fort Worth, TX		_	ite 300	E-MAIL ADDRESS: contact@pullenins.com				
Tolt Worth, 1A	70110	,		PRODUCER CUSTO				
				INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSURED Michigan State Yo	outh Sc	00001	· Association	Insurer A: Na	ntional Casualty	v Company	11991	
9401 General Driv	ouul Sc	12	Association		utual of Omaha		71412	
Plymouth, MI 481		.6 12	U	Insurer C:	atual of Official		71112	
1 Tymoum, WH 401	70			Insurer D:				
				Insurer E:				
				Insurer F:				
COVERAGES	CERT	IFIC	ATE NUMBER: 150157		F	REVISION NUMBER:	0	
THIS IS TO CERTIFY THAT THE POINDICATED. NOTWITHSTANDING A CERTIFICATE MAY BE ISSUED OR EXCLUSIONS AND CONDITIONS OF	NY REQU MAY PE SUCH PO	JIREM RTAIN OLICIE	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 CLAI	R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT T	CT TO WHICH THIS	
INSR TYPE OF INSURANCE	ADD' INSR	L SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
X COMMERCIAL GENERAL LIABILITY	<i>'</i>					DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
						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  ANY AUTO			KRO 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016		\$5,000,000	
A UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MA	DE		AKU 3003400	9/1/2013	9/1/2016	EACH OCCURRENCE	\$5,000,000	
DEDUCTIBLE						AGGREGATE	ψ3,000,000	
RETENTION \$								
WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER		
AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE	<u>//N</u> 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		
B PARTICIPANT ACCIDENT MEDI	CAL		SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
DESCRIPTION OF OPERATIONS / LOCATION	S / VEHICLI	_∟ ES (Atta	L	L	e is required)	1		
This certificate is issued on beh Additional Insured as respects t	alf of M	ichiga	an State Youth Soccer As	sociation & Mi	chigan Youth		nte Holder is	

**CERTIFICATE HOLDER** 

**CANCELLATION** 

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 REPRESENTATIVE

Satik Dueli\_\_\_

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DATE (MM/DD/YYYY) 8/26/2015

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: Mutual of Omaha	maha 71412					
	Plymouth, MI 48170	Insurer C:						
		Insurer D:						
		Insurer E:						
		Insurer F:						
COVER	AGES CERTIFICATE NUMBER: 1501695	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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
CDAND DI ANCHICH SCHOOL	

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 Ovel



DATE (MM/DD/YYYY) 8/26/2015

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	eu of such endorsement(s).	UIIUIE	53 IIId	y require an endorsement.	A Statement On	iins cerimoale (	ioes not comer rights to th	ie certificate fioliter
PRO	Pullen Insurance S	ervi	ces.	Inc	CONTACT NAME:	Sports Divis	sion	
	2560 River Park Pl	aza	Sui	ite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993  E-MAIL ADDRESS: contact@pullenins.com			
	Fort Worth, TX 76							
	1010 1101111, 111 10	110			PRODUCER CUSTO	OMER ID#: MI		
					INSURERS AF	FORDING COVE	ERAGE	NAIC #
INSU	Michigan State Youth	1 So	CCEI	Association	Insurer A: Na	tional Casualty	v Company	11991
	9401 General Drive,	Cuit	a 12	Association		utual of Omaha		71412
	Plymouth, MI 48170	Suit	C 12	U	Insurer C:	atual of Official	•	71112
	1 lyllloutii, Wii 481 /0				Insurer D:			
					Insurer E:			
					Insurer F:			
$\Box$	VERAGES CE	PTI	FIC	ATE NUMBER: 1511685			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	THE POLICY PERIOD ECT 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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	<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			SR2014MI-P-053256	9/1/2015	9/1/2016	2.2.3.62.7.62	\$100,000
I	CRIPTION OF OPERATIONS / LOCATIONS / VE						4.0	4'C' - 4 - IT 11 - 1
	s certificate is issued on behalf of litional Insured as respects the o							rtificate Holder is
Aut	intolial histiled as respects the o	рсга	HOHS	of the Named Insured for	sanctioned act	ivities of the st	tate association.	
CE	RTIFICATE HOLDER				CANCELLA	TION		
	odrich Oaktree Elementry				SHOTH D VEIA	OF THE ABOVE !	DESCRIBED POLICIES BE CA	NICELLED DEFORE
75	00 Gale Rd.				THE EXPIRATION	ON DATE THEREO	)F, NOTICE WILL BE DELIVERE	ED IN ACCORDANCE
Go	oodrich, MI 48438				WITH THE POL	ICY PROVISIONS	<b>.</b>	
					AUTHORIZED REPR	RESENTATIVE	0 0	
							Vatik Well-	
						,	XJawa Com	-



DATE (MM/DD/YYYY) 8/26/2015

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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	ces	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	,	Sui	16 300					
	Fort Worth, TX 70	110			PRODUCER CUSTO				
						FORDING COVI	=PAGE	NAIC #	
INICLI					+				
INSU	Michigan State 1 out					tional Casualty		11991	
	9401 General Drive, S	Suit	e 12	0	Insurer B: Mu	utual of Omaha	1	71412	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTI	FIC	<b>ATE NUMBER: </b> 151168:	55	F	REVISION NUMBER:	0	
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 OLICIE	ENT, TERM OR CONDITION  I, THE INSURANCE AFFORE  ES. 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 RESPE SED 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
••	X EXCESS LIAB CLAIMS-MADE			71110 2002 100	7/1/2013	), 1, <b>2</b> 010	AGGREGATE	\$5,000,000	
	DEDUCTIBLE	1					AGOREGATE	42,000,000	
	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?	N/A							
	(Mandatory in NH)  If yes, describe under						E. L. DISEASE - EA EMPLOYEE		
D				CD2014MI D 052256	0/1/2015	9/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000	
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
DESC	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 ditional Insured as respects the o							tificate Holder is	
~=	DTIFICATE LIGI DES				CANOCILI	TION			
	RTIFICATE HOLDER				CANCELLA	IION			
62	eat Lakes Christian Colleg 11 W Willow Hwy nsing, MI 48917	e			THE EXPIRATION		DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE		
					AUTHORIZED REP	RESENTATIVE	0 0		
							Vatik Pull	_	



DATE (MM/DD/YYYY) 8/26/2015

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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

	such endorsement(s).	Olicies	illay	y require an endorsement.	A statement on	uns ceruncate u	des not comer rights to t	ne certificate floider	
PRODUCER	Pullen Insurance So	ervice	es.	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		
	1 010 11 01011, 111 7 0				PRODUCER CUSTO	OMER ID#: MI			
					INSURERS AF	FORDING COVE	RAGE	NAIC #	
INSURED	Michigan State Youth	1 Soco	cer	Association	Insurer A: Na	ational Casualty	Company	11991	
	9401 General Drive, S				Insurer B: M	utual of Omaha	,	71412	
	Plymouth, MI 48170								
	,								
					Insurer E:				
					Insurer F:				
COVER	AGES CE	ERTIF	ICA	TE NUMBER: 151168	56	R	EVISION NUMBER:	0	
INDICATE CERTIFICA EXCLUSION	O CERTIFY THAT THE POLICI D. NOTWITHSTANDING ANY F ATE MAY BE ISSUED OR MA' INS AND CONDITIONS OF SUC	REQUIR Y PERT CH POLI	EME AIN ICIE	ENT, TERM OR CONDITION , THE INSURANCE AFFORD	OF ANY CONTR DED BY THE PO E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAIN	DOCUMENT WITH RESPE T D HEREIN IS SUBJECT	ECT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADD'L SI	UBR VVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A GENE	RAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
Xc	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	
I I -		1 1				1		Φ1 000 000	

CLAIMS MADE X OCCUR						
					MED EXP (Any one person)	\$5,000
					PERSONAL & ADV INJURY	\$1,000,000
					GENERAL AGGREGATE	UNLIMITED
EN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$1,000,000
POLICY PROJECT LOC					PARTICIPANT LEGAL LIABILITY	\$1,000,000
$\neg$		KRO 5663300	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
-					BODILY INJURY (Per person)	
-					BODILY INJURY (Per accident)	
<del>- </del>					PROPERTY DAMAGE (Per accident)	
UMBRELLA LIAB X OCCUR		XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000
EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$5,000,000
DEDUCTIBLE						
RETENTION \$						
					WC STATU- TORY LIMITS OTH- ER	
	NI/A				E. L. EACH ACCIDENT	
FFICER/MEMBER EXCLUDED?	IN/A				E. L. DISEASE - EA EMPLOYEE	
yes, describe under					E. L. DISEASE - POLICY LIMIT	
ARTICIPANT ACCIDENT MEDICAL		SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000
	AUTOMOBILE LIABILITY  ANY AUTO  ALL OWNED AUTOS  SCHEDULED AUTOS  WHIRED AUTOS  NON-OWNED AUTOS  UMBRELLA LIAB  EXCESS LIAB  DEDUCTIBLE	POLICY PROJECT LOC  AUTOMOBILE LIABILITY  ANY AUTO  ALL OWNED AUTOS  SCHEDULED AUTOS  WINDOWNED AUTOS  WINDOWNED AUTOS  LIABILITY  ANY AUTO  ALL OWNED AUTOS  COCCUR  COCCUR	POLICY PROJECT LOC  AUTOMOBILE LIABILITY  ANY AUTO  ALL OWNED AUTOS  SCHEDULED AUTOS  K HIRED AUTOS  K NON-OWNED AUTOS  WORKERS LIAB CLAIMS-MADE  DEDUCTIBLE  RETENTION \$  VORKERS COMPENSATION NO EMPLOYERS' LIABILITY  NOY PROPRIETOR/PARTNER/EXECUTIVE PROPRIETOR/PARTNER/EXECUTIVE MANDE  Mandatory in NH)  Very, describe under	POLICY PROJECT LOC  AUTOMOBILE LIABILITY  ANY AUTO  ALL OWNED AUTOS  SCHEDULED AUTOS  K HIRED AUTOS  NON-OWNED AUTOS  WARRELLA LIAB X OCCUR  EXCESS LIAB CLAIMS-MADE  DEDUCTIBLE  RETENTION \$  VORKERS COMPENSATION NIND EMPLOYERS' LIABILITY  NAY PROPRIETOR/PARTNER/EXECUTIVE MANAGE  MANAGRAPH OF THE MANAGE MANAGE  NOR MANAGEMENT OF THE MANAGE MANAGE MANAGEMENT OF THE MANAGE	POLICY PROJECT LOC  AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS K HIRED AUTOS K NON-OWNED AUTOS X NON-OWNED AUTOS X NON-OWNED AUTOS X EXCESS LIAB CLAIMS-MADE DEDUCTIBLE RETENTION \$  VORKERS COMPENSATION NOT EMPLOYERS' LIABILITY NOT PROPRIETOR/PARTNER/EXECUTIVE MANAGE MANAGEON NOT NOT NOT NOT NOT NOT NOT NOT NOT N	SENL AGGREGATE LIMIT APPLIES PER:  POLICY PROJECT LOC  WRODGILE LIABILITY  ANY AUTO  ALL OWNED AUTOS  SCHEDULED AUTOS  SCHEDULED AUTOS  WORD AUTOS  WORD AUTOS  WORD AUTOS  WORD AUTOS  WRODGILE LIABILITY  ANY AUTO  ALL OWNED AUTOS  WRODGILY INJURY (Per person)  BODILY INJURY (Per person)  BODILY INJURY (Per person)  BODILY INJURY (Per person)  BODILY INJURY (Per accident)  PROPERTY DAMAGE  (Per accident)  PROPERTY DAMAGE  AGGREGATE  DEDUCTIBLE  RETENTION \$  WC STATU- TORY LIMITS  E. L. EACH ACCIDENT  E. L. DISEASE - BA EMPLOYEE  E. L. DISEASE - POLICY LIMIT  LYPS, describe under

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
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 Pull



DATE (MM/DD/YYYY) 8/26/2015

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 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 Mutual of Omaha 71412 Insurer B: Plymouth, MI 48170 Insurer C: Insurer D: Insurer E: Insurer F: **COVERAGES CERTIFICATE NUMBER: 15116857 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. 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 5663300 9/1/2015 9/1/2016 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 5663300 9/1/2015 9/1/2016 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 5663400 9/1/2015 9/1/2016 Α **EACH OCCURRENCE** X EXCESS LIAB CLAIMS-MADE \$5,000,000 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 9/1/2015 9/1/2016 \$100,000 SR2014MI-P-053256 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. **CERTIFICATE HOLDER CANCELLATION Hugh Parker Soccer Complex** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE 1177 Farr Ave. WITH THE POLICY PROVISIONS. Owosso, MI 48867 AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 8/26/2015

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).	UIICIE	53 IIId	y require an endorsement.	A Statement On	iins cerimoale (	ioes not comer rights to th	ie certificate fioliter
PRO	Pullen Insurance S	ervi	ces.	Inc	CONTACT NAME: Sports Division			
	2560 River Park Pl	aza	Sui	ite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993			
	Fort Worth, TX 76				E-MAIL ADDRESS: contact@pullenins.com			
	1010 1101111, 111 10	110			PRODUCER CUSTO	OMER ID#: MI		
					INSURERS AF	FORDING COVE	ERAGE	NAIC #
INSU	Michigan State Youth	2 50	CCEI	· Association	Insurer A: Na	tional Casualty	v Company	11991
	9401 General Drive,	I SU Cuit	_ 12			utual of Omaha		71412
	Plymouth, MI 48170	Suit	C 12	U	Insurer C:	atual of Official	•	71112
	1 lyllloutii, Wii 481 /0				Insurer D:			
					Insurer E:			
					Insurer F:			
$\overline{}$	VERAGES CE	PTI	FIC	ATE NUMBER: 1511685			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 EED HEREIN IS SUBJECT T	THE POLICY PERIOD ECT 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016	El El Bloch (CE   CElot Elimit	\$100,000
	CRIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf of						outh Socoar Langua Com	tificata Ualdaria
	ditional Insured as respects the o							unicate moider is
1100	intolial insured as respects the o	peru		of the Pullica Insured for	surretroned act	ivides of the st	ate association.	
	RTIFICATE HOLDER				CANCELLA	TION		
71	aca High School 0 N Union St aca, MI 48847				THE EXPIRATION		DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	
					AUTHORIZED REPR	RESENTATIVE	0 0	
					Jatik Vieli-			



DATE (MM/DD/YYYY) 8/26/2015

\$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	nditions of the policy, certain p of such endorsement(s).	s an A olicie	s ma	y require an endorsement.	A statement on	endorsed. If SUI this certificate o	BROGATION IS WAIVED, S 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: (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 #	
INSURE	Michigan State Youth	ı So	ccer	Association	Insurer A: Na	ational Casualty	Company	11991	
	9401 General Drive,				Insurer B: M	utual of Omaha	l	71412	
	Plymouth, MI 48170				Insurer C:				
	,				Insurer D:				
					Insurer E:				
					Insurer F:				
COVE	ERAGES CE	ERTI	FIC/	ATE NUMBER: 151168	59	F	REVISION NUMBER:	0	
INDICA CERTIF EXCLU	S TO CERTIFY THAT THE POLICI TED. NOTWITHSTANDING ANY I FICATE MAY BE ISSUED OR MA SIONS AND CONDITIONS OF SU	REQU Y PEI CH 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 RESPE LED 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 GE	NERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
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	
	]						GENERAL AGGREGATE	UNLIMITED	
GE	N'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000	
	POLICY PROJECT LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000	
A	ITOMOBILE LIABILITY  ANY AUTO			KRO 5663300	9/1/2015	9/1/2016	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)

N/A

XKO 5663400

SR2014MI-P-053256

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.

9/1/2015

9/1/2015

9/1/2016

9/1/2016

CERTIFICATE HOLDER	CANCELLATION
Ken Hope Soccer Complex 5801 Aurelius Rd. Lansing, MI 48910	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



DATE (MM/DD/YYYY) 8/26/2015

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in lieu of such endorsement(s).									
PRODUCER	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 76	,	2001		E-MAIL ADDRESS	: contact@pul	llenins.com		
	Tott Worth, 111 70	110			PRODUCER CUSTOMER ID#: MI				
					INSURERS A	FFORDING COVE	ERAGE	NAIC #	
INSURED	Michigan State Youth	So	CCAT	Association	Insurer A: N	ational Casualty	/ Company	11991	
	9401 General Drive, S	2	12	Association		Iutual of Omaha		71412	
	Plymouth, MI 48170	Suite	3 1 2	U	Insurer C:	iutuai oi Oilialia	<b>.</b>	71712	
	Plymouth, Mi 48170				Insurer D:				
					Insurer E:				
COVER	ACES CE	DTI		ATE NUMBER: 1511686	Insurer F:		REVISION NUMBER:		
INDICATEI CERTIFICA EXCLUSIO	D CERTIFY THAT THE POLICIE D. NOTWITHSTANDING ANY R ATE MAY BE ISSUED OR MAN INS AND CONDITIONS OF SUC	REQU Y PEF CH PC	IREM RTAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAVI	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 GENEI	RAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	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	
							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	
A AUTOI	MOBILE LIABILITY			KRO 5663300	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT	\$1,000,000	
	NY AUTO			1110 000000	37 17 <b>2</b> 0 1 0	7,1,2010	(Ea accident)	. , ,	
AL AL	L OWNED AUTOS						BODILY INJURY (Per person)		
	CHEDULED AUTOS						BODILY INJURY (Per accident)		
l <del>-  </del>	RED AUTOS						PROPERTY DAMAGE (Per accident)		
+++	DN-OWNED AUTOS								
	3.1 3.1.1.2 7.3 1.33								
A UN	MBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	EAGU GOOUDDENOE	\$5,000,000	
I ** ├──	CESS LIAB CLAIMS-MADE			AKO 3003400	9/1/2013	9/1/2010	EACH OCCURRENCE	\$5,000,000	
	EDUCTIBLE	1					AGGREGATE	\$5,000,000	
I <del></del>									
	ETENTION \$		$\vdash$				WC STATU- OTH-		
WORK AND E	ERS COMPENSATION MPLOYERS' LIABILITY Y/N						TORY LIMITS ER		
ANY PR	OPRIETOR/PARTNER/EXECUTIVE R/MEMBER EXCLUDED?	N/A					E. L. EACH ACCIDENT		
(Mandat	tory in NH)						E. L. DISEASE - EA EMPLOYEE		
	escribe under		<u> </u>				E. L. DISEASE - POLICY LIMIT	Φ100 000	
B PART	TICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
1	N OF OPERATIONS / LOCATIONS / VE						4.0	41C 4 . II . 1.1	
Addition	ificate is issued on behalf of al Insured as respects the op-	I IVII	eniga ione	an State Youth Soccer Ass	sociation & M	id-Michigan Yo	outh Soccer League. Cer	inicate Holder is	
Addition	ar misured as respects the of	perai	10118	of the Nameu msureu for	sanctioned ac	divides of the st	ate association.		
	ICATE HOLDER				CANCELLA	ATION			
	lle High School				SHOTH D VIV	OF THE ABOVE !	DESCRIBED POLICIES BE CA	NCELLED BEEODE	
12455	Wilson Rd				THE EXPIRAT	ION DATE THEREO	F, NOTICE WILL BE DELIVERE		
Lakeville, MI 48463					WITH THE PO	WITH THE POLICY PROVISIONS.			

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DATE (MM/DD/YYYY) 8/26/2015

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	eu of such endorsement(s).	olicies	ma	y require an endorsement.	A Statement on t	ınıs certificatê d	ioes not conter rights to th	e certificate holder	
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	,	Jui	200	E-MAIL ADDRESS: contact@pullenins.com				
	Tort Wortin, 171 70	110			PRODUCER CUSTOMER ID#: MI				
					INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSU	Michigan State Youth	Soc	cor	Accociation	Insurer A: National Casualty Company 11991				
	9401 General Drive, S					utual of Omaha		71412	
	Plymouth, MI 48170	ourte	14	U	Insurer C:	71412			
	Flymoun, Mi 48170				Insurer D:				
					Insurer E:				
					Insurer F:				
	VERAGES CE	DTIE	:10/	ATE NUMBER: 150170			REVISION NUMBER:	0	
THIS IND CEF	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	ES OF REQUII PER	INSI REM TAIN	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 INSUITACT OR OTHER	RED NAMED ABOVE FOR TI R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT TO	HE POLICY PERIOD	
INSR LTR		ADD'L INSRD		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X	.,,,,	KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
11	X COMMERCIAL GENERAL LIABILITY	11		III 3003300	<i>7</i> /1/2013	7/1/2010	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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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?	IN/A					E. L. DISEASE - EA EMPLOYEE		
	If yes, describe under						E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
Thi	CRIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf o ditional Insured as respects the op	f Mic	higa	an State Youth Soccer Ass	sociation & Mi	chigan Youth S	Soccer League. Certifica ate association.	te Holder is	
CF	RTIFICATE HOLDER				CANCELLA	TION			
IN 75	VENTIVE SPORTS 46 BARON ANTON, MI 48187				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) 8/26/2015

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 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@pullenins.com				
	Toft Worth, 1A 70	110			PRODUCER CUSTOMER ID#: MI				
					INSURERS AF	NAIC #			
INSURED Michigan State Vouth Segar Association							11991		
11400	Michigan State 1 out					tional Casualty			
	9401 General Drive, S	Suit	e 12	O		utual of Omaha	l	71412	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTI	FIC/	ATE NUMBER: 150170	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	ACT OR OTHER LICIES DESCRIB D 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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		
				CD2014MI D 052256	0/1/2015	0/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000	
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
DES	L CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	L	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		te Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
JE 22	FFERSON ELEMENTAR 011 REPUBLIC AVE AK PARK, MI 48237	Y			SHOULD ANY THE EXPIRATION	OF THE ABOVE I ON DATE THEREO LICY PROVISIONS	0 0	NCELLED BEFORE D IN ACCORDANCE	
					TO THE TENTE OF TH		Vatik Pulli	-	



DATE (MM/DD/YYYY) 8/26/2015

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 o	loes not confer rights to th	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	,	Dui	110 300	E-MAIL ADDRESS: contact@pullenins.com				
	1 of t worth, 121 70	110			PRODUCER CUSTO				
					INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSU	RED Michigan State Youth	. 50	222*	Association	1	tional Casualty		11991	
	9401 General Drive,	1 20	. 12	Association		utual of Omaha		71412	
		Sur	<del>2</del> 12	U	Insurer C:	utuai oi Oilialia	1	/1412	
	Plymouth, MI 48170				Insurer D:				
					Insurer E:				
~~	VEDACES CE	DTI		ATE NUMBER: 150172	Insurer F:		DEVICION NUMBER.		
				ATE NUMBER: 150172			REVISION NUMBER:		
INDI CER EXC	S IS TO CERTIFY THAT THE POLICI CATED. NOTWITHSTANDING ANY P TIFICATE MAY BE ISSUED OR MA ELUSIONS 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 RESPE SED 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	L Ch ACORD 101, Additional Remarks S	chedule, if more space	L e 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. Certifica tate association.	te Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
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				



DATE (MM/DD/YYYY) 8/26/2015

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	eu of such endorsement(s).	oncies	may require an endorsement	. A Statement on	uns certificate (	ioes not conter rights to th	ie 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	,		E-MAIL ADDRESS: contact@pullenins.com				
	Tort Worth, 171 70	110		PRODUCER CUSTOMER ID#: MI				
				INSURERS AF	FORDING COV	ERAGE	NAIC #	
INSU	Michigan State Youth	Soci	car Association		1 1 1 2 1 2			
	9401 General Drive, S				utual of Omah		71412	
	Plymouth, MI 48170	Suite	120	Insurer C:	atual of Omalia	<u>.</u>	71712	
	Flymouth, Mi 48170			Insurer D:				
				Insurer E:				
				Insurer F:				
	VERAGES CE	DTIE	ICATE NUMBER: 150180			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	ES OF REQUIR PERT CH POL	INSURANCE LISTED BELOW H REMENT, TERM OR CONDITION FAIN, THE INSURANCE AFFOR ICIES. LIMITS SHOWN MAY HA	AVE BEEN ISSUE N OF ANY CONTF DED BY THE PO VE BEEN REDUCE	D TO THE INSU RACT OR OTHEF LICIES DESCRIE ED BY PAID CLAI	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT T	HE POLICY PERIOD	
INSR LTR	TYPE OF INSURANCE	ADD'L S	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X	KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR					MED EXP (Any one person)	\$5,000	
						PERSONAL & ADV INJURY	\$1,000,000	
						GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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					(Per accident)		
	NON-OWNED ACTOS							
Α	UMBRELLA LIAB X OCCUR		XKO 5663400	9/1/2015	9/1/2016	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		SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
Thi Add	CRIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf o ditional Insured as respects the operational Insured as respects the operation of the control o	f Micl	nigan State Youth Soccer A	ssociation & Mi	d-Michigan Ye ivities of the s		tificate Holder is	
				CANCELLA	TION			
51	oly Rosary Church 91 Richfield Rd. int, MI 48506			THE EXPIRATI	OF THE ABOVE ON DATE THEREC LICY PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE DINACCORDANCE	
				AUTHORIZED REP	RESENTATIVE	Patik Dull	_	



DATE (MM/DD/YYYY) 8/26/2015

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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)

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) 738-2993					
	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: Mutual of Omaha	71412				
	Plymouth, MI 48170	Insurer C:					
		Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 1501939	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 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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	
	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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.

AUTHORIZED REPRESENTATIVE

Satik Dulle



DATE (MM/DD/YYYY) 8/26/2015

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	eu of such endorsement(s).	OIICIE	s ma	y require an endorsement.	A statement on	tnis certificate o	ioes not conter rights to th	ie certificate nolder	
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	ic 500	E-MAIL ADDRESS: contact@pullenins.com				
	Tolt Woldi, IA /0	110			PRODUCER CUSTOMER ID#: MI				
					INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSL	Michigan State Youth	2 50	ccar	Association				11991	
	9401 General Drive,				3 1 3			71412	
	Plymouth, MI 48170	Suru	- 12	U	Insurer C:	diddi of Offidia	•	71112	
	1 lyllloutii, W11 481 70				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTI	FIC.	ATE NUMBER: 1501953	-	F	REVISION NUMBER:	0	
IND CEF EXC	S IS TO CERTIFY THAT THE POLICI ICATED. NOTWITHSTANDING ANY F RTIFICATE 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 CLAI	R DOCUMENT WITH RESPE JED HEREIN IS SUBJECT T	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   COMMERCIAL GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	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 5663300	9/1/2015	9/1/2016	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 assissiny		
	A NON-OWNED ACTOS								
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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		
B PARTICIPANT ACCIDENT MEDICAL SR2014MI-P-053256					9/1/2015	9/1/2016		\$100,000	
Thi Ad	CRIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf of ditional Insured as respects the o	of Mi	chiga	an State Youth Soccer Ass	sociation & Mi	chigan Youth Stivities of the st	Soccer League. Certifica ate association.	ate Holder is	
Ko	ochville 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.				

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DATE (MM/DD/YYYY) 8/26/2015

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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								
1 010 11 01111, 111 7 0110	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: Mutual of Omaha 71412								
Plymouth, MI 48170	Insurer C:								
•	Insurer D:								
	Insurer E:								
Insurer F:									
COVERAGES CERTIFICATE NUMBER: 1501975	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, EVALUEIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY THE OWN 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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)	
							(refaccident)	
	X NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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?	N/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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

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.

AUTHORIZED REPRESENTATIVE

Satik Dieli\_\_\_



DATE (MM/DD/YYYY) 8/26/2015

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 the c

	conditions of the policy, certain policy, certain policy, certain policy.	olicie	s ma	y require an endorsement.	A statement on	this certificate of	loes not confer rights to the	ne certificate holder		
PROI	Pullen Insurance Se	arvi	200	Inc	CONTACT NAME: Sports Division					
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 76	,	Sui	ic 300	E-MAIL ADDRESS: contact@pullenins.com					
	Fort Worth, 1A 70	110			PRODUCER CUSTO					
						FORDING COVI	=RAGE	NAIC #		
INSU	RED N.C. 1. C N.C 1	-		<u> </u>				11991		
	Michigan State Youth 9401 General Drive, S					ational Casualty utual of Omaha		71412		
	Plymouth, MI 48170	Juin	. 12	O	Insurer C:		•	,		
	1 lymoum, wii 40170				Insurer D:					
					Insurer E:					
					Insurer F:					
CO	VERAGES CE	RTI	FIC.	ATE NUMBER: 1502012	-	F	REVISION NUMBER:	0		
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY F 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	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 LIABILITY  X COMMERCIAL GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	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 5663300	9/1/2015	9/1/2016	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)			
	X NON-OWNED AUTOS									
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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			
(Mandatory in NH)  If yes, describe under					E. L. DISEASE - POLICY LIMIT					
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
DESC	 CRIPTION OF OPERATIONS / LOCATIONS / VE	HIC! =	S (Atto	ch ACORD 101 Additional Remarks S	chedule if more space	is required)				
1							Soccer League. Certifica	ate Holder is		
Ado	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.									
CF	CERTIFICATE HOLDER					CANCELLATION				
Japhet Sugar					J JEEE					
	201 Dorchester				SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA	NCELLED BEFORE		
1	MADISON HEIGHTS, MI 48071					THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				

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DATE (MM/DD/YYYY) 8/26/2015

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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 Suon chaofsement(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: Mutual of Omaha	71412					
	*	Insurer C:						
		Insurer D:						
		Insurer E:						
		Insurer F:						
COVERAGES CERTIFICATE NUMBER: 15020544 REVISION NUMBER: 0								
THIS IS TO	THIS IS TO CEPTIEN THAT THE POLICIES OF INICIDANICE LISTED BELOW HAVE BEEN ISSUED TO THE INICIDED NAMED APONE FOR THE POLICY DEPICE.							

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, LEXICLUSIONS AND CONDITIONS OF SLICH POLICIES, LIMITS SHOWN MAY HAVE REFN 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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

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.



DATE (MM/DD/YYYY) 8/26/2015

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).	DIICIES	s ma	y 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	,	Dui	ic 500	E-MAIL ADDRESS: contact@pullenins.com				
Toft Wortin, 171 70	110			PRODUCER CUSTOMER ID#: MI				
				INSURERS AFFORDING COVERAGE NAIC #				
INSURED Michigan State Youth	Soc	cer	Association	Insurer A: National Casualty Company			11991	
9401 General Drive, S					lutual of Omaha		71412	
Plymouth, MI 48170	Juite	12	O	Insurer C:				
1 Tymoddi, ivii 40170				Insurer D:				
				Insurer E:				
				Insurer F:				
COVERAGES CE	RTIF	FICA	ATE NUMBER: 1502054		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	REQUII Y PER CH POL	REM TAIN 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	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 COMMERCIAL GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	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 5663300	9/1/2015	9/1/2016	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	$\pm$		XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
X EXCESS LIAB CLAIMS-MADE			1110 3003 100	<i>)</i> , 1, 2015	)/1/2010	AGGREGATE	\$5,000,000	
DEDUCTIBLE	1					7.CONLONIE	1-77	
RETENTION \$								
WORKERS COMPENSATION	$\Box$					WC STATU- TORY LIMITS OTH- ER		
AND EMPLOYERS' LIABILITY Y/N						E. L. EACH ACCIDENT		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E. L. DISEASE - EA EMPLOYEE		
If yes, describe under						E. L. DISEASE - POLICY LIMIT		
B PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
DESCRIPTION OF ODER CHARACTER AND								
This certificate is issued on behalf o Additional Insured as respects the operations of the control of the cont	f Mic	higa	an State Youth Soccer Ass	sociation & M	ichigan Youth S	Soccer League. Certifica ate association.	te Holder is	
CERTIFICATE HOLDER				CANCELLATION				
			JANULLLA					
JAMES PARK 400 EAST LINCOLN STREE 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.						
HANDITANI, IVII 40009								

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DATE (MM/DD/YYYY) 8/26/2015

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	conditions of the policy, certain p u of such endorsement(s).	olicies	s ma	y require an endorsement.	A statement on t	this certificate d	loes not confer rights to the	he certificate holder	
PROD	Pullen Insurance So	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@pul	llenins.com		
	,				PRODUCER CUSTO	OMER ID#: MI			
					INSURERS AF	FORDING COVE	ERAGE	NAIC #	
INSUR	Michigan State Youth	Soc	cer	Association	Insurer A: Na	tional Casualty	Company	11991	
	9401 General Drive, S				Insurer B: Mu	utual of Omaha	l	71412	
	Plymouth, MI 48170				Insurer C:				
	<i>,</i>				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	/ERAGES CE	RTIF	FICA	ATE NUMBER: 1502058	34	R	REVISION NUMBER:	0	
INDIC CER	IS TO CERTIFY THAT THE POLICI CATED. NOTWITHSTANDING ANY F FIFICATE MAY BE ISSUED OR MA' LUSIONS AND CONDITIONS OF SUC	REQUII Y PER CH POI	REM TAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	OF ANY CONTR ED BY THE POI	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 EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
	I I	1 1				I		Φ1 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE DAMAGE TO RENTED	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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						(i di doladin)	
	NON-OWNED ACTOC							
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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
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) 8/26/2015

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	conditions of the policy, certain policy, cert	olicies	s ma	y require an endorsement.	A statement on t	inis certificate d	loes not confer rights to th	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				
	Fort Worth, IA 70.	110			PRODUCER CUSTOMER ID#: MI				
						FORDING COVE	=RAGE	NAIC #	
INSU	RED 34: 1: C 37 .1	0		A				11991	
11400	Michigan State 1 Outil					tional Casualty			
	9401 General Drive, S	Suite	12	0		utual of Omaha	1	71412	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:	_		_	
CO	VERAGES CE	RTII	-IC/	ATE NUMBER: 1502163	33	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 H 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 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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	perati	ions	of the Named Insured for	sanctioned act	ivities of the st	ate association.	te fronter is	
CF	RTIFICATE HOLDER				CANCELLA	TION			
Gr 44	rand Rapids Northview High 51 Hunsberger Ave NE rand Rapids, MI 49525	h Sc	hoo	1	SHOULD ANY THE EXPIRATION	OF THE ABOVE I	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE D IN ACCORDANCE	
	-				AUTHORIZED REPF	RESENTATIVE	Patik Dull	_	



DATE (MM/DD/YYYY) 8/26/2015

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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 th	e certificate holder		
PROI	Pullen Insurance S	ervi	ces	Inc	CONTACT NAME: Sports Division  PHONE: (817) 738-6100 FAX: (817) 738-2993					
	2560 River Park Pl									
	Fort Worth, TX 76	,	541		E-MAIL ADDRESS: contact@pullenins.com					
	1010 0001111, 111 70	110			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,	Snit	- 12	0		utual of Omaha		71412		
	Plymouth, MI 48170	Juit	0 12	O .	Insurer C:					
	Trymoun, wir 10170				Insurer D:					
					Insurer E:					
					Insurer F:					
CO	VERAGES CE	RTI	FIC	ATE NUMBER: 150217		F	REVISION NUMBER:	0		
INDI CER	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	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 SED HEREIN IS SUBJECT TO	CT TO WHICH THIS		
			WVD					¢1,000,000		
A	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	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		
	OFANI, ACCORGATE LIMIT APPLIES DED.						GENERAL AGGREGATE			
	GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY PROJECT LOC						PRODUCTS - COMP/OP AGG	\$1,000,000		
Α	AUTOMOBILE LIABILITY			KRO 5663300	9/1/2015	9/1/2016	PARTICIPANT LEGAL LIABILITY  COMBINED SINGLE LIMIT	\$1,000,000 \$1,000,000		
A	ANY AUTO			KKO 3003300	9/1/2013	9/1/2010	(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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
Thi	CRIPTION OF OPERATIONS / LOCATIONS / VE 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		
Ado	ditional Insured as respects the o	perat	ions	of the Named Insured for	sanctioned act	ivities of the st	tate association.			
CF	RTIFICATE HOLDER				CANCELLA	TION				
Iss 67	sac Monfort Elementary Sc 00 Montgomery Dr. elby Township, MI 48316	hoo			SHOULD ANY THE EXPIRATION	OF THE ABOVE I	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE			
					AUTHORIZED REPI	RESENTATIVE	0 0			
							Vatik beli	-		



in lieu of such endorsement(s)

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/26/2015

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

3				
PRODUCER CUSTOMER ID#: MI				
IAIC#				
1991				
1412				
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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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							
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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
Great Lakes Golf and Sports 3951 Joslyn 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 Pull



DATE (MM/DD/YYYY) 8/26/2015

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	conditions of the policy, certain policy, cert	olicies	s ma	y require an endorsement.	A statement on t	inis certificate d	loes not confer rights to th	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	RED M: -1-: C4-4- 3741-	C		A				11991	
	Michigan State 1 Outil					tional Casualty			
	9401 General Drive, S	suite	12	0		utual of Omaha	1	71412	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:				
				ATE NUMBER: 150011			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 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 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016	L. L. DISLAGE - FOLICT LIWIT	\$100,000	
D	PARTICIPANT ACCIDENT MEDICAL			5K2014WII-1-055250	<i>)/1/2013</i>	<i>)/1/2010</i>		Ψ100,000	
Thi	CRIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf o ditional Insured as respects the op	f Mic	higa	nn State Youth Soccer Ass	sociation & Mi	chigan Youth	Soccer League. Certifica ate association.	te Holder is	
CF	RTIFICATE HOLDER				CANCELLA	TION			
Lu 11	otheran High School Associ 00 Bagley ochester Hills, MI 48309	atior	1		SHOULD ANY THE EXPIRATION	OF THE ABOVE I	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE DINACCORDANCE	
					AUTHORIZED REPR	RESENTATIVE	Patik Dull	-	



DATE (MM/DD/YYYY) 8/26/2015

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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 in lieu of such endorsement(s).	policie	es ma	y require an endorsement.	A statement on	this certificate of	loes not confer rights to th	e certificate holder	
PRODUCER Pullen Insurance S	Servi	ces	Inc	CONTACT NAME: Sports Division				
2560 River Park F				PHONE: (817) 738-6100 FAX: (817) 738-2993				
Fort Worth, TX 7			iic 300	E-MAIL ADDRESS: contact@pullenins.com				
Toft Worth, 1X /	3110			PRODUCER CUSTOMER ID#: MI				
				INSURERS AF	NAIC #			
INSURED Michigan State Vous	1. C -		A:-4:				11991	
Wilchigan State 10th					ational Casualty			
9401 General Drive,		e 12	20		utual of Omaha	l	71412	
Plymouth, MI 48170	)			Insurer C:				
				Insurer D:				
				Insurer E:			_	
			A== 100115=== 10011	Insurer F:				
			ATE NUMBER: 150011			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICINDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR MEXCLUSIONS AND CONDITIONS OF SU	REQU AY PE JCH PO	IIREM 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 RESPE SED HEREIN IS SUBJECT 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
	.					PERSONAL & ADV INJURY	\$1,000,000	
	.					GENERAL AGGREGATE	UNLIMITED	
GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
X EXCESS LIAB CLAIMS-MADE			71110 2003 100	7/1/2015	7,1,2010	AGGREGATE	\$5,000,000	
DEDUCTIBLE						NOCKEONIE		
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		
B PARTICIPANT ACCIDENT MEDICA	r		SR2014MI-P-053256	9/1/2015	9/1/2016	L. L. DIGLAGE - FOLIGI LIMIT	\$100,000	
B FARTICIFANT ACCIDENT MEDICA	-		SK2014WII-1-033230	)/1/2013	)/1/2010		φ100,000	
DESCRIPTION OF OPERATIONS / LOCATIONS /	/EHICLE	  S (Δ##	ach ACORD 101 Additional Remarks S	Schedule if more space	is required)			
This certificate is issued on behalf Additional Insured as respects the	of Mi	chig	an State Youth Soccer As	sociation & Mi	chigan Youth	Soccer League. Certifica ate association.	te Holder is	
CERTIFICATE HOLDER				CANCELLA	TION			
				CANCELLA	TION			
Lutheran High School North 1000 Bagley Rochester Hills, MI 48309	west			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	-	

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DATE (MM/DD/YYYY) 8/26/2015

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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 th	e certificate holder		
PRO	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	ic 500	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		tional Casualty		11991		
	Michigan State 1 out					utual of Omaha		71412		
	9401 General Drive, S	Sult	3 12	U		utuai 01 Oilialia	l	/1412		
	Plymouth, MI 48170				Insurer C:					
					Insurer D:					
					Insurer E:					
					Insurer F:					
				ATE NUMBER: 150011			REVISION NUMBER:			
IND 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 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 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000		
	DEDUCTIBLE	1						. , ,		
	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			
В	DADTICIDANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000		
D	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-033230	9/1/2013	9/1/2010		\$100,000		
	CRIPTION OF OPERATIONS / LOCATIONS / VE							4. II.11		
	s certificate is issued on behalf of ditional Insured as respects the of							te Holder is		
CE	RTIFICATE HOLDER				CANCELLA	TION				
81	otheran Social Services of N 31 East Jefferson etroit, MI 48214	/lich	igar	1	THE EXPIRATION		DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE			
					AUTHORIZED REPRESENTATIVE Jatik Pulli					



DATE (MM/DD/YYYY) 8/26/2015

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PRODUCER	D 11 I C ' I	CONTACT NAME: Sports Division					
RODUCER	Pullen Insurance Services, Inc.	*					
	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: Mutual of Omaha	71412				
	· · · · · · · · · · · · · · · · · · ·	Insurer C:					
		Insurer D:					
		Insurer E:					
		Insurer F:					
COVERA	AGES CERTIFICATE NUMBER: 1500128	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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)	
	71						(Per accident)	
	NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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.

Macomb County Parks & Rec (Macomb Corners & Town

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



in lieu of such endorsement(s).

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/26/2015

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

						G . D' '	•		
PROI	Pullen Insurance Se				CONTACT NAME: Sports Division				
	2560 River Park Pl		Sui	te 300		17) 738-6100	FAX: (817) 738-2	993	
	Fort Worth, TX 76	116			E-MAIL ADDRESS: contact@pullenins.com				
	•				PRODUCER CUSTOMER ID#: MI				
					INSURERS AF	FORDING COVE	RAGE	NAIC #	
INSU	RED Michigan State Youth	ı So	ccer	Association	Insurer A: Na	itional Casualty	Company	11991	
	9401 General Drive, S	Suite	e 12	0	Insurer B: M	utual of Omaha	1	71412	
	Plymouth, MI 48170				Insurer C:				
	<b>,</b> ,				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTI	FIC	ATE NUMBER: 150012	86	F	EVISION NUMBER:	0	
INDI CER EXC	S IS TO CERTIFY THAT THE POLICII CATED. NOTWITHSTANDING ANY F ITIFICATE MAY BE ISSUED OR MA' ILUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREM RTAIN LICIE	IENT, TERM OR CONDITION N, THE INSURANCE AFFORD	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		
Α	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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)	1,77					E. L. DISEASE - EA EMPLOYEE		
	If yes, describe under						E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
DESC	 CRIPTION 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 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
Lothrop Fields 6755 Lothrop Rd Imlay CIty, MI 48444	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 4 CODD CODD ATION AND LLE



DATE (MM/DD/YYYY) 8/26/2015

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  PHONE: (817) 738-6100					
	2560 River Park Pl	aza,	Sui	te 300						
	Fort Worth, TX 76	116			E-MAIL ADDRESS: contact@pullenins.com  PRODUCER CUSTOMER 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	Suite	e 12	0	Insurer B: Mu	utual of Omaha	ì	71412		
	Plymouth, MI 48170	, 0,10			Insurer C:					
	11/11/04/11/11/10/17				Insurer D:					
					Insurer E:					
					Insurer F:					
СО	VERAGES CE	RTI	FIC/	ATE NUMBER: 150034	63	F	REVISION NUMBER:	0		
INDI CER 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 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 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 LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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 ci dolidoni)			
	X non-exited									
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
	X EXCESS LIAB CLAIMS-MADE			71110 2002 100	<i>)</i> , 1, 2015	), 1, <b>2</b> 010	AGGREGATE	\$5,000,000		
	DEDUCTIBLE	1					NOOKEONIE	+2,000,000		
	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			SR2014MI-P-053256	9/1/2015	9/1/2016	E. E. DIOLAGE - I GLIGI LIWIT	\$100,000		
ב	TAKTICH ANT ACCIDENT MEDICAE			5R2014WH 1 033230	<i>7/1/2013</i>	7/1/2010		Ψ100,000		
Thi	CRIPTION OF OPERATIONS/LOCATIONS/VE s certificate is issued on behalf o ditional Insured as respects the o	f Mi	chiga	n State Youth Soccer Ass	sociation & Mi	chigan Youth S	Soccer League. Certificate association.	ate Holder is		
CF	RTIFICATE HOLDER				CANCELLA	TION				
Mi At 60	idland Public Schools tn: Yvonne Curtis 0 E. Carpenter St.				SHOULD ANY THE EXPIRATION	OF THE ABOVE I	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE			
Mi	idland, MI 48640				AUTHORIZED REPR	RESENTATIVE	Patik Dull	_		



DATE (MM/DD/YYYY) 8/26/2015

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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) 73	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: Mutual of Omaha	71412					
	Plymouth, MI 48170	Insurer C:						
	<i>j</i>	Insurer D:						
		Insurer E:						
		Insurer F:						
COVER	AGES CERTIFICATE NUMBER: 150	004245 REVISION NUMBE	<b>R:</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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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.

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 8/26/2015

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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 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	ervio	es	Inc	CONTACT NAME: Sports Division					
2560 River Park Pla		,		PHONE: (817) 738-6100 FAX: (817) 738-2993					
Fort Worth, TX 762		Dui	iic 300	E-MAIL ADDRESS: contact@pullenins.com					
Toft Worth, 124 70	110			PRODUCER CUST					
				INSURERS AF	FFORDING COVI	ERAGE	NAIC #		
INSURED Michigan State Vouth	Co	2001	. Association		ational Casualty		11991		
Michigan State 1 outil					lutual of Omaha		71412		
9401 General Drive, S	Suite	12	0	Insurer C:	iutuai 01 Oilialla	1	/1412		
Plymouth, MI 48170									
				Insurer D:					
				Insurer E:					
COVERAGES CE	DTI		ATE NUMBER: 150042	Insurer F:	-	REVISION NUMBER:	0		
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY E CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUC	ES OF REQUI	INS REM	URANCE LISTED BELOW HA IENT, TERM OR CONDITION N. THE INSURANCE AFFORD	OF ANY CONTI	ED TO THE INSUITANT OF THE POLICIES DESCRIES	RED NAMED ABOVE FOR TO R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT TO	HE POLICY PERIOD		
INSR TYPE OF INSURANCE	ADD'L INSRD			POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A GENERAL LIABILITY	X	WVD	KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
X COMMERCIAL GENERAL LIABILITY	/A		1210 2003200	7/1/2013	7/1/2010	DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
CLAIMS MADE X OCCUR							\$5,000		
CEANWIS WADE A 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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
X EXCESS LIAB CLAIMS-MADE			11120 0000 100	), 1, <b>2</b> 010	), 1, <b>2</b> 010	AGGREGATE	\$5,000,000		
DEDUCTIBLE						NOSKEO/ITE	70,000,00		
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 404 (3 57 D 0 594 54	0/1/2015	0/1/2016	E. L. DISEASE - POLICY LIMIT	¢100.000		
B PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VE	HICLES	S (Atta	ch ACORD 101, Additional Remarks S	chedule, if more spac	e is required)	1			
This certificate is issued on behalf of Additional Insured as respects the op-	f Mio	hig	an State Youth Soccer As	sociation & M	ichigan Youth		te Holder is		
CERTIFICATE HOLDER				CANCELLA	ATION				
LIGHTFOOT FIELD Attn: YVONNE CURTIS 3344 BEACH ROAD				SHOULD ANY THE EXPIRAT	OF THE ABOVE	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE			
PORT HURON , MI 48060				AUTHORIZED REF	PRESENTATIVE	Patik Dull			

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DATE (MM/DD/YYYY) 8/26/2015

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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 lieu of such endorsement(s).									
PRODUCER Pullen Insurance Se	ervic	ces, Inc.	CONTACT NAME: Sports Division						
2560 River Park Pl	aza,	Suite 300	PHONE: (8	(617) 756 6166 (617) 756 2556					
Fort Worth, TX 76	116		E-MAIL ADDRESS: contact@pullenins.com						
ŕ			PRODUCER CUSTOMER ID#: MI						
			INSURERS A	FFORDING COV	ERAGE	NAIC #			
INSURED Michigan State Youth	ı Soo	ccer Association	Insurer A: N	Vational Casualt	y Company	11991			
9401 General Drive,	Suite	2 120	Insurer B: N	Iutual of Omaha	a	71412			
Plymouth, MI 48170			Insurer C:						
_ = 5/ ====			Insurer D:						
			Insurer E:						
			Insurer F:						
COVERAGES CE	RTII	FICATE NUMBER: 150049	936	ī	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	REQUI Y PER CH PO	IREMENT, TERM OR CONDITION RTAIN, THE INSURANCE AFFOR LICIES. LIMITS SHOWN MAY HA	N OF ANY CONT DED BY THE PO VE BEEN REDUC	RACT OR OTHEF OLICIES DESCRIE CED BY PAID CLAI	R DOCUMENT WITH RESPE BED 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000			
X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000			
CLAIMS MADE X OCCUR					MED EXP (Any one person)	\$5,000			
					PERSONAL & ADV INJURY	\$1,000,000			
					GENERAL AGGREGATE	UNLIMITED			
GEN'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 5663300	9/1/2015	9/1/2016	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									
	$\perp$					<b>*</b> * * * * * * * * * * * * * * * * * *			
A UMBRELLA LIAB X OCCUR		XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000			
X EXCESS LIAB CLAIMS-MADE	_				AGGREGATE	\$5,000,000			
DEDUCTIBLE									
RETENTION \$	$\perp$				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	$\perp$				E. L. DISEASE - POLICY LIMIT	****			
B PARTICIPANT ACCIDENT MEDICAL		SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000			
	oxdot								
This certificate is issued on behalf of Additional Insured as respects the o	of Mic	chigan State Youth Soccer A	ssociation & M	lichigan Youth		te Holder is			
CERTIFICATE HOLDER			CANCELL	ATION					
CERTIFICATE HOLDER			CANCELL	ATION					
Larkin Soccer Field 3742 Vorhies Rd			SHOULD AN' THE EXPIRAT WITH THE PO	Y OF THE ABOVE TION DATE THERECOLICY PROVISIONS	DESCRIBED POLICIES BE CA PF, NOTICE WILL BE DELIVERE S.	NCELLED BEFORE D IN ACCORDANCE			

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AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 8/26/2015

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 I conditions of the policy, certain po ieu of such endorsement(s).	an <i>A</i> olicie	ADDI1 s 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	
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 761		Sui	<b>10</b> 300	E-MAIL ADDRESS:	contact@pu	llenins.com		
	1011 (101111, 121 701	110			PRODUCER CUSTO	OMER ID#: MI			
					INSURERS AF	FORDING COVE	ERAGE	NAIC #	
INSU	Michigan State Youth	So	ccer	Association	Insurer A: Na	ntional Casualty	Company	11991	
	9401 General Drive, S					utual of Omaha		71412	
	Plymouth, MI 48170	Juin	. 12	O	Insurer C:				
	Trymouth, wir 10170				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTI	FIC/	ATE NUMBER: 150051	00	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	OF ANY CONTR DED BY THE PO E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	R DOCUMENT WITH RESPE 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	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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								
_				****** # < < 2 + 0 0	0/4/2045	0/1/2015		Φ7 000 000	
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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				CD2014MI D 052256	0/1/2015	0/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000	
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
Thi	CRIPTION OF OPERATIONS / LOCATIONS / VEI is certificate is issued on behalf of ditional Insured as respects the op	f Mi	chiga	an State Youth Soccer As	sociation & Mi	d-Michigan Yo		tificate Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
	t. Pleasant Christian Acader	nv							
	tn: Tom Curatti	11 y			THE EXPIRATION	ON DATE THEREO	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE DINACCORDANCE	
	602 E. High St.				WITH THE POI	LICY PROVISIONS	•		
	t. Pleasant, MI 48858				AUTHORIZED REPRESENTATIVE 0				

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DATE (MM/DD/YYYY) 8/26/2015

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 lieu of such endorsement(s).	oolicie	s ma	y require an endorsement.	A statement on	this certificate of	does not confer rights to th	e certificate holder		
PRODUCER Pullen Insurance S	ervi	ces	Inc	CONTACT NAME:	Sports Divis	sion			
2560 River Park P				PHONE: (8	17) 738-6100	FAX: (817) 738-29	993		
Fort Worth, TX 76	,		ic 300	E-MAIL ADDRESS: contact@pullenins.com					
Toft Worth, 124 /	,110			PRODUCER CUST	PRODUCER CUSTOMER ID#: MI				
				INSURERS AF	FORDING COV	FRAGE	NAIC #		
INSURED Michigan State Vout	h Co	000#	Association		ational Casualt		11991		
Michigan State Yout 9401 General Drive,					utual of Omaha		71412		
Plymouth, MI 48170				Insurer C:					
5				Insurer D:					
				Insurer E:					
				Insurer F:					
COVERAGES C	ERTI	FICA	ATE NUMBER: 150054	14	F	REVISION NUMBER:	0		
THIS IS TO CERTIFY THAT THE POLICINDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR MATERIAL EXPLOSIONS AND CONDITIONS OF SU	REQU AY PE CH PC	IIREM RTAIN DLICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	OF ANY CONTE DED BY THE PO 'E BEEN REDUCE	RACT OR OTHEF 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 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 5663300	9/1/2015	9/1/2016	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 5663300	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
ANY AUTO						BODILY INJURY (Per person)			
ALL OWNED AUTOS						BODILY INJURY (Per accident)			
X HIRED AUTOS						PROPERTY DAMAGE			
<del></del>						(Per accident)			
X NON-OWNED AUTOS									
A UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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			
B PARTICIPANT ACCIDENT MEDICAL	_		SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / V This certificate is issued on behalf Additional Insured as respects the of CERTIFICATE HOLDER	of Mi	chiga	an State Youth Soccer As	sociation & Mi	ichigan Youth stivities of the st	Soccer League. Certifica tate association.	te Holder is		
Lincoln High School Soccer	Field			3					
7425 Willis Rd	1.1010	us		SHOULD ANY	OF THE ABOVE	DESCRIBED POLICIES BE CA DF, NOTICE WILL BE DELIVERE	NCELLED BEFORE		
Ypsilanti MI 48197				WITH THE POI	LICY PROVISIONS	), NOTICE WILL BE DELIVERE ).	D IN ACCORDANCE		

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AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 8/26/2015

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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in lieu of such endorsement(s).						
PRODUCER Pullen Insurance Se	ervices	Inc.	CONTACT NAME:	Sports Divis	ion	
2560 River Park Pla			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 AF	FORDING COVE	RAGE	NAIC #
INSURED Michigan State Youth	Socce	r Association	Insurer A: Na	ational Casualty	Company	11991
9401 General Drive, S	Suite 1'	20		utual of Omaha		71412
Plymouth, MI 48170	Julie 1		Insurer C:			
			Insurer D:			
			Insurer E:			
			Insurer F:			
COVERAGES CE	RTIFIC	ATE NUMBER: 150056	-	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	EQUIREI PERTA H POLIC	MENT, TERM OR CONDITION IN, THE INSURANCE AFFORD IES. 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	CT TO WHICH THIS
INSR LTR TYPE OF INSURANCE	ADD'L SUB INSRD WVI		POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY	X	KRO 5663300	9/1/2015	9/1/2016	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 5663300	9/1/2015	9/1/2016	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						
				0/1/2011		Φ <b>π</b> 000 000
A UMBRELLA LIAB X OCCUR		XKO 5663400	9/1/2015	9/1/2016	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					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		SR2014MI-P-053256	9/1/2015	9/1/2016	L. L. DISEASE - FOLICT LIWIT	\$100,000
B TAKTICH ANT ACCIDENT MEDICAL		5K201+WII-1-033230	)/1/2013	3/1/2010		Ψ100,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VE This certificate is issued on behalf or Additional Insured as respects the operations.	f Michig	gan State Youth Soccer Ass	sociation & M sanctioned ac	ichigan Youth Stivities of the st	Soccer League. Certifica ate association.	te Holder is
CERTIFICATE HOLDER			CANCELLA	ATION		
Mohawk Elementary 48101 Romeo Plank Rd			SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA	NCELLED BEFORE

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Macomb, MI 48044

WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 8/26/2015

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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: Mutual of Omaha	71412
	Plymouth, MI 48170	Insurer C:	
	•	Insurer D:	
		Insurer E:	
		Insurer F:	
<b>COVER</b>	AGES CERTIFICATE NUMBER: 1500577	77 <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	
Α	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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.

OLK III IOAT E HOLDEK	OANGELLATION
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 Satikbull

CANCELL ATION

CEDTIEICATE HOLDED



DATE (MM/DD/YYYY) 8/26/2015

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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 in lie	conditions of the policy, certain peu 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
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 Soc	ccer	· Association	Insurer A: Na	tional Casualty	Company	11991
	9401 General Drive,	Suite	12	0	Insurer B: M	utual of Omaha	l	71412
Plymouth, MI 48170					Insurer C:			
					Insurer D:			
					Insurer E:			
L					Insurer F:			
CO	VERAGES CE	ERTII	FIC	ATE NUMBER: 150063	72	F	REVISION NUMBER:	0
INDI CER	I IS TO CERTIFY THAT THE POLICI CATED. NOTWITHSTANDING ANY F TIFICATE MAY BE ISSUED OR MA LUSIONS AND CONDITIONS OF SUC	REQUI Y PER	REM	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 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 HIRED AUTOS (Per accident) NON-OWNED AUTOS \$5,000,000 UMBRELLA LIAB X OCCUR XKO 5663400 9/1/2015 9/1/2016 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

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

SR2014MI-P-053256

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.

9/1/2015

9/1/2016

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

E. L. DISEASE - POLICY LIMIT

\$100,000

If yes, describe under

PARTICIPANT ACCIDENT MEDICAL



DATE (MM/DD/YYYY) 8/26/2015

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).	UIICIE	53 IIId	y require an endorsement.	A Statement On	iins cerimoale (	ioes not comer rights to th	ie certificate fioliter
PRO	Pullen Insurance S	ervi	ces.	Inc	CONTACT NAME:	Sports Divis	ion	
	2560 River Park Pl	aza	Sui	ite 300	PHONE: (81	17) 738-6100	FAX: (817) 738-2	993
	Fort Worth, TX 76				E-MAIL ADDRESS:	contact@pu	llenins.com	
	1010 11 01011, 111 70	110			PRODUCER CUSTO	OMER ID#: MI		
					INSURERS AF	FORDING COVE	ERAGE	NAIC #
INSU	Michigan State Youtl	1 So	CCEI	Association	Insurer A: Na	tional Casualty	v Company	11991
	9401 General Drive,	Cuit	2 1 2	Association		utual of Omaha		71412
	Plymouth, MI 48170	Suit	C 12	U	Insurer C:	atual of Official	•	71112
	1 lymoum, WH 48170				Insurer D:			
					Insurer E:			
					Insurer F:			
CO	VERAGES CE	RTI	FIC	ATE NUMBER: 1500683		F	REVISION NUMBER:	0
THIS IND CER EXC	S IS TO CERTIFY THAT THE POLICI CATED. NOTWITHSTANDING ANY TIFICATE MAY BE ISSUED OR MA LUSIONS AND CONDITIONS OF SU	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 EED HEREIN IS SUBJECT T	THE POLICY PERIOD ECT 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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	<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			SR2014MI-P-053256	9/1/2015	9/1/2016	2. 2. 3.627.62	\$100,000
	CRIPTION OF OPERATIONS / LOCATIONS / VI S certificate is issued on behalf of						outh Connent C	rtificata II-14
	s certificate is issued on benaif of litional Insured as respects the o							Tillicate Holder is
Aut	intolial histiled as respects the o	рсга	nons	of the Named Insured for	sanctioned act	ivities of the st	ate association.	
	RTIFICATE HOLDER				CANCELLA	TION		
88	peer Optimist Fields 0 S. Saginaw St. peer, MI 48446				THE EXPIRATION		DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	
					AUTHORIZED REP	RESENTATIVE	0 0	
							Satikbull_	_



DATE (MM/DD/YYYY) 8/26/2015

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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

PRODUCE	Pullen Insurance Se	ervic	es,	Inc.	CONTACT NAME:	Sports Divis		
	2560 River Park Pl	aza,	Sui	te 300	PHONE: (8	17) 738-6100	FAX: (817) 738-2	993
	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	Soc	ccer	Association	Insurer A: Na	tional Casualty	Company	11991
	9401 General Drive, S	Suite	12	0	Insurer B: M	utual of Omaha	l	71412
	Plymouth, MI 48170				Insurer C:			
					Insurer D:			
					Insurer E:			
					Insurer F:			
COVE	RAGES CE	RTII	FIC/	ATE NUMBER: 150070	)48	F	REVISION NUMBER:	0
INDICAT CERTIF EXCLUS	TO CERTIFY THAT THE POLICIE TED. NOTWITHSTANDING ANY F ICATE MAY BE ISSUED OR MA' SIONS AND CONDITIONS OF SUC	REQUI Y PER CH PO	REM TAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORI S. LIMITS SHOWN MAY HAV	I OF ANY CONTF DED BY THE PO /E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	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	
* *	NERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
X	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
GEN	N'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 5663300	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ALL OWNED AUTOS						BODILY INJURY (Per person)	
	SCHEDULED AUTOS						BODILY INJURY (Per accident)	
11	HIRED AUTOS						PROPERTY DAMAGE (Per accident)	
X	NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000
X	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
	DEDUCTIBLE	1						
	RETENTION \$							
	PRKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER	
	D EMPLOYERS' LIABILITY  PROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
OFF	FICER/MEMBER EXCLUDED?	IN/A					E. L. DISEASE - EA EMPLOYEE	
1.	es, describe under	L ∣					E. L. DISEASE - POLICY LIMIT	
D DA	RTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000
В								

CERTIFICATE HOLDER	CANCELLATION
Larson Middle School Attn: Yvonne Curtis 2222 E Long 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  Satisfull



DATE (MM/DD/YYYY) 8/26/2015

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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 per eu of such endorsement(s).	olicie	s ma	y require an endorsement.	Á statement on	this certificate o	loes not confer rights to th	e certificate holder		
PROD	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	,	Sui	ie 300	E-MAIL ADDRESS: contact@pullenins.com					
	Toft Worth, 124 70	110			PRODUCER CUSTOMER ID#: MI					
					INSURERS AF	FORDING COVE	FRAGE	NAIC #		
INSUI	RED Michigan State Vouth	· Co		Association		tional Casualty		11991		
	Whengan State 1 out	1 50	ccer	Association		utual of Omaha		71412		
	9401 General Drive, S	Suite	2 12	U		utuai 01 Oilialia	1	/1412		
	Plymouth, MI 48170				Insurer C:					
					Insurer D:					
					Insurer E:					
	VED 4.050	- D.T.		ATE MUMBER 150070	Insurer F:	-	NEW MARKET			
				ATE NUMBER: 150070			REVISION NUMBER:			
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 LICIE	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 RESPE SED 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
	X EXCESS LIAB CLAIMS-MADE				7, 2, 2, 2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AGGREGATE	\$5,000,000		
	DEDUCTIBLE	1					7.CONLEGNIE	1-99		
	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	DA DEIGIDA NELA CCIDENTE MEDICA I			SD2014MI D 052256	9/1/2015	9/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000		
D	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2013	9/1/2010		\$100,000		
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VE		S (A#2	ch ACOPD 101 Additional Pamarks S	chodulo if more space	is required)				
This	s certificate is issued on behalf o	f Mi	chiga	an State Youth Soccer As	sociation & Mi	chigan Youth S	Soccer League. Certifica	te Holder is		
Aac	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				
At:	onard Elementary School tn: Yvonne Curtis 01 Tallman				THE EXPIRATION WITH THE POL	ON DATE THEREO LICY PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE			
11(	oy, MI 48085				AUTHORIZED REPI	RESENTATIVE	Jatik Dulle	_		

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DATE (MM/DD/YYYY) 8/26/2015

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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 .	such chaorsement(s).		
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division	
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-29	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: Mutual of Omaha	71412
	Plymouth, MI 48170	Insurer C:	
	<b>y</b> ,	Insurer D:	
		Insurer E:	
		Insurer F:	
COVER	AGES CERTIFICATE NUMBER: 1500705	REVISION NUMBER: (	)
THIS IS TO	CEPTIEN THAT THE DOLLCIES OF INSTIDANCE LISTED BELOW HA	VE DEEN ISSUED TO THE INSUDED NAMED ADOVE 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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
Martell Elementary School Attn: Yvonne Curtis 5666 Livernoss 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 Satisfull

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DATE (MM/DD/YYYY) 8/26/2015

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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 th	e certificate holder		
PROI	Pullen Insurance S	ervi	ces	Inc	CONTACT NAME:	Sports Divis	sion			
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 76	,	541		E-MAIL ADDRESS: contact@pullenins.com					
	1010 ((01011, 111 / 0	110			PRODUCER CUSTO	OMER ID#: MI				
					INSURERS AF	FORDING COVI	ERAGE	NAIC #		
INSU	Michigan State Youth	<u> </u>	CCET	· Association	Insurer A: Na	tional Casualty	v Company	11991		
	9401 General Drive,	Snit	2001 212	1 1330C1at1011		utual of Omaha		71412		
	Plymouth, MI 48170	Juit	U 12	U	Insurer C:		~	,1112		
	1 Tymouth, WH 40170				Insurer D:					
					Insurer E:					
					Insurer F:					
CO	VERAGES CE	RTI	FIC	ATE NUMBER: 150070:		F	REVISION NUMBER:	0		
INDI CER	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	ENT, TERM OR CONDITION  I, THE INSURANCE AFFORD	OF ANY CONTR DED BY THE PO	RACT OR OTHER LICIES DESCRIB	R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT TO	CT TO WHICH THIS		
			WVD					¢1,000,000		
A	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	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		
A	AUTOMOBILE LIABILITY			KRO 5663300	9/1/2015	9/1/2016	PARTICIPANT LEGAL LIABILITY  COMBINED SINGLE LIMIT	\$1,000,000		
А	ANY AUTO			KKO 3003300	9/1/2013	9/1/2010	(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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
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 Ass	sociation & Mi	chigan Youth	Soccer League. Certifica tate association.	te Holder is		
CE	RTIFICATE HOLDER				CANCELLA	TION				
At 47	orse Elementary School tn: Yvonne Curtis 5 Cherry oy, MI 48083				THE EXPIRATION WITH THE POL	ON DATE THEREC LICY PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE			
11	oy, 1411 <del>4</del> 000 <i>3</i>				AUTHORIZED REPI	RESENTATIVE	Patik Queli	_		



DATE (MM/DD/YYYY) 8/26/2015

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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							
1 310 11 01113	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: Mutual of Omaha 71412							
Plymouth, MI 48170	Insurer C:							
•	Insurer D:							
	Insurer E:							
	Insurer F:							
OVERAGES CERTIFICATE NUMBER: 15009116 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 AND CONDITIONS OF SUCH POLICIES AND CO

INSR 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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)	
							(Fer accident)	
	X NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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.

AUTHORIZED REPRESENTATIVE

Satik Dulle



DATE (MM/DD/YYYY) 8/26/2015

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).						
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: Mutual of Omaha	71412				
	Plymouth, MI 48170	Insurer C:					
	•	Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 1500912	20 REVISION NUMBER: (	)				
INDICATE!	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 HAV	OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPEC ED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO	T TO WHICH THIS				
INICO	ADDII CURD	DOLLOV FEFFOTIVE DOLLOV EXPIDATION					

INSR 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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)	
	71						(Per accident)	
	NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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 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 Satisfull



DATE (MM/DD/YYYY) 8/26/2015

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 I	ieu of such endorsement(s).			, . 				
PRO	Pullen Insurance Se	ervio	ces,	Inc.	CONTACT NAME:	Sports Divis		
	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 CUST	OMER ID#: MI		
					INSURERS AF	FORDING COVE	ERAGE	NAIC #
INSU	Michigan State Youth	So	ccer	Association	Insurer A: Na	ational Casualty	Company	11991
	9401 General Drive, S	Suite	e 12	0	Insurer B: M	utual of Omaha	ı	71412
	Plymouth, MI 48170				Insurer C:			
	,				Insurer D:			
					Insurer E:			
					Insurer F:			
CC	OVERAGES CE	RTI	FIC/	ATE NUMBER: 150093	97	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 PEF 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 REDUCI	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	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000
Thi	CRIPTION OF OPERATIONS/LOCATIONS/VE is certificate is issued on behalf of ditional Insured as respects the o	f Mi	chiga	an State Youth Soccer As	sociation & M	ichigan Youth S		te Holder is

**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

Satik Pulling



DATE (MM/DD/YYYY) 8/26/2015

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	eu of such endorsement(s).	nicies	may require an endorsen	nent. A statement on	uns certificate o	ioes not conter rights to th	ie certificate noider		
PROI	Pullen Insurance Se	ervice	es. Inc.	CONTACT NAME:	Sports Divis	sion			
	2560 River Park Pla			PHONE: (82					
	Fort Worth, TX 762	,	Juite 300	E-MAIL ADDRESS:					
	Toft Worth, 12 70	110		PRODUCER CUSTO					
				INSURERS AF	FORDING COVI	FRAGE	NAIC #		
INSU	IRED Michigan State Voyeth	Coo	an Association		ntional Casualt		11991		
	Michigan State 1 Outil				utual of Omaha		71412		
	9401 General Drive, S	sune	120		utuai 01 Oilialla	a	/1412		
	Plymouth, MI 48170			Insurer C:					
				Insurer D:					
				Insurer E:					
~~	VEDAGES OF	DTIE	IOATE MUMBER: 150	Insurer F:		SEVICION NUMBER			
			ICATE NUMBER: 150			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 POL	EMENT, TERM OR CONDI FAIN, THE INSURANCE AF ICIES. LIMITS SHOWN MAY	ITION OF ANY CONTR FORDED BY THE POI HAVE BEEN REDUCE	RACT OR OTHER 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'L S	UBR VVD POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A	GENERAL LIABILITY	X	KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR					MED EXP (Any one person)	\$5,000		
						PERSONAL & ADV INJURY	\$1,000,000		
						GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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		SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
Thi	CRIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf or ditional Insured as respects the op	f Micl	nigan State Youth Socce	er Association & Mi	chigan Youth	Soccer League. Certificatate association.	te Holder is		
CE	RTIFICATE HOLDER			CANCELLA	TION				
33	berty Park of America 600 Mound Rd. erling Heights, MI 48310			THE EXPIRATION	OF THE ABOVE ON DATE THEREC	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE :.	INCELLED BEFORE ED IN ACCORDANCE		
				AUTHORIZED REPI	RESENTATIVE	Patik Dull	_		



DATE (MM/DD/YYYY) 8/26/2015

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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 th	e certificate holder		
PROI	Pullen Insurance Se	ervi	ces	Inc	CONTACT NAME:	Sports Divis	sion			
	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	FORDING COVI	ERAGE	NAIC #		
INSU	Michigan State Youth	. 50	CCOT	Association	1	tional Casualty		11991		
	9401 General Drive,	I SU Suit	2 1 2	Association		utual of Omaha		71412		
	Plymouth, MI 48170	Sulu	C 12	U	Insurer C:	atual of Official	<u>.</u>	71412		
	Flymoum, WH 48170				Insurer D:					
					Insurer E:					
					Insurer F:					
	VERAGES CE	DTI	FIC	ATE NUMBER: 150126			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 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 NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	Φ1 000 000		
A	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	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 5663300	9/1/2015	9/1/2016	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 switz heres									
Α	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
11	X EXCESS LIAB CLAIMS-MADE			7110 3003 100	)/ 1/2013	7/1/2010	AGGREGATE	\$5,000,000		
	DEDUCTIBLE	†					AGGREGATE	42,000,000		
	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			SR2014MI-P-053256	9/1/2015	9/1/2016	E. E. BIOLAGE T GETST ENWIT	\$100,000		
DECC	CRIPTION OF OPERATIONS / LOCATIONS / VE		S (V#-	ch ACOPD 101 Additional Damarica C	chadula if mars asset	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. Certifica tate association.	te Holder is		
CF	RTIFICATE HOLDER				CANCELLA	TION				
Me 14	eadows Upper Elementary 35 W Auburn Rd. ochester Hills, MI 48309	Sch	ool		SHOULD ANY THE EXPIRATION	OF THE ABOVE I ON DATE THEREO LICY PROVISIONS	DESCRIBED POLICIES BE CA PF, NOTICE WILL BE DELIVERE			
					AUTHORIZED REPI	RESENTATIVE	Patik Queli	_		



DATE (MM/DD/YYYY) 8/26/2015

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in lieu of such endorsement(s).					O D' '	•			
Pullen Insurance S					CONTACT NAME: Sports Division				
2560 River Park P	laza,	Sui	te 300	PHONE: (817) 738-6100 FAX: (817) 738-2993					
Fort Worth, TX 76	5116			E-MAIL ADDRESS:	contact@pu	llenins.com			
				PRODUCER CUSTO	OMER ID#: MI				
				INSURERS AF	FORDING COV	ERAGE	NAIC #		
INSURED Michigan State Yout	h So	ccer	Association	Insurer A: Na	ational Casualt	y Company	11991		
9401 General Drive,				Insurer B: M	utual of Omaha	a	71412		
Plymouth, MI 48170				Insurer C:					
,				Insurer D:					
				Insurer E:					
				Insurer F:					
COVERAGES C	ERTI	FIC	ATE NUMBER: 150150	031	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 XY PE CH PO	IIREM RTAIN DLICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORI S. 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 SED HEREIN IS SUBJECT 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
						PERSONAL & ADV INJURY	\$1,000,000		
						GENERAL AGGREGATE	UNLIMITED		
GEN'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 5663300	9/1/2015	9/1/2016	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 NON-OWNED ACTOS									
A UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
X EXCESS LIAB CLAIMS-MADE			AKO 3003400	9/1/2013	9/1/2010		\$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)						E. L. DISEASE - EA EMPLOYEE			
If yes, describe under				0.44.504.5	0/4/204	E. L. DISEASE - POLICY LIMIT	<b>\$100.000</b>		
B PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
DESCRIPTION OF OPERATIONS/LOCATIONS/A This certificate is issued on behalf Additional Insured as respects the	of Mi	chiga	an State Youth Soccer As	sociation & Mi	chigan Youth		te Holder is		
CERTIFICATE HOLDER				CANCELLA	TION				
ACCO ATH ELEMENT AD				J					

MCGRATH ELEMENTARY 5288 TODD ST.

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

Satil Ovel



DATE (MM/DD/YYYY) 8/26/2015

\$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 cond in lieu of	itions of the policy, certain posts such endorsement(s).	olicie	s ma	y require an endorsement.	A statement or	n this certificate d	loes not confer rights to the	ne certificate holder	
Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300					CONTACT NAME: Sports Division				
					PHONE: (	817) 738-6100	FAX: (817) 738-2	993	
	Fort Worth, TX 76		~ ***		E-MAIL ADDRESS	s: contact@pul	lenins.com		
					PRODUCER CUS	TOMER ID#: MI			
					INSURERS A	FFORDING COVE	ERAGE	NAIC #	
INSURED	Michigan State Youth	Soc	ccer	Association	Insurer A: N	National Casualty	Company	11991	
	9401 General Drive, S				Insurer B: N	Autual of Omaha	l	71412	
	Plymouth, MI 48170				Insurer C:				
	•				Insurer D:				
					Insurer E:				
					Insurer F:				
COVER	AGES CE	RTII	FICA	ATE NUMBER: 1501570	56	F	REVISION 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 HAVE						FRACT OR OTHER OLICIES 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 GENE	RAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
X C	OMMERCIAL 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	
P	OLICY PROJECT LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000	
I ** ├──	MOBILE LIABILITY NY AUTO			KRO 5663300	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
I <del></del>	LL OWNED AUTOS						BODILY INJURY (Per person)		
I <del>II</del>	EL OWNED ACTOS						BODILY INJURY (Per accident)		

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

XKO 5663400

SR2014MI-P-053256

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.

9/1/2015

9/1/2015

9/1/2016

9/1/2016

CERTIFICATE HOLDER	CANCELLATION
MT. CLEMENS HIGH 155 CASS AVE MT. CLEMENS, MI 48043	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

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

SCHEDULED AUTOS

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

HIRED AUTOS

X EXCESS LIAB

If yes, describe under

DEDUCTIBLE RETENTION \$



DATE (MM/DD/YYYY) 8/26/2015

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 p eu of such endorsement(s).	olicies ma	y require an endorsement.	A statement on	this certificate of	loes not confer rights to th	ne certificate holder	
PROD	Pullen Insurance S	ervices.	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 CUST	OMER ID#: MI		_	
				INSURERS AF	FORDING COVE	ERAGE	NAIC #	
INSUR	RED Michigan State Youth	Socce	r Association	Insurer A: Na	ational Casualty	Company	11991	
	9401 General Drive,			Insurer B: M	utual of Omaha	ı	71412	
	Plymouth, MI 48170			Insurer C:				
	,			Insurer D:				
				Insurer E:				
				Insurer F:				
CO	VERAGES CE	RTIFIC	ATE NUMBER: 150158	40	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 PERIO INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THI 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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X	KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	¢1 000 000	
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurance)	\$1,000,000	
	CLAIMS MADE X OCCUR					PREIVINGES (Ea OCCUIANCE)		
1 1						MED EXP (Any one person)	\$1,000,000 \$300,000 \$5,000	
							\$300,000	
-						MED EXP (Any one person)	\$300,000 \$5,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					MED EXP (Any one person) PERSONAL & ADV INJURY	\$300,000 \$5,000 \$1,000,000 UNLIMITED \$1,000,000	
						MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE	\$300,000 \$5,000 \$1,000,000 UNLIMITED \$1,000,000 \$1,000,000	
A	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC AUTOMOBILE LIABILITY		KRO 5663300	9/1/2015	9/1/2016	MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$300,000 \$5,000 \$1,000,000 UNLIMITED \$1,000,000	
A	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC		KRO 5663300	9/1/2015	9/1/2016	MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY COMBINED SINGLE LIMIT	\$300,000 \$5,000 \$1,000,000 UNLIMITED \$1,000,000 \$1,000,000	

NON-OWNED AUTOS \$5,000,000 UMBRELLA LIAB X OCCUR XKO 5663400 9/1/2015 9/1/2016 EACH OCCURRENCE CLAIMS-MADE \$5,000,000 **EXCESS LIAB** AGGREGATE DEDUCTIBLE RETENTION \$

9/1/2015 9/1/2016 SR2014MI-P-053256 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 & 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
LUTHERAN HIGH SCHOOL NORTH 16824 24 MILE ROAD 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

PROPERTY DAMAGE

WC STATU-TORY LIMITS

E. L. EACH ACCIDENT

E. L. DISEASE - EA EMPLOYEE

E. L. DISEASE - POLICY LIMIT

\$100,000

(Per accident)

HIRED AUTOS

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

If yes, describe under

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



DATE (MM/DD/YYYY) 8/26/2015

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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	ne certificate holder
PRODUCER Pullen Insurance So	Inc	CONTACT NAME: Sports Division					
2560 River Park Pl		PHONE: (817) 738-6100 FAX: (817) 738-2993					
Fort Worth, TX 76	110 300	E-MAIL ADDRESS: contact@pullenins.com					
Toft Worth, 174 70	110			PRODUCER CUSTO			
					FORDING COVI	FRAGE	NAIC #
INSURED Michigan State Vouth			. Association		tional Casualty		11991
Michigan State 1 Outi					utual of Omaha		71412
9401 General Drive, S	Suite	2 12	20		utuai oi Oilialia	1	/1412
Plymouth, MI 48170				Insurer C:			
				Insurer D:			
				Insurer E:			
				Insurer F:			
			ATE NUMBER: 150159			REVISION NUMBER:	
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	IREM RTAII ILICII	MENT, 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 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	UNLIMITED
GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016	E. E. DIOLAGE - I GLIGI LIWIT	\$100,000
D TAKTICH AIVI ACCIDENT MEDICAL			5K2014WI-1-033230	7/1/2013	7/1/2010		Ψ100,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atts	ach ACORD 101 Additional Remarks S	chedule if more space	is required)		
This certificate is issued on behalf of						Soccer League Certifics	te Holder is
Additional Insured as respects the o							tte Holder 15
	Porus	10110	01 410 1 (411100 11150100 101			and and drawnon.	
CERTIFICATE HOLDER				CANCELLA	TION		
MADONNA UNIVERSITY				SHOTH D VNA	OF THE ABOVE I	DESCRIBED DOLICIES BE CA	NICELLED BEEODE
36600 SCHOOLCRAFT RD				THE EXPIRATION	ON DATE THEREO	DESCRIBED POLICIES BE CA PF, NOTICE WILL BE DELIVERE	ED IN ACCORDANCE
LIVONIA, MI 48150				WITH THE POL	LICY PROVISIONS		
				AUTHORIZED REPI	RESENTATIVE	0 0	
						Vatik Queli	
						Xall Column	-

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DATE (MM/DD/YYYY) 8/26/2015

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	conditions of the policy, certain policy conditions of the policy, certain policy conditions of the policy certain policy cert	olicie	es ma	y require an endorsement.	A statement on	this certificate of	loes not confer rights to th	e certificate holder	
PROI	Pullen Insurance Se	-rvi	CES	Inc	CONTACT NAME: Sports Division				
2560 River Park Plaza, Suite 300					PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76			iic 300	E-MAIL ADDRESS:	contact@pu	· · ·		
	Toft Worth, 1A 70	110			PRODUCER CUSTO				
						FORDING COVI		NAIC #	
INSU	RED M. 1. C N1	-		A : .:				11991	
11400	Michigan State 1 out					tional Casualty			
	9401 General Drive, S	Suit	e 12	O		utual of Omaha	l .	71412	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTI	FIC/	ATE NUMBER: 150159:	54	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	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 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000	
ъ	PARTICIPANT ACCIDENT MEDICAL			3K2014WII-F-033230	9/1/2013	9/1/2010		Ψ100,000	
DESC	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 ditional Insured as respects the o	f Mi	chig	an State Youth Soccer Ass	sociation & Mi	chigan Youth S		te Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
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 REPRESENTATIVE Satikbull				



DATE (MM/DD/YYYY) 8/26/2015

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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: Mutual of Omaha 71412					
Plymouth, MI 48170	Insurer C:					
<b>3</b>	Insurer D:					
	Insurer E:					
	Insurer F:					
COVERAGES CERTIFICATE NUMBER: 15016818 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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 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



DATE (MM/DD/YYYY) 8/26/2015

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).

COVEDA	AGEQ CEDTIFICATE NI IMPED: 1501601	DEVISION NUMBED: (					
		Insurer F:					
		Insurer E:					
	·	Insurer D:					
	Plymouth, MI 48170	Insurer C:					
		Insurer B: Mutual of Omaha	71412				
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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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



DATE (MM/DD/YYYY) 8/26/2015

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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).		Ja	y roquiro un ondorcomona.			iooo not comoi rigino to tii		
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 0100, 112 / 0110					PRODUCER CUSTOMER ID#: MI				
					INSURERS AFFORDING COVERAGE			NAIC #	
Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170					Insurer A: Na	Insurer A: National Casualty Company			
					Insurer B: Mutual of Omaha			71412	
						Insurer C:			
					Insurer D:				
The state of the s					Insurer E:				
The state of the s					Insurer F:				
COVERAGES CERTIFICATE NUMBER: 1511666						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	WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE				27 -7 - 2 - 2	, , , , , , , , , , , , , , , , , , ,	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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		e Holder is	
OFFICIATE HOLDER						ANCELLATION			
						CANCELLATION			
Lutheran Social Services of Michigan 464 E. Grand Blvd. Detroit, MI 48207					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
<u> </u>					AUTHORIZED REPRESENTATIVE				



DATE (MM/DD/YYYY) 8/26/2015

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and conditions of the policy, certain p in lieu of such endorsement(s).	olicie	s ma	ny require an endorsement.	Á statement on	this certificate of	loes not confer rights to the	ne certificate holder	
PRODUCER Pullen Insurance S	ervi	CAS	Inc	CONTACT NAME: Sports Division				
2560 River Park P				PHONE: (817) 738-6100 FAX: (817) 738-2993				
Fort Worth, TX 76			iic 300	E-MAIL ADDRESS:	contact@pu			
Fort Worth, 1X 70	110			PRODUCER CUSTO				
					FORDING COVI	FRAGE	NAIC #	
INSURED Michigan State Vout	- C -						11991	
Wilchigan State 1 Out								
9401 General Drive,	Suit	e 12	20	Insurer B: Mutual of Omaha 71412				
Plymouth, MI 48170				Insurer C:				
				Insurer D:				
				Insurer E:				
				Insurer F:				
			ATE NUMBER: 151166			REVISION NUMBER:		
INDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR MA EXCLUSIONS AND CONDITIONS OF SU	REQU Y PEI CH PC	IIREN RTAII DLICII	MENT, TERM OR CONDITION N, THE INSURANCE AFFORI ES. LIMITS SHOWN MAY HAV					
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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
						PERSONAL & ADV INJURY	\$1,000,000	
						GENERAL AGGREGATE	UNLIMITED	
GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
X EXCESS LIAB CLAIMS-MADE				, , , , , , , , , , , , , , , , , , ,		AGGREGATE	\$5,000,000	
DEDUCTIBLE	1					THOUSE THE STATE OF THE STATE O	, , , , , , , , , ,	
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		
			CD2014MI D 052256	0/1/2015	9/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000	
B PARTICIPANT ACCIDENT MEDICAL	'		SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
DESCRIPTION OF OPENATIONS // COATIONS //		0 (44)	A A A A A A A A A A A A A A A A A A A	National Management	- i			
This certificate is issued on behalf of						Forcer Langua Cartifica	eta Haldaria	
Additional Insured as respects the o	)I IVII	tions	of the Named Insured for	sociation & Mi	tivities of the st	sate association	ite Holdel 18	
Additional insured as respects the c	рста	nons	of the Named Histied for	sanctioned act	irvities of the st	ate association.		
CERTIFICATE HOLDER				CANCELLA	TION			
Macomb Community College 32101 Caroline Clinton Twp, MI 48035	aser	Campus	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 Satisfull				

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DATE (MM/DD/YYYY) 8/26/2015

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	d conditions of the policy, cer ieu of such endorsement(s).	rtain policie	es ma	y require an endorsement.	À statement on	this certificate of	loes not confer rights to the	ne certificate holder		
PRO	Pullen Insuran	ce Servi	CES	Inc	CONTACT NAME:	Sports Divis	sion			
	2560 River Pa				PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, T.		,	.tc 300	E-MAIL ADDRESS:	contact@pu	` /			
	Tort worth, 1.	A /0110			PRODUCER CUSTO					
					INSURERS AF	FORDING COVI	FRAGE	NAIC #		
INSU	JRED Michigan State V	Zavella Ca		. A association	_					
	Michigan State					tional Casualty				
	9401 General Dr		e 12	0		utual of Omaha	1	/1412		
	Plymouth, MI 48	31/0			Insurer C:					
					Insurer D:					
					Insurer E:			NAIC #   11991   71412		
					Insurer F:					
	OVERAGES			ATE NUMBER: 151166			REVISION NUMBER:			
IND CEF EXC	S IS TO CERTIFY THAT THE F DICATED. NOTWITHSTANDING RTIFICATE MAY BE ISSUED O CLUSIONS AND CONDITIONS O	ANY REQU OR MAY PE OF SUCH PO	JIREM RTAIN OLICIE	ENT, TERM OR CONDITION N, THE INSURANCE AFFOR ES. LIMITS SHOWN MAY HAV	N OF ANY CONTF DED BY THE PO VE 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'I INSRI	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABIL	.ITY					DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCC	UR					MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'L AGGREGATE LIMIT APPLIES PE	R:					PRODUCTS - COMP/OP AGG	\$1,000,000		
	POLICY PROJECT	LOC					PARTICIPANT LEGAL LIABILITY	\$1,000,000		
A				KRO 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
11	X EXCESS LIAB CLAIMS-	-MADE		7110 3003 100	3/1/2013	7/1/2010	AGGREGATE	. , ,		
	DEDUCTIBLE						AGGILGATE	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			
	-			GD2014141 D 052256	0/1/2015	0/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000		
В	PARTICIPANT ACCIDENT ME	DICAL		SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
DES	_  CRIPTION OF OPERATIONS / LOCATION	ONS / VEHICLE	S (Atta	L ch ACORD 101, Additional Remarks	L Schedule, if more space	is required)	1			
	is certificate is issued on be						Soccer League. Certifica	ite Holder is		
Ado	ditional Insured as respects	the opera	tions	of the Named Insured fo	r sanctioned act	tivities of the st	tate association.			
	-	•								
CE	RTIFICATE HOLDER				CANCELLA	TION				
					CANCLLA	IIION				
44	agahay Elementary 1700 Olander erling Heights, MI 483	310			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>C C</i> ,			AUTHORIZED REPRESENTATIVE 0						
					AOTHORIZED REP	NEOLINIAIIVE	Satik Dull-	-		



DATE (MM/DD/YYYY) 8/26/2015

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	such chaorsement(s).				1				
PRODUCER	Pullen Insurance So	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	116			E-MAIL ADDRESS:	contact@pul	llenins.com		
	,				PRODUCER CUSTO	OMER 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					utual of Omaha		71412	
	Plymouth, MI 48170	Juit	0 12	O .	Insurer C:				
	Trymouth, wir 10170				Insurer D:				
					Insurer E:				
					Insurer F:				
COVER	AGES CE	RTI	FICA	ATE NUMBER: 151166		F	REVISION NUMBER:	0	
THIS IS TO INDICATE CERTIFICA	O CERTIFY THAT THE POLICII D. NOTWITHSTANDING ANY F ATE MAY BE ISSUED OR MA' DNS AND CONDITIONS OF SUC	REQU Y PEI CH PC	D TO THE INSUI RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	RED NAMED ABOVE FOR TO DOCUMENT WITH RESPE ED 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 GENE	RAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	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	
							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 ^ <b>-</b> 1	MOBILE LIABILITY NY AUTO			KRO 5663300	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
l <del></del>	LL OWNED AUTOS						BODILY INJURY (Per person)		
l <del></del>	CHEDULED AUTOS						BODILY INJURY (Per accident)		
l <del></del>	IRED AUTOS						PROPERTY DAMAGE (Per accident)		
	ON-OWNED AUTOS						(Fer accident)		
	ON-OWNED AUTOS								
A UI	MBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
X E	XCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000	
DE	EDUCTIBLE								
RE	ETENTION \$								
WORK	CERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER		
ANY PR	EMPLOYERS' LIABILITY Y/N ROPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT		
	ER/MEMBER EXCLUDED? Ltory in NH)	14/7					E. L. DISEASE - EA EMPLOYEE		
If yes, d	lescribe under						E. L. DISEASE - POLICY LIMIT		
B PART	FICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
This cert Addition	his certificate is issued on behalf of Michigan State Youth Soccer Association & Michigan Youth Soccer League. Certificate Holder is dditional Insured as respects the operations of the Named Insured for sanctioned activities of the state association.								
	FICATE HOLDER Fran Youth Soccer Leag				CANCELLA	IIIOIN			
⊢tviiCH19	an Tonn Soccerteag	uc			1				

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



DATE (MM/DD/YYYY) 8/26/2015

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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 tr	e certificate holder
PRO	Pullen Insurance Se	rvi	res	Inc	CONTACT NAME: Sports Division			
	2560 River Park Pl				PHONE: (81	17) 738-6100	FAX: (817) 738-2	993
	Fort Worth, TX 76	,	Sui	.tc 500	E-MAIL ADDRESS:	contact@pu		
	Toft Worth, 124 70	110			PRODUCER CUSTO			
					INSURERS AF	FORDING COVI	FRAGE	NAIC #
INSU	RED Michigan State Vouth	Co	2221	Association	<del>                                     </del>	tional Casualty		11991
	Whengan State Tout					utual of Omaha		71412
	9401 General Drive, S	Sulu	3 12	U		ituai 01 Oilialia	1	/1412
	Plymouth, MI 48170				Insurer C:			
					Insurer D:			
					Insurer E:			
	VEDACES OF	DTI		ATE NUMBER, 151160	Insurer F:		DEVICION NUMBER.	0
				ATE NUMBER: 1511680			REVISION NUMBER:	
IND CEF EXC	S IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	REQU / PEI :H 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 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 LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016	1	\$100,000
DEC	COURTION OF ODERATIONS (1.00ATIONS (1.75	11101.5	C /^"	ACODD 404 Additional Date 1 - C	abadula if	in an accionate		
ı	CRIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf o						outh Soccar Langua Cor	tificata Holder is
	ditional Insured as respects the or							tificate Holder is
		p <b>0</b> 1 til.	10115			1,1000 01 010 0	and apportunion.	
<u>_</u>	DTIFICATE LIGHTS				041:05:::	TION		
	RTIFICATE HOLDER			CANCELLA	TION			
93	Lapeer East High School (11 v 11) 133 S. Saginaw St. Lapeer, MI 48446				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) 8/26/2015

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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 of	loes not confer rights to th	e certificate holder	
PROI	Pullen Insurance So	2rvi	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@pu			
	Fort Worth, 1A 70	110			PRODUCER CUSTO				
						FORDING COVI	FRAGE	NAIC #	
INSU	RED N. M.: -1-: C4-4 - X741			. A				11991	
11400	Whengan State 1 out	1 50	ccer	Association					
	9401 General Drive, S	Suite	e 12	0		utuai oi Omana	l	/1412	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:				
<u>CO</u>	VERAGES CE	RTI	FIC/	ATE NUMBER: 151168	64	F	REVISION NUMBER:	0	
INDI CER EXC	S IS TO CERTIFY THAT THE POLICI 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  J, 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 RESPECT 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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								
Α	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
• •	X EXCESS LIAB CLAIMS-MADE			71110 2003 100	7,1,2013	7/1/2010	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		
D		-		GD2014341 D 052256	0/1/2015	0/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000	
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
DESC	LECTION 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 of ditional Insured as respects the o	f Mi	chiga	an State Youth Soccer As	sociation & Mi	d-Michigan Yo		tificate Holder is	
7 Iuc	intonai insured as respects the o	рста	.10113	of the framed insured for	suffetioned det	ivides of the st	ate association.		
CF	RTIFICATE HOLDER				CANCELLA	TION			
					JANGLELA			1	
Lapeer West High School 170 Millville Rd. Lapeer, MI 48446					THE EXPIRATION		DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE		
u	r, 10 1 10				AUTUODIZZE	DECENTATIVE	^		
					AUTHORIZED REPI	KESENTATIVE	Jatik Pull	-	

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DATE (MM/DD/YYYY) 8/26/2015

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	conditions of the policy, certain po eu 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	ervio	es	Inc	CONTACT NAME: Sports Division				
	2560 River Park Pla				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76	,	Dui	<b>10</b> 500	E-MAIL ADDRESS:	contact@pu	llenins.com		
	Tore worth, 171 /o.	110			PRODUCER CUSTO				
					INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSU	Michigan State Youth	So	2001	Association	+				
	Michigan State 1 Outil					•			
	9401 General Drive, S	Suite	: 12	U					
	Plymouth, MI 48170								
					PHONE: (817) 738-6100   FAX: (817) 738-2993     E-MAIL ADDRESS: CONTACT				
~~	VEDAGES OF	DTI		ATE MUMBED. 151160	-		SEVICION NUMBER		
				ATE NUMBER: 151168					
IND CEF EXC	ICATED. 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 S. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE POL 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 LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016		\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR							\$5,000	
							PERSONAL & 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 5663300	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT	\$1,000,000	
	ANY AUTO						BODILY INJURY (Per person)		
	ALL OWNED AUTOS						` ' '		
	SCHEDULED AUTOS						` '		
	X HIRED AUTOS						(Per accident)		
	X NON-OWNED AUTOS								
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
• •	X EXCESS LIAB CLAIMS-MADE			71110 2003 100	7/1/2018	7,1,2010			
	DEDUCTIBLE	1					AGGREGATE	Ψ2,000,000	
	RETENTION \$								
							WC STATU- OTH-		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N								
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A							
	(Mandatory in NH)  If yes, describe under								
				GD2014MI D 052256	0/1/2015	0/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000	
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VE	L HICLE:	S (Atta	L ch ACORD 101, Additional Remarks S	chedule, if more space	L is required)			
							outh Soccer League. Cer	tificate Holder is	
	DTIEICATE HOLDED				CANCELLA	TION			
	RTIFICATE HOLDER				CANCELLA	IION			
	cNabb Park				SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA	NCELLED BEFORE	
	5 S. Elm St.				THE EXPIRATION	ON DATE THEREO	)F, NOTICE WILL BE DELIVERE	DINACCORDANCE	
Ith	aca, MI 48847						•		
					AUTHORIZED REPRESENTATIVE				
							Vatik Queli	_	
					1		Nac 100 m		



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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 th	e certificate holder	
PRO	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	,	Dui	.te 300	E-MAIL ADDRESS:	contact@pu	llenins.com		
	Toft Worth, 124 70	110			PRODUCER CUSTO				
					INSURERS AF	FORDING COVI	FRAGE	NAIC #	
INSU	RED Mishimor Ctata Variati			A a a a a i a ti a a		tional Casualt		11991	
	Michigan State 1 out	1 20	ccei	Association		utual of Omaha		71412	
	9401 General Drive,	Suit	e 12	0		/1412			
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:				
<u>CO</u>	VERAGES CE	RTI	FIC/	ATE NUMBER: 151168	66	F	REVISION NUMBER:	0	
INDI CER EXC	S IS TO CERTIFY THAT THE POLICI CATED. NOTWITHSTANDING ANY I ITIFICATE MAY BE ISSUED OR MA ILUSIONS AND CONDITIONS OF SUC I	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 PO E BEEN REDUCE	RACT OR OTHER LICIES DESCRIE ED BY PAID CLAI	R DOCUMENT WITH RESPE BED 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000	
	DEDUCTIBLE	1					, to otto otto	1-,,	
	RETENTION \$								
							WC STATU- TORY LIMITS 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		
		-		CD2014N II D 052256	0/1/2015	0/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000	
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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 litional Insured as respects the o							tificate Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
Midland Soccer Complex 6500 N. Jefferson Rd. Midland, MI 48642					SHOULD ANY THE EXPIRATION	OF THE ABOVE	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE		
					AUTHORIZED REPRESENTATIVE 0				
					Vatil Pull				



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	eu of such endorsement(s).	UIIUIE	o IIId	y require an endorsement.	A Statement On	uns ceruncale (	loes not comer rights to the	s certificate fiolitier	
PRO	Pullen Insurance So	ervi	ces.	Inc	CONTACT NAME: Sports Division				
	2560 River Park Pl				PHONE: (8	17) 738-6100	FAX: (817) 738-29	93	
	Fort Worth, TX 76	,	Sui	<i>10</i> 300	E-MAIL ADDRESS:	contact@pu	llenins.com		
	1010 ((01011, 111 / 0	110			PRODUCER CUST	OMER ID#: MI			
					INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSU	Michigan State Youth	. So	ccer	Association	Insurer A: Na	ational Casualty	V Company	11991	
	9401 General Drive, S	Snit	<u>- 12</u>	1 1330C1at1011		utual of Omaha		71412	
	Plymouth, MI 48170	Juin	0 12	O	Insurer C:				
	Trymouth, wir 40170				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	ERTI	FICA	ATE NUMBER: 151168	67	F	REVISION NUMBER:	0	
IND CEF EXC	S IS TO CERTIFY THAT THE POLICI ICATED. NOTWITHSTANDING ANY F ITIFICATE MAY BE ISSUED OR MA' LUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREM RTAIN DLICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORI S. LIMITS SHOWN MAY HAV	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		SUBR WVD		POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	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 5663300	9/1/2015	9/1/2016	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 accident)		
				*****	0/4/2017	0/4/2044		Φ5 000 000	
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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)  If yes, describe under						E. L. DISEASE - EA EMPLOYEE		
_	-			CD201 D C D OF225	0/1/2015	0/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000	
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
Thi Ado	CRIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf of ditional Insured as respects the o	of Mi	chiga	an State Youth Soccer As	sociation & Mi	d-Michigan You		ificate Holder is	
	RTIFICATE HOLDER				CANCELLA	IION			
30	ontrose High School  O Nanita Dr.  Ontrose MI 48457			THE EXPIRATI	OF THE ABOVE I ON DATE THEREO LICY PROVISIONS	DESCRIBED POLICIES BE CAI F, NOTICE WILL BE DELIVEREI	NCELLED BEFORE DINACCORDANCE		

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AUTHORIZED REPRESENTATIVE



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	conditions of the policy, certain pe eu of such endorsement(s).	olicie	s ma	y require an endorsement.	À statement on	this certificate o	loes not confer rights to th	e certificate holder	
PROI	Pullen Insurance So	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	,	Jul	500	E-MAIL ADDRESS:	contact@pu	. ,		
	101t Worth, 174 /0	110			PRODUCER CUSTO				
					INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSU	Michigan State Youth	. 50	CCAI	· Association		ntional Casualty		11991	
	9401 General Drive, S					utual of Omaha		71412	
	Plymouth, MI 48170	Juit	U 12	U	Insurer C:	atual of Official	•	71112	
	1 1ymoum, wn 401 /0				Insurer D:				
					Insurer E:				
					Insurer F:				
ີດດ	VERAGES CE	RTI	FIC	ATE NUMBER: 151168		F	REVISION NUMBER:	0	
THIS INDI CER EXC	S IS TO CERTIFY THAT THE POLICI ICATED. NOTWITHSTANDING ANY F ITIFICATE 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	AVE BEEN ISSUE OF ANY CONTR DED BY THE PO E BEEN REDUCE	D TO THE INSUITED TO THE INSUI	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPE JED 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	Ф1 000 000	
A	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	Luch ACORD 101. Additional Remarks S	Lichedule. if more space	Leguired)			
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	
	DTIEICATE HOLDED				CANCELLA	TION			
Morrish Rd 7154 Morish Rd. Swartz Creek, MI 48473					THE EXPIRATION	OF THE ABOVE I	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE D IN ACCORDANCE	
					AUTHORIZED REP	RESENTATIVE	0 0		
							Vatik beli	_	



DATE (MM/DD/YYYY) 8/26/2015

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	conditions of the policy, certain peeu of such endorsement(s).	olicie	s ma	y require an endorsement.	Á statement on	this certificate of	loes not confer rights to the	ne certificate holder	
PROI	Pullen Insurance So	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	,	Du	300	E-MAIL ADDRESS:	contact@pu	llenins.com		
	Toft Worth, 124 70	110			PRODUCER CUSTO				
					INSURERS AF	FORDING COVI	FRAGE	NAIC #	
INSU	RED Michigan State Vouth			· Association		tional Casualty		11991	
	Michigan State 1 out					utual of Omaha		71412	
	9401 General Drive, S	Suit	e 12	.U		utuai oi Oilialia	1	/1412	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
	VED 4.050			ATE MUMBER 454450	Insurer F:		SELVICIONI NUMBER		
				ATE NUMBER: 151168			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 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	INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
**	X EXCESS LIAB CLAIMS-MADE			7110 3003 100	7/1/2013	7/1/2010		\$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		
_	ii yes, describe dilder				0/1/2017	0/4/2044	E. L. DISEASE - POLICY LIMIT	φ100 000	
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VE						outh Cooper Lacous Cor	rtificata Haldania	
	s certificate is issued on behalf of ditional Insured as respects the o							Tillicate Holder is	
Auc	intoliai ilisuled as l'espects the o	pera	.10118	of the Named Histired for	Sanctioned act	ivines of the st	tate association.		
CE	RTIFICATE HOLDER				CANCELLA	TION			
Mt	t Pleasant High School Fiel	d							
	00 E. Preston St.						DESCRIBED POLICIES BE CA DF, NOTICE WILL BE DELIVERE		
l .	ount Pleasant, MI 48858					LICY PROVISIONS			
••••	1 1 10000								
					AUTHORIZED REPI	KESENTATIVE	$()$ $ , \alpha$ $, \alpha$		
					Jatik Mele				



DATE (MM/DD/YYYY) 8/26/2015

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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 th	e certificate holder	
	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	110 500	E-MAIL ADDRESS:	contact@pul	llenins.com		
	1011 (101111, 171 70	110			PRODUCER CUSTO	OMER ID#: MI			
					INSURERS AF	FORDING COVE	ERAGE	NAIC #	
INSU	Michigan State Youth	. 50	0001	· Association		tional Casualty		11991	
	9401 General Drive,	1 20	. 12	ASSOCIATION		utual of Omaha		71412	
	Plymouth, MI 48170	Suiu	<del>2</del> 12	U	Insurer C:	atual of Offiana		/1712	
	Plyllioutii, MI 48170				Insurer D:				
					Insurer E:				
	VERAGES CE	DTI	FIC	ATE NUMBER: 151168	Insurer F:		REVISION NUMBER:		
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 OI REQU Y PEI CH PC	F INS IREM RTAIN OLICIE	URANCE LISTED BELOW HA ENT, TERM OR CONDITION N, 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 CLAII	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPE JED 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	<b>#1.000.000</b>	
A	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	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 5663300	9/1/2015	9/1/2016	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)		
	<del></del>						(Fer accident)		
	X NON-OWNED AUTOS								
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016	2. 2. 0.027.02	\$100,000	
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VE	HIC: F	S (A#c	ch ACORD 101 Additional Remarks S	Schedule if more once	is required)			
	s certificate is issued on behalf of						outh Soccer League Car	tificate Holder is	
Ado	ditional Insured as respects the o	perat	ions	of the Named Insured for	sanctioned act	ivities of the st	ate association.	unicate Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
Mt 44	t Pleasant W Intermediate S 0 S. Bradley St. ount Pleasant, MI 48858	Scho	ol		THE EXPIRATION		DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE		
					AUTHORIZED REPI	RESENTATIVE	Patik Dull	-	



DATE (MM/DD/YYYY) 8/26/2015

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	conditions of the policy, certain pour of such endorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate of	loes not confer rights to th	ne certificate holder	
PROD	Pullen Insurance So	orvi.	200	Inc	CONTACT NAME: Sports Division				
	2560 River Park Pl				PHONE: (8	17) 738-6100	FAX: (817) 738-2	993	
	Fort Worth, TX 76		Sui	ic 300	E-MAIL ADDRESS:	contact@pul	` /		
	Fort Worth, 1A 70	110			PRODUCER CUSTO				
						FORDING COVE	FRAGE	NAIC #	
INSUR	Michigan State Youth	- Co	222	Association					
	9401 General Drive, S				Insurer B: Mutual of Omaha 71412				
	Plymouth, MI 48170	Juin	- 12	U	Insurer C:	atual of Official	<u> </u>	71112	
	1 lyllloutii, Wii 481 /0				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	/ERAGES CE	RTI	FIC.	ATE NUMBER: 150170	-	F	REVISION NUMBER:	0	
THIS INDIC CERT EXCL	IS TO CERTIFY THAT THE POLICI CATED. NOTWITHSTANDING ANY F FIFICATE MAY BE ISSUED OR MA' LUSIONS 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	AVE 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 T DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	THE POLICY PERIOD ECT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADD'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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	*100.000	
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
DESCI	RIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	ch ACORD 101, Additional Remarks S	chedule, if more space	e is required)	1		
This	certificate is issued on behalf of itional Insured as respects the o	of Mi	chiga	an State Youth Soccer Ass	sociation & Mi	chigan Youth S		te Holder is	
CEF	RTIFICATE HOLDER				CANCELLA	TION			
					CANCELLA	ITON			
	ARINE CITY HIGH SCHO	JOL	•		SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	ANCELLED BEFORE	
	S5 WARD STREET ARINE CITY, MI 48039				WITH THE POI	ON DATE THEREO LICY PROVISIONS	F, NOTICE WILL BE DELIVERE	ED IN ACCORDANCE	

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AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 8/26/2015

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and conditions of the policy, certain in lieu of such endorsement(s).	i polici	es ma	y require an endorsement.	A statement on	this certificate t	loes not confer rights to th	ie certificate noider	
PRODUCER Pullen Insurance	Servi	ces.	Inc.	CONTACT NAME:	Sports Divis	ion		
2560 River Park				PHONE: (8	17) 738-6100	FAX: (817) 738-2	993	
Fort Worth, TX		_		E-MAIL ADDRESS: contact@pullenins.com				
1 010 11 0111, 111	, 0110			PRODUCER CUST	OMER ID#: MI			
				INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSURED Michigan State You	ıth Sc	occet	· Association	Insurer A: Na	tional Casualty	/ Company	11991	
9401 General Drive					utual of Omaha		71412	
Plymouth, MI 4817		.C 12	U	Insurer C:	<u> </u>	·	71112	
1 Tymouth, WH 4017	U			Insurer D:				
				Insurer E:				
				Insurer F:				
COVERAGES	CERT	IFIC	ATE NUMBER: 150170		F	REVISION NUMBER:	0	
THIS IS TO CERTIFY THAT THE POL INDICATED. NOTWITHSTANDING AN CERTIFICATE MAY BE ISSUED OR I EXCLUSIONS AND CONDITIONS OF S	ICIES C Y REQU MAY PE SUCH PO	F INS JIREM RTAIN OLICIE	URANCE LISTED BELOW HA IENT, TERM OR CONDITION I, THE INSURANCE AFFORI ES. LIMITS SHOWN MAY HAV	AVE BEEN ISSUE OF ANY CONTF DED BY THE PO E BEEN REDUCE	D TO THE INSUITED TO THE INSUI	RED NAMED ABOVE FOR T DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	HE POLICY PERIOD CT TO WHICH THIS	
INSR LTR TYPE OF INSURANCE	ADD' INSRI	L 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 5663300	9/1/2015	9/1/2016	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 5663300	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
ALL OWNED AUTOS						BODILY INJURY (Per person)		
l <del></del>						BODILY INJURY (Per accident)		
SCHEDULED AUTOS  X HIRED AUTOS						PROPERTY DAMAGE (Per accident)		
X HIRED AUTOS X NON-OWNED AUTOS						(Fer accident)		
A NON-OWNED ACTOS								
A UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
X EXCESS LIAB CLAIMS-MAD	E					AGGREGATE	\$5,000,000	
DEDUCTIBLE								
RETENTION \$								
WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER		
AND EMPLOYERS' LIABILITY Y/	_	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		1				E. L. DISEASE - POLICY LIMIT		
B PARTICIPANT ACCIDENT MEDIC	AL		SR2014MI-P-053256	9/1/2015	9/1/2016	2. 2. 5.627.62	\$100,000	
DESCRIPTION OF OPERATIONS / LOCATIONS This certificate is issued on behal Additional Insured as respects the	f of M	ichiga	an State Youth Soccer As	sociation & Mi	chigan Youth S		te Holder is	
CERTIFICATE HOLDER				CANCELLA	TION			
MARINE CITY MIDDLE 6373 KING ROAD	SCHO	OOL	,	SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE	
MADINE CITY MI 49020					LICY PROVISIONS			

MARINE CITY, MI 48039

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 8/26/2015

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) 738-299	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: Mutual of Omaha	71412
	Plymouth, MI 48170	Insurer C:	
	•	Insurer D:	
		Insurer E:	
		Insurer F:	
COVED	AGES CEDTIFICATE NUMBED: 1501700	DEVISION NUMBED: 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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							
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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
MADISON ACADEMY 6170 TORREY RD FLINT TOWNSHIP, MI 48507	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) 8/26/2015

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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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 th	e certificate holder
PRODUCER Pullen Insurance So	arvi	200	Inc	CONTACT NAME:	Sports Divis	sion	
2560 River Park Pl				PHONE: (8	17) 738-6100	FAX: (817) 738-29	993
Fort Worth, TX 76		Su	116 300	E-MAIL ADDRESS:	contact@pu		
Fort Worth, 1A 70	110			PRODUCER CUSTO			
					FORDING COVI	FRAGE	NAIC #
INSURED Michigan State Vouth	. C -		. A:				11991
whengan state I out					ational Casualty		
9401 General Drive, S	Suite	e 12	20		utual of Omaha	1	71412
Plymouth, MI 48170				Insurer C:			
				Insurer D:			
				Insurer E:			
201/504.050			ATE NUMBER 450450	Insurer F:		SELVICIONI NUMBER	
			ATE NUMBER: 150170			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 DLICII	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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	UNLIMITED
GEN'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 5663300	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
						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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000
X EXCESS LIAB CLAIMS-MADE			71110 2003 100	7/1/2015	7,1,2010	AGGREGATE	\$5,000,000
DEDUCTIBLE	1					NOOKEONIE	++,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	
_ '			CD2014MI D 052256	9/1/2015	9/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000
B PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000
DESCRIPTION OF OREDATIONS (LOCATIONS (VI		0 (44)	ark ACORD 404. Additional Remarks O		- i		
DESCRIPTION OF OPERATIONS / LOCATIONS / VE		•				Sanan I annua Cantifian	4. II.1.1
This certificate is issued on behalf of Additional Insured as respects the o							te notder is
CERTIFICATE HOLDER				CANCELLA	TION		
MACOMB CHRISTIAN CH	IJD	¬μ					
13845 22 MILE ROAD	UK			SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA	NCELLED BEFORE
				WITH THE POI	ON DATE THEREC LICY PROVISIONS	PF, NOTICE WILL BE DELIVERE	D IN ACCORDANCE
SHELBY TWP, MI 48315							
				AUTHORIZED REP	RESENTATIVE	$\Omega$ . $\Omega$ .	
					,	Vatil Reli	-

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DATE (MM/DD/YYYY) 8/26/2015

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

	itions of the policy, certain possible such endorsement(s).	olicie	s may	require an endorsement.	A statement on	this certificate d	loes not confer rights to th	e certificate holder
PRODUCER	Pullen Insurance Se	ervio	ces.	Inc.	CONTACT NAME:	Sports Divis	ion	
	2560 River Park Pla				PHONE: (8	17) 738-6100	FAX: (817) 738-2	993
	Fort Worth, TX 76	,			E-MAIL ADDRESS:	contact@pul	lenins.com	
	_ = = = = = = = = = = = = = = = = = = =				PRODUCER CUST	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, S				Insurer B: M	utual of Omaha	l	71412
	Plymouth, MI 48170				Insurer C:			
	,				Insurer D:			
					Insurer E:			
					Insurer F:			
COVER	AGES CE	RTI	FICA	TE NUMBER: 1501709	98	F	REVISION NUMBER:	0
INDICATE!	D CERTIFY THAT THE POLICIE D. NOTWITHSTANDING ANY R ATE MAY BE ISSUED OR MAY INS AND CONDITIONS OF SUC	REQU Y PEF CH PC	IREMI RTAIN LICIE	ENT, TERM OR CONDITION , THE INSURANCE AFFORD	OF ANY CONTR DED BY THE PO E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB	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 GENEI	RAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	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
<u> </u> _							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

l .						FIXEIVIIOLO (La occurance)	+,
	CLAIMS MADE X OCCUR					MED EXP (Any one person)	\$5,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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		SR2014MI-P-053256	9/1/2015	9/1/2016		\$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 Jatik Pull



DATE (MM/DD/YYYY) 8/26/2015

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	ouen endersement(e)						
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					
	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				
		Insurer B: Mutual of Omaha	71412				
	*	Insurer C:					
		Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 1501709	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				

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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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	SHOULD ANY OF THE ABOV

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



DATE (MM/DD/YYYY) 8/26/2015

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PRODUCER	Pullen Insurance Se	ervi	ces,	Inc.	CONTACT NAME:	Sports Divis		
	2560 River Park Pl	aza,	Sui	te 300	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 #
INSURED	Michigan State Youth	So	ccer	Association	Insurer A: Na	ational Casualty	y Company	11991
	9401 General Drive, S	Suite	e 12	0	Insurer B: M	utual of Omaha	ı	71412
	Plymouth, MI 48170				Insurer C:			
	,				Insurer D:			
					Insurer E:			
					Insurer F:			
COVERA	AGES CE	RTI	FIC	ATE NUMBER: 150171	64	F	REVISION NUMBER:	0
INDICATED CERTIFICA EXCLUSIOI	CERTIFY THAT THE POLICIED. NOTWITHSTANDING ANY F TE MAY BE ISSUED OR MAY NS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREM RTAIN OLICIE	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 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 INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A GENER	AL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
X co	MMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
$\Box$	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
Ш—							GENERAL AGGREGATE	UNLIMITEI
<u> </u>	GGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000
	LICY PROJECT LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000
^^ b	OBILE LIABILITY Y AUTO			KRO 5663300	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
ALL	OWNED AUTOS						BODILY INJURY (Per person)	
SCI	HEDULED AUTOS						BODILY INJURY (Per accident)	
X HIR	ED AUTOS						PROPERTY DAMAGE (Per accident)	
X NO	N-OWNED AUTOS							
				XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,00
A UM	BRELLA LIAB X OCCUR				7/1/4010	1 2/1/2010	LAGIT GOODKINLINGE	ΨΞ,000,00
^^ <del> </del>				1110 3003 100			ACCRECATE	\$5,000,000
X EXC	CESS LIAB CLAIMS-MADE	-		71110 3 003 100			AGGREGATE	\$5,000,000
X EXC	<del></del>			71110 3003 100			AGGREGATE	\$5,000,00
X EXC	CLAIMS-MADE DUCTIBLE TENTION \$	-						\$5,000,000
X EXC	CESS LIAB CLAIMS-MADE DUCTIBLE	N/A		1110 3003 100				\$5,000,00

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

SR2014MI-P-053256

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.

9/1/2015

9/1/2016

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 Satik Pull

E. L. DISEASE - POLICY LIMIT

\$100,000

If yes, describe under

PARTICIPANT ACCIDENT MEDICAL



DATE (MM/DD/YYYY) 8/26/2015

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	itions of the policy, certain posterior of such endorsement(s).	olicie	s ma	y require an endorsement.	Á statement on	this certificate d	oes not confer rights to t	he 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) 738-2	2993
	Fort Worth, TX 76			500	E-MAIL ADDRESS:	contact@pul	lenins.com	
	1010 (1010), 111 / 0	110			PRODUCER CUSTO	OMER ID#: MI		
					INSURERS AF	FORDING COVE	RAGE	NAIC #
INSURED	Michigan State Youth	ı So	ccer	Association	Insurer A: Na	tional Casualty	Company	11991
	9401 General Drive, S					utual of Omaha		71412
	Plymouth, MI 48170	Juit	0 12	O	Insurer C:			
	Trymount, wir 10170				Insurer D:			
					Insurer E:			
					Insurer F:			
COVER	AGES CE	RTI	FIC/	ATE NUMBER: 150172	49	R	<b>REVISION NUMBER:</b>	0
INDICATE CERTIFIC	O CERTIFY THAT THE POLICI 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 THE SECTION OF THE SECTION	ECT TO WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADD'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A GENE	RAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	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

	CLAIMS MADE X OCCUR					MED EXP (Any one person)	\$5,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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)	1.4//				E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under					E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL		SR2014MI-P-053256	9/1/2015	9/1/2016		\$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
LAPEER EAST NORTH FIELD 817 SOUTH 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 Satik Pull



DATE (MM/DD/YYYY) 8/26/2015

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 th	e certificate holder	
PROI	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	,	Sui	500	E-MAIL ADDRESS:	contact@pu	llenins.com		
	101t Wortin, 12 <b>t</b> 70	110			PRODUCER CUSTO				
					INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSU	Michigan State Youth	. 50	CCOT	Association	+	tional Casualty		11991	
	9401 General Drive,	I SU Suit	2 1 2	Association		utual of Omaha		71412	
	Plymouth, MI 48170	Juit	- 12	U	Insurer C:	atual of Official		71112	
	1 1ymoum, 1vii 401 / 0				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTI	FIC	ATE NUMBER: 150189	-	F	REVISION NUMBER:	0	
INDI CER EXC	S IS TO CERTIFY THAT THE POLICI ICATED. NOTWITHSTANDING ANY I ITIFICATE 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 RESPE SED 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	¢1,000,000	
A	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	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	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY PROJECT LOC						PRODUCTS - COMP/OP AGG	\$1,000,000	
Α.	AUTOMOBILE LIABILITY			KRO 5663300	9/1/2015	9/1/2016	PARTICIPANT LEGAL LIABILITY  COMBINED SINGLE LIMIT	\$1,000,000 \$1,000,000	
A	ANY AUTO			KKO 3003300	9/1/2013	9/1/2010	(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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VE						Soccer League Cortifice	te Holder is	
Ado	s certificate is issued on behalf of ditional Insured as respects the o	of Mii perat	cniga	an State Youth Soccer As: of the Named Insured for	sociation & Mi sanctioned act	ivities of the st	Soccer League. Certifica ate association.	te Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
LE 63	ENOX TWP 775 GRATIOT ENOX, MI 48050				SHOULD ANY THE EXPIRATION	OF THE ABOVE I	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE		
					AUTHORIZED REPR	RESENTATIVE	$\overline{0}$		
						_	Vatik beli	-	



DATE (MM/DD/YYYY) 8/26/2015

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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 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	ne certificate holder		
PRODUCER Pullen Insurance So	Inc	CONTACT NAME: Sports Division							
2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993					
Fort Worth, TX 76	110 300	E-MAIL ADDRESS: contact@pullenins.com							
Toft Worth, 174 70	110			PRODUCER CUSTO	PRODUCER CUSTOMER ID#: MI				
				INSURERS AF	FORDING COVI	ERAGE	NAIC #		
INSURED Michigan State Youth	. 50	0001	r Association		ntional Casualty		11991		
Michigan State 1 Outi					utual of Omaha		71412		
9401 General Drive, S	Suite	3 1 2	.0	Insurer C:	utuai oi Oilialia	ı	/1412		
Plymouth, MI 48170									
				Insurer D:					
				Insurer E:					
COVERACES	DTI		ATE NUMBER: 150100	Insurer F:		DEVICION NUMBER.			
			ATE NUMBER: 150189			REVISION NUMBER:			
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	IREM RTAII LICII	MENT, 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 T	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
						PERSONAL & ADV INJURY	\$1,000,000		
						GENERAL AGGREGATE	UNLIMITED		
GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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 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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	ach ACORD 101, Additional Remarks S	chedule, if more space	e is required)	1			
This certificate is issued on behalf of						Soccer League. Certifica	te Holder is		
Additional Insured as respects the o									
CERTIFICATE HOLDER				CANCELLA	TION				
	) IZ C	0	DECDEATION	CANCELLA	I I O IN				
MACOMB TOWNSHIP PAI	KKS	X.	RECREATION	SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA	NCELLED BEFORE		
20699 MACOMB ST				THE EXPIRATION	ON DATE THEREO	F, NOTICE WILL BE DELIVERE	ED IN ACCORDANCE		
MACOMB, MI 48042					5	•			
				AUTHORIZED REPI	RESENTATIVE	0 0			
						Vatik Cueli-	_		
1					,	Name is a			

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DATE (MM/DD/YYYY) 8/26/2015

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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	loes not confer rights to th	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	,	Sui	iic 300	E-MAIL ADDRESS:					
	Fort Worth, 1A /6	110			PRODUCER CUSTO		nemis.com			
								NAIC #		
					+	FORDING COVI		NAIC #		
INSU	RED Michigan State Youth	ı So	ccer	Association	Insurer A: Na	tional Casualty	y Company	11991		
	9401 General Drive, S	Suit	e 12	0	Insurer B: Mu	utual of Omaha	ı	71412		
	Plymouth, MI 48170				Insurer C:					
	<i>y</i> ,				Insurer D:					
					Insurer E:					
					Insurer F:					
	VERAGES CE	PTI	FIC	ATE NUMBER: 150191	-		REVISION NUMBER:	0		
THIS INDI CER EXC	S IS TO CERTIFY THAT THE POLICI ICATED. NOTWITHSTANDING ANY F ITIFICATE 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 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 LACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	RED NAMED ABOVE FOR T DOCUMENT WITH RESPE 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & 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 5663300	9/1/2015	9/1/2016	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						,			
	A									
Α.	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016		\$5,000,000		
A	<del>-</del>			AKU 3003400	9/1/2013	9/1/2010	EACH OCCURRENCE	\$5,000,000		
	74	1					AGGREGATE	\$3,000,000		
	DEDUCTIBLE									
	RETENTION \$						WO OTATU			
	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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 o						Soccer League Certifica	te Holder is		
	ditional Insured as respects the o							101001		
	RTIFICATE HOLDER				CANCELLA	IION				
20	YNCH ELEMENTARY SC 35 ROOM LAKE ROAD APEER, MI 48445	CHO	OL		THE EXPIRATION		DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE			
					AUTHORIZED REPR	RESENTATIVE	$\cap$			
							Vitik Well	_		



DATE (MM/DD/YYYY) 8/26/2015

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in lie		endorsement(				y require an endorsement.		ino our imouro e	iooo not oomor rigino to ti	
PROD	DUCER P	ullen Insui	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@pu	llenins.com	
	_						PRODUCER CUSTO	OMER ID#: MI		
							INSURERS AF	FORDING COVE	ERAGE	NAIC #
INSU	RED Mic	higan Stat	e Youth	So	ccer	Association	Insurer A: Na	tional Casualty	Company	11991
		1 General					Insurer B: Mu	utual of Omaha	1	71412
		nouth, MI				-	Insurer C:			
	3 -	,					Insurer D:			
							Insurer E:			
							Insurer F:			
CO	VERAGE	S	CE	RTI	FIC/	<b>ATE NUMBER:</b> 150193	99	F	REVISION NUMBER:	0
CER EXC	CATED. NO TIFICATE M	TWITHSTANDI AY BE ISSUE	NG ANY R D OR MAY	REQU Y PEI CH PC	IREM RTAIN DLICIE	URANCE LISTED BELOW HA 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	R DOCUMENT WITH RESPE JED HEREIN IS SUBJECT T	CT TO WHICH THIS
INSR LTR	Т	PE OF INSURANCE		ADD'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIA	BILITY		X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
		CIAL GENERAL LIA							DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLA	MS MADE X	OCCUR						MED EXP (Any one person)	\$5,000
									PERSONAL & ADV INJURY	\$1,000,000
									GENERAL AGGREGATE	UNLIMITED
	Ь .	ATE LIMIT APPLIES	_						PRODUCTS - COMP/OP AGG	\$1,000,000
	POLICY	PROJECT	LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000
A	AUTOMOBILE ANY AUTO					KRO 5663300	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ALL OWNE	ED AUTOS							BODILY INJURY (Per person)	
	SCHEDUL	ED AUTOS							BODILY INJURY (Per accident)	
	X HIRED AU	TOS							PROPERTY DAMAGE (Per accident)	
		ED AUTOS								
A	UMBRELL	11				XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000
	X EXCESS L		IMS-MADE						AGGREGATE	\$5,000,000
	DEDUCTIE									
	RETENTIC	N \$							WC STATU- OTH-	
	WORKERS CO	MPENSATION ERS' LIABILITY	Y/N						TORY LIMITS ER	
	ANY PROPRIETO	R/PARTNER/EXECUT	TIVE	N/A					E. L. EACH ACCIDENT	
	(Mandatory in NH If yes, describe un								E. L. DISEASE - EA EMPLOYEE	
D						CD2014141 D 052256	0/1/2015	0/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000
В	PARTICIPAI	NT ACCIDENT	MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000
DESC	RIPTION OF O	PERATIONS / LOC	ATIONS / VE	HICLE	S (Atta	ch ACORD 101, Additional Remarks S	chedule, if more space	is required)		
1					•	an State Youth Soccer As			Soccer League. Certifica	te Holder is
						of the Named Insured for				
<b></b>	DT1510AT	E LIOL DED					CANCELLA	TION		

CERTIFICATE HOLDER	CANCELLATION
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  Satisfull



DATE (MM/DD/YYYY) 8/26/2015

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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					
		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: Mutual of Omaha 7141					
	Plymouth, MI 48170	Insurer C:					
		Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 150194	REVISION NUMBER: (	)				
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 TH I 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, 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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)	
	71						(Per accident)	
	X NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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.

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.
	AUTHORIZED REPRESENTATIVE Satilibula

CANCELLATION

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**CERTIFICATE HOLDER** 



DATE (MM/DD/YYYY) 8/26/2015

\$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	RTANT: If the certificate holder is anditions of the policy, certain poor of such endorsement(s).	an A olicies	DDIT s may	TIONAL INSURED, the policy require an endorsement.	y(ies) must be A statement on	endorsed. If SUI this certificate of	BROGATION IS WAIVED, s loes not confer rights to th	subject to the terms ne certificate holder		
PRODU	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	,			E-MAIL ADDRESS: contact@pullenins.com					
	,				PRODUCER CUST	OMER ID#: MI				
					INSURERS A	NAIC #				
INSURE	Michigan State Youth	Soc	ccer	Association	Insurer A: N	11991				
	9401 General Drive, S				Insurer B: M	71412				
	Plymouth, MI 48170				Insurer C:					
	,				Insurer D:					
					Insurer E:					
					Insurer F:					
COV	ERAGES CE	RTII	FICA	ATE NUMBER: 150201	24	F	REVISION NUMBER:	0		
INDICA CERTI EXCLU	S TO CERTIFY THAT THE POLICII TED. NOTWITHSTANDING ANY F FICATE MAY BE ISSUED OR MA' ISIONS AND CONDITIONS OF SUC	REQUI Y 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 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			
^ ^ ⊢	ENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	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	UTOMOBILE LIABILITY ANY AUTO			KRO 5663300	9/1/2015	9/1/2016	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)			
I ===	NON-OWNED AUTOS						,			

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

XKO 5663400

SR2014MI-P-053256

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.

9/1/2015

9/1/2015

9/1/2016

9/1/2016

CERTIFICATE HOLDER	CANCELLATION
Lessenger 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.
	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

A



DATE (MM/DD/YYYY) 8/26/2015

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: 1502030	9 REVISION NUMBER: 0	)
		Insurer F:	
		Insurer E:	
		Insurer D:	
	Plymouth, MI 48170	Insurer C:	
	9401 General Drive, Suite 120	Insurer B: Mutual of Omaha	71412
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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS						BODILY INJURY (Per person)		
							BODILY INJURY (Per accident)		
							PROPERTY DAMAGE (Per accident)		
	X NON-OWNED AUTOS								
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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) 8/26/2015

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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 of	does not confer rights to th	e certificate holder			
PRODUCER Pullen Insurance Se	rvic	es Inc	CONTACT NAME:	Sports Divis	sion				
2560 River Park Pl		,	PHONE: (8	17) 738-6100	FAX: (817) 738-2	993			
Fort Worth, TX 76		Suite 300	E-MAIL ADDRESS: contact@pullenins.com						
1 of worth, 12 70	110		PRODUCER CUSTOMER ID#: MI						
			INSURERS AFFORDING COVERAGE NAIC #						
INSURED Michigan State Youth	Soc	cer Association		ational Casualt		11991			
9401 General Drive, S				71412					
Plymouth, MI 48170	Juin	2 120	Insurer B: Mutual of Omaha 71412 Insurer C:						
1 Tymoum, WH 48170			Insurer C: Insurer D:						
			Insurer E:			+			
			Insurer F:						
COVERAGES CE	RTII	FICATE NUMBER: 150205							
THIS IS TO CERTIFY THAT THE POLICII INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MA' EXCLUSIONS AND CONDITIONS OF SUC	ES OF REQUI PEF CH PO	FINSURANCE LISTED BELOW HAREMENT, TERM OR CONDITION REMENT, THE INSURANCE AFFOR LICIES. LIMITS SHOWN MAY HAV	AVE BEEN ISSUE N OF ANY CONTF DED BY THE PO VE BEEN REDUCE	ED TO THE INSU RACT OR OTHER LICIES DESCRIE ED BY PAID CLAI	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT TO	THE 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 COMMERCIAL GENERAL LIABILITY	X	KRO 5663300	9/1/2015	9/1/2016	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 5663300	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000			
l <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									
Δ UMBRELLALIAB Y OCCUR		VVO 5662400	0/1/2015	0/1/2016		¢5,000,000			
A MANAGEMENT AND A MANA		XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000			
A -xe-ee -x. z					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				
		GD201414 D 052254	0/1/2017	0/1/2016	E. L. DISEASE - POLICY LIMIT	¢100.000			
B PARTICIPANT ACCIDENT MEDICAL		SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000			
DESCRIPTION OF OPERATIONS / LOCATIONS / VE	HICLES	S (Attach ACORD 101, Additional Remarks	Schedule, if more space	e is required)	-				
This certificate is issued on behalf of Additional Insured as respects the of						te Holder is			
CERTIFICATE HOLDER			CANCELLA	TION					
MAPLE LANE ELEMENTA	pν								
34600 DRYDEN	1 / 1		SHOULD ANY	OF THE ABOVE	DESCRIBED POLICIES BE CA	NCELLED BEFORE			
	Q21′	า	WITH THE PO	ON DATE THEREC LICY PROVISIONS	PF, NOTICE WILL BE DELIVERE i.	IN ACCORDANCE			
STERLING HEIGHTS, MI 4	0312	<u> </u>							
			AUTHORIZED REP	AUTHORIZED REPRESENTATIVE					

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DATE (MM/DD/YYYY) 8/26/2015

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	eu of such endorsement(s).	oncies	may require an endorseme	ent. A Statement on	ınıs certificatê (	ioes not conter rights to th	ie 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	,	5411C 500	E-MAIL ADDRESS:	contact@pu	llenins.com			
	Tort Worth, 171 70	110		PRODUCER CUSTO					
				INSURERS AF	FORDING COVI	ERAGE	NAIC #		
INSU	Michigan State Youth	Soci	car Association		11991				
	9401 General Drive, S				Insurer A: National Casualty Company 11991 Insurer B: Mutual of Omaha 71412				
	Plymouth, MI 48170	Suite	120	Insurer C:	atual of Official	<u> </u>	71712		
	Flymouth, Mi 48170			Insurer D:					
				Insurer E:					
				Insurer F:					
	VERAGES CE	DTIE	ICATE NUMBER: 150			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	ES OF REQUIR PERT CH POL	INSURANCE LISTED BELOW REMENT, TERM OR CONDIT FAIN, THE INSURANCE AFF ICIES. LIMITS SHOWN MAY	/ HAVE BEEN ISSUE ION OF ANY CONTF ORDED BY THE PO HAVE BEEN REDUCE	D TO THE INSU ACT OR OTHEF LICIES DESCRIE D BY PAID CLAI	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT T	HE POLICY PERIOD		
INSR LTR	TYPE OF INSURANCE	ADD'L S	VVD POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A	GENERAL LIABILITY	X	KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR					MED EXP (Any one person)	\$5,000		
						PERSONAL & ADV INJURY	\$1,000,000		
						GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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 X NON-OWNED AUTOS					(Per accident)			
	X NON-OWNED AUTOS								
Α	UMBRELLA LIAB X OCCUR		XKO 5663400	9/1/2015	9/1/2016	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		SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
Thi Add	CRIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf o ditional Insured as respects the op	f Micl	nigan State Youth Soccer	Association & Mi for sanctioned act	chigan Youth Sivities of the st	Soccer League. Certificate association.	ate Holder is		
	RTIFICATE HOLDER			CANCELLA	IION				
27	UNSON PARK 70 N CUSTER RD ONROE, MI 48162			THE EXPIRATION	OF THE ABOVE I ON DATE THEREC LICY PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE ED IN ACCORDANCE		
				AUTHORIZED REP	RESENTATIVE	Patik Dull_	_		



DATE (MM/DD/YYYY) 8/26/2015

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	conditions of the policy, certain policy certain policy of such endorsement(s).	olicies	s may	require an endorsement.	A statement on t	this certificate o	loes not confer rights to th	e certificate holder		
PROI	Pullen Insurance Se	rvic	es I	nc	CONTACT NAME:	Sports Divis	ion			
	2560 River Park Pla				PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 76.	,	Sur	C 300	E-MAIL ADDRESS:	contact@pul	llenins.com			
	Toft Worth, 12 70.	110			PRODUCER CUSTOMER ID#: MI					
						FORDING COVE	FRAGE	NAIC #		
INSU	RED Mishigan Chaha Wayalla	Coo		A aga sinting						
	Michigan State 1 Outil				Insurer A: National Casualty Company 11991 Insurer B: Mutual of Omaha 71412					
	9401 General Drive, S	suite	120	)		ituai oi Oilialia	1	/1412		
	Plymouth, MI 48170				Insurer C:					
					Insurer D:					
					Insurer E:					
	VED 4 0 E 0	D.T.I.	-104	TE NUMBER 150205	Insurer F:		SEVICION NUMBER			
				TE NUMBER: 150205			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 / PER :H POI	REME TAIN, LICIES	NT, 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 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
	X EXCESS LIAB CLAIMS-MADE			11110 0000 100	<i>37172010</i>	), 1, <b>2</b> 010	AGGREGATE	\$5,000,000		
	DEDUCTIBLE	1					NOONEONIE	40,000,000		
	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			
				CD2014MI D 052257	0/1/2015	9/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000		
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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 & Mi	chigan Youth S		te Holder is		
CF	RTIFICATE HOLDER				CANCELLA	TION				
M. 36	ADONNA UNIVERSITY 600 SCHOOLCRAFT RD VONIA, MI 48150				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) 8/26/2015

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 the c

	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	ie certificate holder		
PRO	Pullen Insurance Se	arvi	200	Inc	CONTACT NAME:	Sports Divis	ion			
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993					
		,	Sui	ie 300	E-MAIL ADDRESS:	contact@pu		775		
	Fort Worth, TX 76	110			PRODUCER CUSTOMER ID#: MI					
						FORDING COVI	EDACE	NAIC #		
INSL	DED 3.5'.1' G 37 .1							-		
INSC	Whengan State Tout					tional Casualty		71412		
	9401 General Drive, S	Suite	e 12	0		utual of Omaha	1	/1412		
	Plymouth, MI 48170				Insurer C:					
					Insurer D:					
					Insurer E:					
	VED 4.050	-DT	<u> </u>	ATE MUMBER 150205	Insurer F:					
				ATE NUMBER: 150205			REVISION NUMBER:			
IND CEF	S IS TO CERTIFY THAT THE POLICII ICATED. NOTWITHSTANDING ANY F STIFICATE MAY BE ISSUED OR MA' CLUSIONS AND CONDITIONS OF SUC	REQU Y PEI	IREM RTAIN	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	OF ANY CONTR DED BY THE PO E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB	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 LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
**	X EXCESS LIAB CLAIMS-MADE			71110 3003 100	J/ 1/ 2015	7/1/2010	AGGREGATE	\$5,000,000		
	DEDUCTIBLE	†					AGGREGATE	Ψε,σσσ,σσσ		
	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			SR2014MI-P-053256	9/1/2015	9/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000		
Ь.	PARTICIPANT ACCIDENT MEDICAL			SK2014WII-I -033230	9/1/2013	9/1/2010		φ100,000		
DES	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	ate Holder is		
	ditional Insured as respects the or							1101001 10		
	•	•								
CE	RTIFICATE HOLDER				CANCELLA	TION				
		г			JANGELLA	11014				
	VONIA PUBLIC SCHOOL				SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA	NCELLED BEFORE		
	125 FARMINGTON ROA	υ			THE EXPIRATION OF THE EXPIRATION OF THE EXPIRATION OF THE POINT OF THE POINT OF THE POINT OF THE POINT OF THE EXPIRATION	ON DATE THEREC LICY PROVISIONS	F, NOTICE WILL BE DELIVERI	:D IN ACCORDANCE		
LL	VONIA, MI 48154									

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AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 8/26/2015

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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	266	Inc	CONTACT NAME: Sports Division					
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort Worth, TX 76	,	Sui	ic 300	E-MAIL ADDRESS:	contact@pu				
	Toft Worth, 1A 70	110			PRODUCER CUSTO					
					INSURERS AFFORDING COVERAGE NAIC #					
INSU	RED Michigan State Vouth	Co		Association	<del>                                     </del>	tional Casualty		11991		
	Whengan State Tout					utual of Omaha		71412		
	9401 General Drive, S	Sulu	2 1 2	U		ituai 01 Omana	1	/1412		
	Plymouth, MI 48170				Insurer C:					
					Insurer D:					
					Insurer E: Insurer F:					
$\subseteq$	VERAGES CE	DTI	FIC	ATE NUMBER: 1502178						
THIS IND CEF	S IS TO CERTIFY THAT THE POLICII ICATED. NOTWITHSTANDING ANY F TIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUC	ES OI REQU / 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 INSUITACT OR OTHER	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT T	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	****	KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
11	X COMMERCIAL GENERAL LIABILITY	1		1410 3003300	)/ 1/2013	7/1/2010	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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016	·	\$100,000		
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VE	L HICLE	L S (Atta	L 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	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	tate association.			
CE	RTIFICATE HOLDER				CANCELLA	TION				
91	adison High School Gym 5 E. 11 Mile adison Heights, MI 48071				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) 8/26/2015

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in lieu of such endors				y require an endorsement.					
PRODUCER Puller	Insurance Se	ervi	ces.	Inc.	CONTACT NAME: Sports Division				
	River Park Pl				PHONE: (8	317) 738-6100	FAX: (817) 738-29	993	
	Vorth, TX 76	,			E-MAIL ADDRESS	contact@pu	llenins.com		
	,				PRODUCER CUST	TOMER ID#: MI			
					INSURERS AFFORDING COVERAGE NAIC #				
INSURED Michigan	n State Youth	ı So	ccei	Association	Insurer A: N	11991			
9401 Ge	neral Drive,	Suite	e 12	0	Insurer B: N	Iutual of Omaha	ı	71412	
	h, MI 48170				Insurer C:				
J	,				Insurer D:				
					Insurer E:				
					Insurer F:				
COVERAGES	CE	ERTI	FIC/	<b>ATE NUMBER: </b> 150228	12	F	REVISION NUMBER:	0	
INDICATED. NOTWITH CERTIFICATE MAY BE EXCLUSIONS AND CO	STANDING ANY I ISSUED OR MA	REQU Y PEI CH PC	IREM RTAIN OLICIE	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 OTHER DLICIES DESCRIB ED BY PAID CLAII	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	CT TO WHICH THIS	
INSR TYPE OF IN	ISURANCE	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
X COMMERCIAL GE							DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
CLAIMS MAI	DE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
GEN'L AGGREGATE LIM							PRODUCTS - COMP/OP AGG	\$1,000,000	
POLICY PR	OJECT LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000	
A AUTOMOBILE LIABILI ANY AUTO	TY			KRO 5663300	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
ALL OWNED AUTO	OS						BODILY INJURY (Per person)		
SCHEDULED AUT							BODILY INJURY (Per accident)		
X HIRED AUTOS							PROPERTY DAMAGE (Per accident)		
X NON-OWNED AUT	os								
A UMBRELLA LIAB	X OCCUR			XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
X EXCESS LIAB	CLAIMS-MADE						AGGREGATE	\$5,000,000	
DEDUCTIBLE		1							
RETENTION \$									
WORKERS COMPENS	ATION						WC STATU- TORY LIMITS OTH- ER		
AND EMPLOYERS' LIA ANY PROPRIETOR/PARTN	ABILITY Y/N	NI/A					E. L. EACH ACCIDENT		
OFFICER/MEMBER EXCLU	DED?	N/A					E. L. DISEASE - EA EMPLOYEE		
If yes, describe under							E. L. DISEASE - POLICY LIMIT		
B PARTICIPANT ACC	CIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
DESCRIPTION OF OPERATION	ONS / LOCATIONS / VE	HICLE	S (Atta	Long Page 1975   Common	chedule if more spa-	ce is required)			
This certificate is iss	sued on behalf o	of Mi	chiga	an State Youth Soccer As: of the Named Insured for	sociation & M	lid-Michigan Yo		tificate Holder is	
CERTIFICATE HO	N DER				CANCELLA	ATION			
	LDEK				CANCELL	ATION .			
Legacy Center 9299 Goble Driv Brighton, MI 48					THE EXPIRAT	OF THE ABOVE IN THE THE PROPERTY OF THE PROVISIONS	DESCRIBED POLICIES BE CA IF, NOTICE WILL BE DELIVERE	NCELLED BEFORE DINACCORDANCE	
					AUTHORIZED REPRESENTATIVE 0				



DATE (MM/DD/YYYY) 8/26/2015

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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

		ditions of the such endo			olicie	s ma	y require an endorsement.	A statement on	this certificate d	loes not confer rights to th	e certificate holder		
PRO	DUCEF	Pulle	n Insi	irance Se	ervio	ces.	Inc	CONTACT NAME:	Sports Divis	ion			
				r Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993					
				n, TX 76		Dui	500	E-MAIL ADDRESS: contact@pullenins.com					
		1011	VV OI LI	1, 121 /0	110			PRODUCER CUSTOMER ID#: MI					
								INSURERS AF	NAIC #				
INSU	RED	Michiga	an Sta	ite Youth	So	ccer	Association	Insurer A: National Casualty Company			11991		
		9401 G	eneral	Drive, S	Snite	12	0	* * *			71412		
				I 48170	5 6720			Insurer C:					
		1 1) 1110 0	,	10170				Insurer D:					
								Insurer E:					
								Insurer F:					
COVERAGES CERTIFICATE NUMBER: 150013							<b>ATE NUMBER:</b> 150015	17	R	REVISION NUMBER:	0		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW H INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOR EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE						IREM RTAIN LICIE	ENT TERM OR CONDITION	OF ANY CONTR DED BY THE PO E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI <mark>I</mark>	DOCUMENT WITH RESPE	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			
A	GENI	ERAL LIABILITY	′		X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	$\mathbf{X}$	COMMERCIAL G	_	,						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
		CLAIMS MA	ADE X	OCCUR						MED EXP (Any one person)	\$5,000		
	<u> </u>									PERSONAL & ADV INJURY	\$1,000,000		
	Ш-									GENERAL AGGREGATE	UNLIMITED		
	<u> </u>	L AGGREGATE LI		ES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000		
	F	POLICY	ROJECT	LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000		
A	-	OMOBILE LIABII	LITY				KRO 5663300	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
		ALL OWNED AUT	TOS							BODILY INJURY (Per person)			
	$\vdash$	SCHEDULED AU								BODILY INJURY (Per accident)			
	X	HIRED AUTOS								PROPERTY DAMAGE (Per accident)			
		NON-OWNED AL	JTOS										
A	$\vdash$	JMBRELLA LIAE	в Х ос	CCUR			XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
**	-	XCESS LIAB		AIMS-MADE			71110 3003 100	<i>y</i> , 1, 2013	7,1,2010	AGGREGATE	\$5,000,000		
	-	DEDUCTIBLE			1					NOONLOWIE	, - ,		
	F	RETENTION \$											
	WOR	KERS COMPEN	ISATION							WC STATU- TORY LIMITS OTH- ER			
	AND	EMPLOYERS' L	JABILITY	Y/N						E. L. EACH ACCIDENT			
	OFFIC	PROPRIETOR/PART ER/MEMBER EXCL latory in NH)	INEK/EXEC LUDED?	UTIVE	N/A					E. L. DISEASE - EA EMPLOYEE			
	1.	describe under								E. L. DISEASE - POLICY LIMIT			
В	PAR	TICIPANT AC	CCIDEN	T MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
DESC	PIPTI		TIONS / LO		HICLE	S (A#2)	ch ACORD 101 Additional Remarks S	chedule 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



DATE (MM/DD/YYYY) 8/26/2015

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and co	TANT: If the certificate holder i nditions of the policy, certain p of such endorsement(s).	s an A olicie:	DDI1 s ma	FIONAL INSURED, the policy 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		
PRODUC	Pullen Insurance S	es.	Inc.	CONTACT NAME:	CONTACT NAME: Sports Division					
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 AF	NAIC #				
Michigan State Youth Soccer Association					Insurer A: Na	11991				
	9401 General Drive,				Insurer B: M	utual of Omaha	ı	71412		
	Plymouth, MI 48170				Insurer C:	Insurer C:				
	,				Insurer D:					
					Insurer E:	Insurer E:				
					Insurer F:					
COVE	RAGES CI	ERTII	FICA	ATE NUMBER: 150027	25	F	REVISION NUMBER:	0		
INDICA CERTIF EXCLU	TO CERTIFY THAT THE POLICITED. NOTWITHSTANDING ANY ICATE MAY BE ISSUED OR MASIONS AND CONDITIONS OF SU	REQUI Y PER CH PO	REM RTAIN LICIE	ENT, TERM OR CONDITION I, 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 RESPE SED HEREIN IS SUBJECT T	HE POLICY PERIOD CT TO WHICH THIS O ALL THE TERMS,		
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 GE	NERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
X	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (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	N'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 5663300	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
	ALL OWNED AUTOS						BODILY INJURY (Per person)			
	SCHEDULED AUTOS						BODILY INJURY (Per accident)			
V	X HIRED AUTOS						PROPERTY DAMAGE (Per accident)			
X							, , , ,			

\$5,000,000 UMBRELLA LIAB X OCCUR XKO 5663400 9/1/2015 9/1/2016 EACH OCCURRENCE CLAIMS-MADE \$5,000,000 **EXCESS LIAB** AGGREGATE DEDUCTIBLE RETENTION \$ WC STATU-TORY LIMITS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

9/1/2015 9/1/2016 SR2014MI-P-053256 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 & 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	OANOLLLATION				
RESA Attention: Yvonne Curtis 499 Range 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.				
Marysville, MI 48040	AUTHORIZED REPRESENTATIVE Jatik Delle				

CANCELL ATION

E. L. EACH ACCIDENT

E. L. DISEASE - EA EMPLOYEE

E. L. DISEASE - POLICY LIMIT

\$100,000

CERTIFICATE HOLDER

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

If yes, describe under



DATE (MM/DD/YYYY) 8/26/2015

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).								
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 AF	NAIC #			
Michigan State Youth Soccer Association					Insurer A: Na	11991			
	9401 General Drive, S	Suit	e 12	0	Insurer B: M	71412			
	Plymouth, MI 48170				Insurer C:				
	<b>J</b>				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTI	FIC	ATE NUMBER: 150034	55	F	REVISION NUMBER:	0	
CEF EXC	S IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY F TIFICATE MAY BE ISSUED OR MAY LUSIONS 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 DESCRIB ED BY PAID CLAII	R DOCUMENT WITH RESPEC 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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)	1,7,1					E. L. DISEASE - EA EMPLOYEE		
	If yes, describe under						E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)									
	s certificate is issued on behalf o							te Holder is	
Ado	ditional Insured as respects the of	perat	ions	of the Named Insured for	sanctioned act	tivities of the st	ate association.		
CE	RTIFICATE HOLDER				CANCELLA	TION			
Pembroke Elementary									
	955 ETON DRIVE					ON DATE THEREO	DESCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVERED	NCELLED BEFORE DINACCORDANCE	
l .	Troy, MI 48084				WITH THE POLICY PROVISIONS.				
•					AUTHORIZED REPRESENTATIVE 0				



DATE (MM/DD/YYYY) 8/26/2015

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 pole 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		
PRODUCER Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116					CONTACT NAME: Sports Division					
					PHONE: (817) 738-6100 FAX: (817) 738-2993					
					E-MAIL ADDRESS:					
	101t Worth, 124 70	110			PRODUCER CUSTOMER ID#: MI					
					INSURERS AF	NAIC #				
Michigan State Youth Soccer Association					+	11991				
	9401 General Drive, S					<u>ttional Casualty</u> utual of Omaha		71412		
	Plymouth, MI 48170	Juin	U 12	U	Insurer C:		~	71112		
	1 1y1110utii, 1v11 401 / 0				Insurer D:					
					Insurer E:					
					Insurer F:					
CO	VERAGES CE	RTI	FIC	ATE NUMBER: 150034:						
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	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 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	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 5663300	9/1/2015	9/1/2016	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 deerderk)			
	TY COOLD			VIV.O. 7.6.62.400	0/1/2015	0/1/2016		¢5,000,000		
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E. L. DISEASE - EA EMPLOYEE			
	If yes, describe under						E. L. DISEASE - POLICY LIMIT			
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
DES		HICLE	S (Atta	L	chedule, if more space	i is required)	1			
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		te Holder is		
CE	RTIFICATE HOLDER				CANCELLA	TION				
Rochester Adams High School Attn: Yvonne Curtis 3200 Tienken 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 48306				AUTHORIZED REPRESENTATIVE Satisfull						



DATE (MM/DD/YYYY) 8/26/2015

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	don chaorsement(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: Mutual of Omaha	71412				
	,	Insurer C:					
	· · · · · · · · · · · · · · · · · · ·	Insurer D:					
		Insurer E:					
		Insurer F:					
<b>COVER</b>	AGES CERTIFICATE NUMBER: 1500345	79 <b>REVISION NUMBER:</b> (	)				

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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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	CANCELLATION				
Rochester High School Attn: Yvonne Curtis 180 S. 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.				
Rochester Hills, MI 48307	AUTHORIZED REPRESENTATIVE  Jatik Pull				

CANCELL ATION

CEDTIEICATE HOLDED



DATE (MM/DD/YYYY) 8/26/2015

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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 Division				
2560 River Park Pla			PHONE: (817) 738-6100 FAX: (817) 738-2993					
Fort Worth, TX 76		Sui	.tc 300	E-MAIL ADDRESS: contact@pullenins.com				
Toft Worth, 124 70	110			PRODUCER CUSTO				
				INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSURED Michigan State Youth	So	CCAT	Association		tional Casualt		11991	
9401 General Drive, S					utual of Omaha		71412	
Plymouth, MI 48170	Juin	. 12	O	Insurer C:	order of official	~	,,,,,,	
1 Tymouth, WH 40170				Insurer D:				
				Insurer E:				
				Insurer F:				
COVERAGES CE	RTI	FIC	ATE NUMBER: 150034		F	REVISION NUMBER:	0	
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAN EXCLUSIONS AND CONDITIONS OF SUC	EQU PEF H PO	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 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 GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
X EXCESS LIAB CLAIMS-MADE				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AGGREGATE	\$5,000,000	
DEDUCTIBLE							. , ,	
RETENTION \$								
WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER		
AND EMPLOYERS' LIABILITY Y/N						E. L. EACH ACCIDENT		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E. L. DISEASE - EA EMPLOYEE		
If yes, describe under						E. L. DISEASE - POLICY LIMIT		
B PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
DESCRIPTION OF OPERATIONS/LOCATIONS/VE This certificate is issued on behalf o Additional Insured as respects the op	f Mi	chiga	an State Youth Soccer Ass	sociation & Mi	chigan Youth		te Holder is	
CERTIFICATE LIQUEES				CANCELLA	TION			
CERTIFICATE HOLDER	α :			CANCELLA	IION			
Rochester Stoney Creek High Attn: Yvonne Curtis 575 E. Tienken Road	Sch	iool			OF THE ABOVE I ON DATE THEREC LICY PROVISIONS	DESCRIBED POLICIES BE CA PF, NOTICE WILL BE DELIVERE	NCELLED BEFORE DINACCORDANCE	
Rochester Hills, MI 48306			AUTHORIZED REPRESENTATIVE 0					

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DATE (MM/DD/YYYY) 8/26/2015

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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 o	loes not confer rights to th	e certificate holder		
PROI	Pullen Insurance Se	rvi	200	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@pullenins.com					
	1 of t worth, 121 70	110			PRODUCER CUSTO					
					INSURERS AF	FORDING COVI	ERAGE	NAIC #		
INSU	Michigan State Youth	· Co	2221	Association		tional Casualty		11991		
	9401 General Drive, S					utual of Omaha		71412		
		ouiu	: 12	U	Insurer C:	utuai oi Oilialia		/1712		
	Plymouth, MI 48170				Insurer D:					
					Insurer E:					
	VEDACES CE	DTI	FIC	ATE MILIMPED. 150024	Insurer F:		DEVICION NUMBER.	0		
				ATE NUMBER: 150034			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 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 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016	E. L. DISEASE - POLICY LIWIT	\$100,000		
ט	TARTICII AIVI ACCIDEIVI MEDICAL			SK2014MI-1-033230	7/1/2013	7/1/2010		Ψ100,000		
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLF	L S (Atta	L ch ACORD 101. Additional Remarks S	L Schedule, if more space	L e is required)	<u> </u>			
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	Soccer League. Certifica ate association.	te Holder is		
CF	RTIFICATE HOLDER				CANCELLA	TION				
					JANULLA					
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.					
IVI1	idland, MI 48640				AUTHORIZED REPI	RESENTATIVE	$\bigcap$			
					Jatik Well-					



DATE (MM/DD/YYYY) 8/26/2015

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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COVERA	AGES CERTIFICATE NUMBER: 1500346	REVISION NUMBER: (	)
		Insurer F:	
		Insurer E:	
	•	Insurer D:	
	Plymouth, MI 48170	Insurer C:	
	9401 General Drive, Suite 120	Insurer B: Mutual of Omaha	71412
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) 738-29	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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

Polish Army Veterans Assoc. Circuit VI, Wanda Park Attn: Yvonne Curtis 13707 Clinton River Rd. 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) 8/26/2015

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	Insurer D: Insurer E: Insurer F:				
	Insurer D:				
mouth, MI 48170	Insurer C:				
01 General Drive, Suite 120	Insurer B: Mutual of Omaha	71412			
chigan 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			
Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division				
)	oft Worth, 171 / 0110	2560 River Park Plaza, Suite 300  PHONE: (817) 738-6100  FAX: (817) 738-299			

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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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

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.



DATE (MM/DD/YYYY) 8/26/2015

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	aun undureum (e).					
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 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: Mutual of Omaha	71412			
	Plymouth, MI 48170	Insurer C:				
	•	Insurer D:				
		Insurer E:				
		Insurer F:				
COVERA	AGES CERTIFICATE NUMBER: 1500433	REVISION NUMBER: (	)			
	055557 7 11 1 7 11 5 501 10150 05 11015 1105 1 1055 5 51 011 110	VE DEEN 1991 ED TO THE WIGHTER MANEE ADDITE EDD TH				

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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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

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.



DATE (MM/DD/YYYY) 8/26/2015

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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			
	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: Mutual of Omaha	71412		
	Plymouth, MI 48170	Insurer C:			
	•	Insurer D:			
		Insurer E:			
		Insurer F:			
COVER	AGES CERTIFICATE NUMBER: 150051	90 REVISION NUMBER: (	)		
INDICATED	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 AFFOR	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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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	
	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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	OANOLLLATION
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) 8/26/2015

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in lieu of	f such endorsement(s).									
i unen msurance services, mc.					CONTACT NAME:	~F				
2560 River Park Plaza, Suite 300						PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 761				E-MAIL ADDRESS:	contact@pu	llenins.com			
	,				PRODUCER CUSTO	OMER ID#: MI				
					INSURERS AF	FORDING COVE	ERAGE	NAIC #		
INSURED	Michigan State Youth	Soc	cer	Association	Insurer A: Na	tional Casualty	Company	11991		
	9401 General Drive, S				Insurer B: M	71412				
	Plymouth, MI 48170				Insurer C:					
	<b>3</b>				Insurer D:					
					Insurer E:					
					Insurer F:					
COVE	RAGES CE	RTI	FIC	ATE NUMBER: 150050	97	F	REVISION NUMBER:	0		
INDICATI CERTIFIC EXCLUSI	TO CERTIFY THAT THE POLICIE ED. NOTWITHSTANDING ANY R CATE MAY BE ISSUED OR MAY IONS AND CONDITIONS OF SUC	EQUI PER H PO	REM Tain Licie	ENT, TERM OR CONDITION I, THE INSURANCE AFFORI	OF ANY CONTE DED BY THE PO 'E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	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 GEN	ERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	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			
F	POLICY PROJECT LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000		
^ <b>-</b> ⊢	OMOBILE LIABILITY  ANY AUTO			KRO 5663300	9/1/2015	9/1/2016	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									
Α	JMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
X	CLAIMS-MADE						AGGREGATE	\$5,000,000		
	DEDUCTIBLE									
	RETENTION \$									
WOR	KERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER			
AND ANY E	EMPLOYERS' LIABILITY Y/N PROPRIETOR/PARTNER/EXECUTIVE	NI/A					E. L. EACH ACCIDENT			
OFFIC (Mano	PROPRIETOR/PARTNER/EXECUTIVE DER/MEMBER EXCLUDED?	N/A					E. L. DISEASE - EA EMPLOYEE			
1 1 1	describe under						E. L. DISEASE - POLICY LIMIT			
B PAR	TICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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
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.
Midland, MI 48640	AUTHORIZED REPRESENTATIVE  Satisfull



DATE (MM/DD/YYYY) 8/26/2015

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iii iica oi s	don chaorachich(a).					
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			
	9401 General Drive, Suite 120	Insurer B: Mutual of Omaha	71412			
	Plymouth, MI 48170	Insurer C:				
	<b>3</b> ,	Insurer D:				
		Insurer E:				
		Insurer F:				
COVERA	AGES CERTIFICATE NUMBER: 1500562	29 <b>REVISION NUMBER:</b> (	)			
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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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	OANOLLLATION
PLYMOUTH CHRISTIAN ACADEMY Attn: YVONNE CURTIS 43065 Joy 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.
Canton, MI 48187	AUTHORIZED REPRESENTATIVE Satisfull

CANCELL ATION

CEDTIEICATE HOLDED



DATE (MM/DD/YYYY) 8/26/2015

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

COVERA THIS IS TO INDICATED CERTIFICA EXCLUSION INSR LTR  A GENER X CO GEN'L A PO	CERTIFY THAT THE POLICIE  . NOTWITHSTANDING ANY R TE MAY BE ISSUED OR MAY NS AND CONDITIONS OF SUC	aza, Su 116  Socce Suite 1:  RTIFIC ES OF IN	EATE NUMBER: 15005 SURANCE LISTED BELOW FOR MENT, TERM OR CONDITION, THE INSURANCE AFFOIRES. LIMITS SHOWN MAY HAR POLICY NUMBER	E-MAIL ADDRESS: PRODUCER CUST INSURERS AF Insurer A: N Insurer B: M Insurer C: Insurer D: Insurer E: Insurer F: 670 HAVE BEEN ISSUE RDED BY THE PO	OMER ID#: MI FFORDING COV ational Casualt (utual of Omah  ED TO THE INSU RACT OR OTHEI ILICIES DESCRIE ED BY PAID CLA	FAX: (817) 738-29 Illenins.com  ERAGE  y Company a  REVISION NUMBER: IRED NAMED ABOVE FOR TI BOCUMENT WITH RESPE	NAIC # 11991 71412  0 HE POLICY PERIOD CT TO WHICH THIS
COVERA THIS IS TO CERTIFICA EXCLUSION INSR LTR  A GENER X CO GENLA PO	2560 River Park Pla Fort Worth, TX 761 Michigan State Youth 9401 General Drive, S Plymouth, MI 48170  AGES CE CERTIFY THAT THE POLICIE D. NOTWITHSTANDING ANY R TE MAY BE ISSUED OR MAY NS AND CONDITIONS OF SUC TYPE OF INSURANCE AL LIABILITY  MMERCIAL GENERAL LIABILITY	Soccesuite 1:  RTIFICES OF IN EQUIRE / PETTA HEPOTI SUBINSRD WILLIAM W	EATE NUMBER: 15005 SURANCE LISTED BELOW FOR MENT, TERM OR CONDITION, THE INSURANCE AFFOIRES. LIMITS SHOWN MAY HAR POLICY NUMBER	E-MAIL ADDRESS: PRODUCER CUST INSURERS AF Insurer A: N Insurer B: M Insurer C: Insurer D: Insurer E: Insurer F: 670 HAVE BEEN ISSUE RODED BY THE POWE BEEN REDUC	contact@pu COMER ID#: MI FFORDING COV ational Casualt (utual of Omah  ED TO THE INSU RACT OR OTHE ILICIES DESCRIF ED BY PAID CLA	REVISION NUMBER:  RED NAMED ABOVE FOR TR  RED DESCRIPTION OF THE RESPERTANCE OF THE RESPE	NAIC # 11991 71412  0 HE POLICY PERIOD CT TO WHICH THIS
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COVERA THIS IS TO CERTIFICA EXCLUSION INSR LTR  A GENER X CO GEN'L A PO	9401 General Drive, S Plymouth, MI 48170  AGES CE CERTIFY THAT THE POLICIE NOTWITHSTANDING ANY R ITE MAY BE ISSUED OR MAY NS AND CONDITIONS OF SUC TYPE OF INSURANCE AL LIABILITY MMERCIAL GENERAL LIABILITY	RTIFICES OF IN REQUIRE / PERTA POLIC ADD'L SUB-	EATE NUMBER: 15005 SURANCE LISTED BELOW FOR CONDITION, THE INSURANCE AFFOR SELIMITS SHOWN MAY HAR POLICY NUMBER	Insurer A: N Insurer B: M Insurer C: Insurer D: Insurer E: Insurer F: 670  HAVE BEEN ISSUE N OF ANY CONTI	ational Casualt (utual of Omah  ED TO THE INSU RACT OR OTHE) LICIES DESCRIE ED BY PAID CLA	y Company a  REVISION NUMBER:  RED NAMED ABOVE FOR TI R DOCUMENT WITH RESPE	11991 71412  0 HE POLICY PERIOD CT TO WHICH THIS
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A GENER X CO	AL LIABILITY  MMERCIAL GENERAL LIABILITY			POLICY EFFECTIVE			
X CO	MMERCIAL GENERAL LIABILITY	X		DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
GEN'L A			KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE  DAMAGE TO RENTED PREMISES (Ea occurance)	\$1,000,000 \$300,000
PO						MED EXP (Any one person)	\$5,000
PO						PERSONAL & ADV INJURY	\$1,000,000
PO						GENERAL AGGREGATE	UNLIMITED
	GGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$1,000,000
	LICY PROJECT LOC					PARTICIPANT LEGAL LIABILITY	\$1,000,000
^^ <del> </del>	IOBILE LIABILITY Y AUTO		KRO 5663300	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
<del></del>	OWNED AUTOS					BODILY INJURY (Per person)	
<del></del>	HEDULED AUTOS					BODILY INJURY (Per accident)	
<del></del>	ED AUTOS					PROPERTY DAMAGE (Per accident)	
	N-OWNED AUTOS						
A UM	BRELLA LIAB X OCCUR		XKO 5663400	9/1/2015	9/1/2016	EAGU GOOUDDENGE	\$5,000,000
· • —	CESS LIAB CLAIMS-MADE		AKO 3003400	9/1/2013	9/1/2010	EACH OCCURRENCE AGGREGATE	\$5,000,000
DEI	DUCTIBLE					AGGREGATE	\$5,000,000
	TENTION \$					WC STATU- OTH-	
AND EN	ERS COMPENSATION MPLOYERS' LIABILITY Y/N					TORY LIMITS ER	
ANY PRO	PRIETOR/PARTNER/EXECUTIVE //MEMBER EXCLUDED?	N/A				E. L. EACH ACCIDENT  E. L. DISEASE - EA EMPLOYEE	
1.5	ory in NH) scribe under					E. L. DISEASE - POLICY LIMIT	
B PARTI	CIPANT ACCIDENT MEDICAL		SR2014MI-P-053256	9/1/2015	9/1/2016	E. L. DISEASE - POLICI LIMIT	\$100,000
DESCRIPTION	N OF OPERATIONS / LOCATIONS / VEI	LICI ES (A+	tach ACORD 101 Additional Remarks	Schodulo if more case	o is required)		
This certi	ficate is issued on behalf of	f Michig	gan State Youth Soccer A	ssociation & M	ichigan Youth		te Holder is
CERTIFI	CATE HOLDER			CANCELLA	ATION		
Old Sal 290 Wo	ine High School Socce odland Dr MI 48176	er Field	ls	SHOULD ANY THE EXPIRAT	OF THE ABOVE	DESCRIBED POLICIES BE CA DF, NOTICE WILL BE DELIVERE 3.	NCELLED BEFORE D IN ACCORDANCE
Sumi,	10170			AUTHORIZED REPRESENTATIVE			



DATE (MM/DD/YYYY) 8/26/2015

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	eu of such endorsement(s).	olicies ma	ay require an endorsement.	A statement on	inis certificate d	loes not confer rights to t	ne certificate noider		
PROD	Pullen Insurance Se	ervices.	Inc.	CONTACT NAME:	Sports Divis	ion			
2560 River Park Plaza, Suite 300				PHONE: (8)	PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76	,		E-MAIL ADDRESS:	E-MAIL ADDRESS: contact@pullenins.com				
	,			PRODUCER CUSTOMER ID#: MI					
				INSURERS AF	FORDING COVE	RAGE	NAIC #		
INSUF	7 101 General Bilve, Balte 120				tional Casualty	Company	11991		
					Insurer B: Mutual of Omaha				
					Insurer C:				
	,				Insurer D:				
				Insurer E:					
				Insurer F:					
CO	VERAGES CE	ERTIFIC	ATE NUMBER: 150057'	74	R	<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.							ECT 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			
Α	GENERAL LIABILITY	X	KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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 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	
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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.

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 Jatik Pull

**CANCELLATION** 

**CERTIFICATE HOLDER** 



DATE (MM/DD/YYYY) 8/26/2015

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	u of such endorsement(s).	Olicies Ille	iy require an endorsement.	A Statement on	illis certificate d	des not comer rights to the	certificate floider	
PRODU	Pullen Insurance Se	Inc.	CONTACT NAME:	CONTACT NAME: Sports Division				
	2560 River Park Pl			PHONE: (8)	17) 738-6100	FAX: (817) 738-29	93	
	Fort Worth, TX 76			E-MAIL ADDRESS:	contact@pul	lenins.com		
	,			PRODUCER CUSTO	OMER ID#: MI			
				INSURERS AF	FORDING COVE	RAGE	NAIC #	
INSUR	ED Michigan State Youth	n Soccei	Association	Insurer A: Na	tional Casualty	Company	11991	
	9401 General Drive,			Insurer B: Mutual of Omaha 71412				
	Plymouth, MI 48170	,						
	,			Insurer D:				
				Insurer E:				
				Insurer F:				
COV	<u>/ERAGES CE</u>	ERTIFIC	ATE NUMBER: 150057'	76	R	EVISION NUMBER: (	)	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY						DOCUMENT WITH RESPECT TO HEREIN IS SUBJECT TO	T TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADD'L SUBR INSRD WVD		POLICY EFFECTIVE DATE (MM/DD/YY)	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	
Α	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 assisting	
	A NON OWNED NOTES							
Α	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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
PORT HURON TOWNSHIP PARK Attn: YVONNE CURTIS 3344 BEACH ROACO	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 Satikbull

CANCELL ATION

CERTIFICATE HOLDER



DATE (MM/DD/YYYY) 8/26/2015

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).

CONTACT NAME: Sports Division	·
PHONE: (817) 738-6100 FAX: (817) 73	8-2993
E-MAIL ADDRESS: contact@pullenins.com	
PRODUCER CUSTOMER ID#: MI	
INSURERS AFFORDING COVERAGE	NAIC #
iation Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	
MBER: 15006986 REVISION NUMBER	<b>R:</b> 0
	PHONE: (817) 738-6100 FAX: (817) 73  E-MAIL ADDRESS: contact@pullenins.com  PRODUCER CUSTOMER ID#: MI  INSURERS AFFORDING COVERAGE  Ciation  Insurer A: National Casualty Company Insurer B: Mutual of Omaha  Insurer C: Insurer D: Insurer E:

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 COMMERCIAL GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE         \$1,000,000           DAMAGE TO RENTED PREMISES (Ea occurance)         \$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person) \$5,000
							PERSONAL & ADV INJURY \$1,000,000
							GENERAL AGGREGATE UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$1,000,000
	POLICY PROJECT LOC						PARTICIPANT LEGAL LIABILITY \$1,000,000
A	AUTOMOBILE LIABILITY  ANY AUTO			KRO 5663300	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT \$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 5663400	9/1/2015	9/1/2016	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 Y/N						E. L. EACH ACCIDENT
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E. L. DISEASE - EA EMPLOYEE
	If yes, describe under						E. L. DISEASE - POLICY LIMIT
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016	\$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 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.



DATE (MM/DD/YYYY) 8/26/2015

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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 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@pullenins.com					
	Tott Worth, 171 70	110			PRODUCER CUSTOMER ID#: MI					
					INSURERS AF	FORDING COVI	ERAGE	NAIC #		
INSU	Michigan State Youth	So	ccei	· Association	Insurer A: Na	tional Casualty	y Company	11991		
	9401 General Drive, S					utual of Omaha	<del></del>	71412		
	Plymouth, MI 48170	<i>-</i>			Insurer C:					
	11/1110 0011, 1/11 1017 0				Insurer D:					
					Insurer E:					
					Insurer F:					
CO	VERAGES CE	RTI	FIC	ATE NUMBER: 150070	52	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	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 RESPE SED 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
	X EXCESS LIAB CLAIMS-MADE			7110 3003 100	<i>y</i> , 1, 2018	7,1,2010	AGGREGATE	\$5,000,000		
	DEDUCTIBLE	1					NOONLOWIE	, - , , ,		
	RETENTION \$									
	WORKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER			
	AND EMPLOYERS' LIABILITY 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			
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
DES	L 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 o ditional Insured as respects the o	f Mi	chiga	an State Youth Soccer Ass	sociation & Mi	chigan Youth S		te Holder is		
CE	RTIFICATE HOLDER				CANCELLA	TION				
At 20	les Center tn: Yvonne Curtis 1 W. Square Lake Road oy, MI 48098				THE EXPIRATION WITH THE POL	ON DATE THEREC LICY PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE D IN ACCORDANCE		
11	0y, 1411 40070				AUTHORIZED REPRESENTATIVE Satikbull					



DATE (MM/DD/YYYY) 8/26/2015

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in li	eu of	such endorsement(s).										
PROI	DUCER	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 762	,			E-MAIL ADDRESS: contact@pullenins.com						
		,				PRODUCER CUST	PRODUCER CUSTOMER ID#: MI					
						INSURERS A	FFORDING COV	ERAGE	NAIC #			
INSU	RED	Michigan State Youth	Soc	ccer	Association	Insurer A: N	ational Casualty	y Company	11991			
		9401 General Drive, S	Suite	120	0	Insurer B: N	Iutual of Omaha	1	71412			
		Plymouth, MI 48170	, 0,100			Insurer C:						
		11/11/04/11/11/19/19				Insurer D:						
						Insurer E:						
						Insurer F:						
СО	VER	AGES CE	RTII	FIC/	ATE NUMBER: 1500729	-	F	REVISION NUMBER:	0			
INDI CER EXC	CATE	O CERTIFY THAT THE POLICIED. NOTWITHSTANDING ANY RATE MAY BE ISSUED OR MANONS AND CONDITIONS OF SUC	REQUI PEF H PO	REM RTAIN LICIE	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 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	GENE	RAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000			
	XC	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	AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000			
	P	DLICY PROJECT LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000			
A		MOBILE LIABILITY NY AUTO			KRO 5663300	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000			
	$\vdash$	L OWNED AUTOS						BODILY INJURY (Per person)				
	-	CHEDULED AUTOS						BODILY INJURY (Per accident)				
	-	RED AUTOS						PROPERTY DAMAGE (Per accident)				
		ON-OWNED AUTOS						(Fer accident)				
		SN-OWNED ACTOS										
A	UI	MBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000			
	XE	CLAIMS-MADE						AGGREGATE	\$5,000,000			
	DI	EDUCTIBLE										
	RI	ETENTION \$										
	WORK	ERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER				
	ANY PE	MPLOYERS' LIABILITY Y/N OPRIETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT				
	OFFICE	R/MEMBER EXCLUDED?	IN/A					E. L. DISEASE - EA EMPLOYEE				
	If yes, d	escribe under						E. L. DISEASE - POLICY LIMIT				
В	PART	TICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000			
DESC	RIPTIC	ON OF OPERATIONS / LOCATIONS / VE	HICLE!	S (Atta	ch ACORD 101. Additional Remarks S	chedule. if more spar	 ce is required)					
Thi	s cert	ificate is issued on behalf or al Insured as respects the op	f Mio	higa	an State Youth Soccer Ass	sociation & M	lichigan Youth	Soccer League. Certifica rate association.	te Holder is			
CF	RTIF	ICATE HOLDER				CANCELLA	ATION					
		Schalm Elementary				JANULLI						
								DESCRIBED POLICIES BE CA F. NOTICE WILL BE DELIVERE				
	Attn: Yvonne Curtis 940 N SELFRIDGE						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					

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Clawson, MI 48017



DATE (MM/DD/YYYY) 8/26/2015

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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 th	e certificate holder	
PROI	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 76.	,	Duric	300					
	Toft Worth, 12 70.	110			PRODUCER CUSTO				
						FORDING COVE	FRAGE	NAIC #	
INSU	RED Mishigan Chata Wayath	Coo		A	1			11991	
	Michigan State 1 Outil					tional Casualty			
	9401 General Drive, S	suite	120			utual of Omaha	1	71412	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:				
				<b>TE NUMBER:</b> 1500919			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 H POL	REMEN RTAIN, LICIES	NT, 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 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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			VVO 5662400	0/1/2015	0/1/2016		\$5,000,000	
A			4	XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
		-					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)						E. L. DISEASE - EA EMPLOYEE		
	If yes, describe under						E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL		5	SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
Thi	CRIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf o ditional Insured as respects the op	f Mic	higan	State Youth Soccer Ass	sociation & Mi	chigan Youth S		te Holder is	
	RTIFICATE HOLDER				CANCELLA	TION			
53	AKLAND YARD 28 HIGHLAND ROAD ATERFORD , MI 48329				THE EXPIRATION		DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE		
					AUTHORIZED REPR	RESENTATIVE	Patik Dull	-	



DATE (MM/DD/YYYY) 8/26/2015

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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 17 31311, 111 7 3113	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: Mutual of Omaha	71412
	Plymouth, MI 48170	Insurer C:	
	<b>y</b>	Insurer D:	
		Insurer E:	
		Insurer F:	
COVERA	AGES CERTIFICATE NUMBER: 1500939	99 REVISION NUMBER: (	)
THIS IS TO	CEPTIEV THAT THE DOLICIES OF INISTRANCE LISTED BELOW HA	VE BEEN ISSUED TO THE INSUIDED NAMED ABOVE FOR TH	E BOLICY BEBIOD

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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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
OUD LADY OUEEN OF MADTYDS CHUDCH	

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.



DATE (MM/DD/YYYY) 8/26/2015

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

X COMMERCIAL GENERAL LIABILITY		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	
2560 River Park Plaza, Suite 300 Port Worth, TX 76116  **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  **Coverage Suite 120 Plymouth, MI 48170  **Coverage Suite State Youth Soccer Association 15009401  **Provided State	PROD	DUCER Pullen Insurance Se	rvi	200	Inc	1				
Fort Worth, TX 76116    Rama andress   Contacté pullenins com										
NISURED MICHIGAN State Youth Soccer Association 9401 General Drive, Suite 120 Insuer B. National Casualty Company 11991 Insuer B. I			,	Sui	.tc 300	`		` /		
NSURERS AFFORDING COVERAGE   NAIC # Insurer A National Casualty Company   11991		Toft Worth, 124 70	110			PRODUCER CUSTO				
Insurer A: National Casualty Company   11991   Insurer B: Mutal of Omaha   71412   Insurer B: Mutal of Omaha   71412   Insurer D:						INSURERS AF		FRAGE	NAIC #	
Plymouth, MI 48170    Second Company   17412   1850	INSU	RED Michigan State Vouth	Co		Association					
Plymouth, MI 48170    Insurer C:		Michigan State 1 out					•			
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Insurer E:   Insurer F:   Ins		Plymouth, MI 48170								
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PERSONAL & ADV INJURY  \$1,000,000 GENERAL AGGREGATE LIMIT APPLIES PER-PRODUCTS - COMPIOP AGG \$1,000,000 PARTICIPANT LEGAL LIABILITY \$1,000,000 ALL OWNED AUTOS SCHEDULED AUTOS SCHEDULED AUTOS WINDER ANY AUTO ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS WINDER AUTOS WORKERS COMPENSATION AND GENEROLITIES RETENTION S WORKERS COMPENSATION AND GENEROLITIES   WINDER AUTOS WINDER AUTOS   WINDER		X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
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AND EMPLOYER'S LIABILITY ANY PROPRIETORIPARTINER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under  B PARTICIPANT ACCIDENT MEDICAL  SR2014MI-P-053256  PARTICIPANT ACCIDENT  E.L. DISEASE - PALMPLOYEE  E. L. DISEASE - POLICY LIMIT  E. L. DISEASE		WORKERS COMPENSATION						WC STATU- TORY LIMITS FR		
OPERCERAMEMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under  B 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  QUARTON ELEMENTARY  771 CHESTERFIELD AVE  BIRMINGHAM, MI 48009  RE.L. DISEASE - EA EMPLOYEE  E. L. DISEASE - FOLICY LIMIT  STORY  FOR A STORY		AND EMPLOYERS' LIABILITY Y/N								
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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  QUARTON ELEMENTARY 771 CHESTERFIELD AVE BIRMINGHAM, MI 48009  AUTHORIZED REPRESENTATIVE	DECC	PRINTION OF OREDATIONS // OCATIONS ///		C / A#-	ch ACOPD 101 Additional Bassaries C	Schodulo if mars assess	is required)			
QUARTON ELEMENTARY 771 CHESTERFIELD AVE 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.	This	s certificate is issued on behalf o	f Mi	chiga	an State Youth Soccer As	sociation & Mi	chigan Youth	Soccer League. Certifica tate association.	te Holder is	
QUARTON ELEMENTARY 771 CHESTERFIELD AVE 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.	CEI	RTIFICATE HOLDER				CANCELLA	TION			
AUTHORIZED REPRESENTATIVE $0 - 100$	QU 77	JARTON ELEMENTARY 1 CHESTERFIELD AVE				SHOULD ANY THE EXPIRATION	OF THE ABOVE I	)F, NOTICE WILL BE DELIVERE		
						AUTHORIZED REPI	RESENTATIVE	0-200		



DATE (MM/DD/YYYY) 8/26/2015

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 expenses (a)

	such endorsement(s).	Uncles	may require an endorsement	. A statement on	uns ceruncate t	ioes not comer rights to t	ne certificate floider		
PRODUCER	Pullen Insurance S	ervice	s. 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 #		
INSURED	Michigan State Youth	Soco	er Association	Insurer A: Na	ational Casualty	y Company	11991		
	9401 General Drive,			Insurer B: M	utual of Omaha	ı	71412		
	Plymouth, MI 48170			Insurer C:					
	,			Insurer D:					
				Insurer E:					
				Insurer F:					
COVE	RAGES CE	RTIF	CATE NUMBER: 15011	143	F	REVISION NUMBER:	0		
INDICATE	TO CERTIFY THAT THE POLICI ED. NOTWITHSTANDING ANY F CATE MAY BE ISSUED OR MA ONS AND CONDITIONS OF SUC	REQUIR Y PERT	EMENT, TERM OR CONDITION AIN. THE INSURANCE AFFOR	N OF ANY CONTR DED BY THE PO	RACT OR OTHER LICIES DESCRIB	R DOCUMENT WITH RESPECT TO	THE POLICY PERIOD ECT TO WHICH THIS TO ALL THE TERMS,		
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 GEN	ERAL LIABILITY	X	KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
X	COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR					MED EXP (Any one person)	\$5,000		
l 🔲-						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 ^^ ├──	OMOBILE LIABILITY		KRO 5663300	9/1/2015	9/1/2016	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)			
X	HIRED AUTOS					PROPERTY DAMAGE (Per accident)			
I ==	ION-OWNED AUTOS								
1									
Α	JMBRELLA LIAB X OCCUR		XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
X	CLAIMS-MADE					AGGREGATE	\$5,000,000		
	DEDUCTIBLE	]							
	RETENTION \$								
WOR	KERS COMPENSATION					WC STATU- TORY LIMITS OTH- ER			
	EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E. L. EACH ACCIDENT			
OFFIC (Mand	ROPRIETOR/PARTNER/EXECUTIVE ER/MEMBER EXCLUDED? latory in NH)	IN/A				E. L. DISEASE - EA EMPLOYEE			

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

SR2014MI-P-053256

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.

9/1/2015

9/1/2016

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 Jatik Pull

E. L. DISEASE - POLICY LIMIT

\$100,000

If yes, describe under

PARTICIPANT ACCIDENT MEDICAL



DATE (MM/DD/YYYY) 8/26/2015

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 per eu of such endorsement(s).	olicie	s ma	y require an endorsement.	Á statement on	this certificate of	loes not confer rights to the	ne certificate holder	
PROD	Pullen Insurance So	2rvi	Ces	Inc	CONTACT NAME: Sports Division  PHONE: (817) 738-6100  FAX: (817) 738-2993				
	2560 River Park Pl								
	Fort Worth, TX 76		, Du	.tc 300	E-MAIL ADDRESS:	contact@pu	llenins.com		
	101t Worth, 124 70	110			PRODUCER CUSTO				
					INSURERS AF	FORDING COVI	FRAGE	NAIC #	
INSU	RED Michigan State Vouth			· Association		tional Casualty		11991	
	Michigan State 1 out					utual of Omaha		71412	
	9401 General Drive, S	Suit	e 12	.0		utuai oi Oilialia	1	/1412	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
	VED 4 0 E 0				Insurer F:		SELVICIONI NUMBER		
				ATE NUMBER: 150107			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	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 DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT T	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
11	X EXCESS LIAB CLAIMS-MADE			7110 3003 100	7/1/2013	7/1/2010	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		
	ii yes, describe diidei				0/1/2017	0/4/2044	E. L. DISEASE - POLICY LIMIT	φ100 000	
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VE		•					41C 4 . II . 1.1	
I nis	s certificate is issued on behalf of litional Insured as respects the o	I IVII	cnig	an State Youth Soccer As	sociation & Mi	d-Michigan Y	outh Soccer League. Cer	tificate Holder is	
Auc	inional insured as respects the o	pera	HOHS	of the Named Insured for	sanctioned act	ivities of the st	tate association.		
CE	RTIFICATE HOLDER				CANCELLA	TION			
	orth Branch High School So	оссе	r Fi	elds			DESCRIBED POLICIES BE CA		
	98 Brush Street orth Branch, MI 48461					ON DATE THEREO LICY PROVISIONS	PF, NOTICE WILL BE DELIVERE	ED IN ACCORDANCE	
` ` `	2111 2111 10 101				AUTHORIZES SEE	DECENTATIVE	^		
					AUTHORIZED REPI	KESENTATIVE	() $ :$ $()$ $:$ $()$		
					Satik Well-				



DATE (MM/DD/YYYY) 8/26/2015

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
	9401 General Drive, Suite 120	Insurer B: Mutual of Omaha	71412
	Plymouth, MI 48170	Insurer C:	
	<b>3</b>	Insurer D:	
		Insurer E:	
		Insurer F:	
COVED	ACCC CERTIFICATE NUMBER - 1501000	DEVICION NUMBER:	`

COVERAGES CERTIFICATE NUMBER: 15010903 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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
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 Satisfalle

CANCELL ATION

CERTIFICATE HOLDER



DATE (MM/DD/YYYY) 8/26/2015

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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PRODI	JCER P	ullen Insura	nce Se	ervio	es.	Inc.	CONTACT NAME:	CONTACT NAME: Sports Division				
		560 River P					PHONE: (817) 738-6100 FAX: (817) 738-2993					
Fort Worth, TX 76116							E-MAIL ADDRESS:	contact@pu	llenins.com			
							PRODUCER CUST	OMER ID#: MI				
								FORDING COVI	ERAGE	NAIC #		
Michigan State Youth Soccer Association							Insurer A: Na	ational Casualty	/ Company	11991		
9401 General Drive, Suite 120								utual of Omaha		71412		
		nouth, MI 4		Juin	. 14	U	Insurer C:	aradi of official	•	71112		
	1 1 1 1 1	nouin, wii <del>-</del>	10170				Insurer D:					
							Insurer E:					
							Insurer F:					
COI	/ERAGES	3	CF	RTI	FIC	ATE NUMBER: 150116	-	F	REVISION NUMBER:	0		
INDIC CERT EXCL	CATED. NOT TIFICATE MA USIONS AN	WITHSTANDING AY BE ISSUED D CONDITIONS	G ANY R OR MAY OF SUC	REQU / PEF :H PC	IREM RTAIN LICIE	URANCE LISTED BELOW HA ENT, TERM OR CONDITION I, 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	DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T MS.	CT TO WHICH THIS		
INSR LTR		PE OF INSURANCE		ADD'L INSRD	WVD		POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	<b>#1.000.00</b>		
* * L	GENERAL LIAE			X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
Į.		IAL GENERAL LIAB							DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
-		MS MADE X OC	CUR						MED EXP (Any one person)	\$5,000		
-									PERSONAL & ADV INJURY	\$1,000,000		
ŀ									GENERAL AGGREGATE	UNLIMITED		
Ľ		ATE LIMIT APPLIES P	PER:						PRODUCTS - COMP/OP AGG	\$1,000,000		
	POLICY	PROJECT	LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000		
A	AUTOMOBILE ANY AUTO					KRO 5663300	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
f	ALL OWNE	D AUTOS							BODILY INJURY (Per person)			
f	SCHEDULE	ED AUTOS							BODILY INJURY (Per accident)			
-	X HIRED AUT	ros							PROPERTY DAMAGE (Per accident)			
ŀ	X NON-OWN	ED AUTOS										
Α	UMBRELLA	A LIAB X OCCUP	R			XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
	X EXCESS LI	CLAIMS	S-MADE						AGGREGATE	\$5,000,000		
	DEDUCTIB	LE										
	RETENTIO	N \$										
	WORKERS CO								WC STATU- TORY LIMITS OTH- ER			
		ERS' LIABILITY	Y/N	NI/A					E. L. EACH ACCIDENT			
	OFFICER/MEMBE	R/PARTNER/EXECUTIVE R EXCLUDED?	<u>-</u> Ш	N/A					E. L. DISEASE - EA EMPLOYEE			
Į.	f yes, describe und	ler							E. L. DISEASE - POLICY LIMIT			
В	PARTICIPAN	T ACCIDENT M	EDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
This	certificate	is issued on b	ehalf o	f Mi	chiga	ch ACORD 101, Additional Remarks S an State Youth Soccer As of the Named Insured for	sociation & Mi	d-Michigan Yo		tificate Holder is		

CERTIFICATE HOLDER	CANCELLATION
New Life Wesleyan Church Attn: Gary Yunge 5116 S. Linden 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.
Swartz Creek, MI 48473	AUTHORIZED REPRESENTATIVE Satilbull



DATE (MM/DD/YYYY) 8/26/2015

\$5,000,000

\$100,000

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and cor	FANT: If the certificate holder in aditions of the policy, certain profits and endorsement (s).	s an A olicie	s ma	IIONAL INSURED, the polic y require an endorsement.	y(ies) must be of A statement on	endorsed. If SUI this certificate o	BROGATION IS WAIVED, s loes not confer rights to th	subject to the terms ne certificate holder
PRODUCE	Pullen Insurance S	ervi	ces.	Inc.	CONTACT NAME:	Sports Divis	ion	
	2560 River Park P				PHONE: (8	17) 738-6100	FAX: (817) 738-2	2993
	Fort Worth, TX 76				E-MAIL ADDRESS:	contact@pul	lenins.com	
	,				PRODUCER CUSTO			
					INSURERS AF	FORDING COVE	ERAGE	NAIC #
INSURED	Michigan State Yout	ı So	ccer	· Association	Insurer A: Na	ational Casualty	Company	11991
	9401 General Drive,				Insurer B: M	utual of Omaha	l .	71412
	Plymouth, MI 48170				Insurer C:			
	•				Insurer D:			
					Insurer E:			
					Insurer F:			
COVE	RAGES CI	ERTI	FIC/	ATE NUMBER: 150119	84	F	REVISION NUMBER:	0
INDICAT CERTIFI EXCLUS	TO CERTIFY THAT THE POLICI ED. NOTWITHSTANDING ANY CATE MAY BE ISSUED OR MA SIONS AND CONDITIONS OF SU	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 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 GEN	NERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
X	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea 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'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 5663300			KRO 5663300	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ALL OWNED AUTOS						BODILY INJURY (Per person)	
$\vdash$	SCHEDULED AUTOS						BODILY INJURY (Per accident)	
$\vdash$	SCHEDULED AUTOS						PROPERTY DAMAGE	

CLAIMS-MADE \$5,000,000 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

9/1/2015

9/1/2015

9/1/2016

9/1/2016

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

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.

CERTIFICATE HOLDER	CANCELLATION

XKO 5663400

SR2014MI-P-053256

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.

(Per accident)

EACH OCCURRENCE

E. L. DISEASE - EA EMPLOYEE

E. L. DISEASE - POLICY LIMIT

AUTHORIZED REPRESENTATIVE

HIRED AUTOS

If yes, describe under

NON-OWNED AUTOS

UMBRELLA LIAB X OCCUR

PARTICIPANT ACCIDENT MEDICAL



DATE (MM/DD/YYYY) 8/26/2015

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	eu of such endorsement(s).	Olicie	S IIIa	y require an endorsement.	A Statement on t	inis certificate c	loes not comer rights to th	le certificate floider	
PRO	Pullen Insurance S	ervic	es,	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@pullenins.com				
	1 010 11 01011, 111 7 0	110			PRODUCER CUSTOMER ID#: MI				
					INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSU	Michigan State Youtl	1 Soc	cer	Association	Insurer A: Na	tional Casualty	v Company	11991	
	9401 General Drive,					itual of Omaha		71412	
	Plymouth, MI 48170	Juin	. 12	U	Insurer C:	arcada or orinario	•	71112	
	1 1ymoum, wn 40170				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTII	FIC	ATE NUMBER: 150126	1	F	REVISION NUMBER:	0	
THIS IND CER EXC	S IS TO CERTIFY THAT THE POLICI CATED. NOTWITHSTANDING ANY RTIFICATE MAY BE ISSUED OR MA LUSIONS AND CONDITIONS OF SUC	ES OF REQUI Y PEF CH PO	INS IREM RTAIN LICIE	URANCE LISTED BELOW HA ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	VE BEEN ISSUE OF ANY CONTR DED BY THE POL E BEEN REDUCE	D TO THE INSUI ACT OR OTHER LICIES DESCRIB D BY PAID CLAI	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT TO	HE POLICY PERIOD	
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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016	E. E. BIOLAGE - I GLIGI LIWIT	\$100,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VI	HIC! E	S (A++>	ch ACORD 101 Additional Pamertes S	chadula if more space	is required\			
Thi	s certificate is issued on behalf of ditional Insured as respects the of	of Mio	chiga	an State Youth Soccer Ass	sociation & Mi	chigan Youth S	Soccer League. Certifica ate association.	te Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
25	ovi Community School Dis 345 Taft Road ovi, MI 48374	trict			THE EXPIRATION	OF THE ABOVE I ON DATE THEREC ICY PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE D IN ACCORDANCE	
					AUTHORIZED REPR	RESENTATIVE	Jatik Dulle	_	



DATE (MM/DD/YYYY) 8/26/2015

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in li	eu of such endorsement(s).				_						
PRO	Pullen Insurance Se	ervice	es,	Inc.	CONTACT NAME:	Sports Divis					
	2560 River Park Pla	aza, S	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 AF	NAIC #					
INSU	Michigan State Youth	Soc	cer	Association	Insurer A: Na	tional Casualty	y Company	11991			
	9401 General Drive, S	Suite	120	0	Insurer B: Mu	utual of Omaha	1	71412			
	Plymouth, MI 48170	, 0,100			Insurer C:						
	11/11104411, 1/11 1/01/0				Insurer D:						
					Insurer E:						
					Insurer F:						
СО	VERAGES CE	RTIF	IC/	ATE NUMBER: 150126		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	REQUIF / PER CH POL	REMI TAIN JCIE	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 RESPE SED HEREIN IS SUBJECT T	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000			
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000			
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000			
							PERSONAL & ADV INJURY	\$1,000,000			
							GENERAL AGGREGATE	UNLIMITED			
	GEN'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 5663300	9/1/2015	9/1/2016	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. 200.20)				
	X non-similar nones										
Α	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000			
	X EXCESS LIAB CLAIMS-MADE			71110 2002 100	<i>y</i> , 1, 2018	7,1,2010	AGGREGATE	\$5,000,000			
	DEDUCTIBLE	1					THOUSE THE STATE OF THE STATE O	1-77			
	RETENTION \$										
	WORKERS COMPENSATION						WC STATU- TORY LIMITS ER				
	AND EMPLOYERS' LIABILITY Y/N						E. L. EACH ACCIDENT				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E. L. DISEASE - EA EMPLOYEE				
	If yes, describe under						E. L. DISEASE - POLICY LIMIT				
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016	2. 2. 3.62. (2. 1. 32.6 : 2. 1. 1. 1.	\$100,000			
	CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLES	(Attac	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 Micl	higa	n State Youth Soccer Ass	sociation & Mi	chigan Youth	Soccer League. Certificate association.	te Holder is			
CE	RTIFICATE HOLDER				CANCELLA	TION					
91	nkview Middle School 7 Lake George Rd. nkland Twp, MI 48363				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) 8/26/2015

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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 th	e certificate holder		
PROI	Pullen Insurance S	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	,	Dui	300	E-MAIL ADDRESS:	contact@pu	llenins.com			
	101t Wortin, 12 <b>t</b> 70	110			PRODUCER CUSTO					
					INSURERS AF	FORDING COVI	ERAGE	NAIC #		
INSU	Michigan State Youth	. 50	0001	Association	1	tional Casualty		11991		
	9401 General Drive,	200	12	ASSOCIATION		utual of Omaha		71412		
		Sur	<del>2</del> 12	U	Insurer C:					
	Plymouth, MI 48170				Insurer D:					
					Insurer E:					
	VERAGES CE	DTI		ATE NUMBER: 150126	Insurer F:		REVISION NUMBER:	0		
THIS INDI CER	S IS TO CERTIFY THAT THE POLICI ICATED. NOTWITHSTANDING ANY I ITIFICATE 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 PO	D TO THE INSUI RACT OR OTHER LICIES DESCRIB	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	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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  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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
DESC	 CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	L	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 Ass	sociation & Mi	chigan Youth	Soccer League. Certifica tate association.	te Holder is		
CE	RTIFICATE HOLDER				CANCELLA	TION				
Or 59	rion Oaks Elementary Scho 0 Pine Tree Rd. ke Orion , MI 48362	ol			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 beli	-		



DATE (MM/DD/YYYY) 8/26/2015

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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 th	e certificate holder		
PRO	Pullen Insurance Se	ervi	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	300	E-MAIL ADDRESS:	contact@pul	llenins.com			
	1 of t worth, 121 70	110			PRODUCER CUSTO					
					INSURERS AF	NAIC #				
INSU	Michigan State Youth	So	CCAT	Association		tional Casualty		11991		
	9401 General Drive,	Cuit	12	Association		utual of Omaha		71412		
	Plymouth, MI 48170	Juiu	- 12	U	Insurer C:					
	1 1y1110utii, 1 <b>vii</b> 401 70				Insurer D:					
					Insurer E:					
					Insurer F:					
CO	VERAGES CE	RTI	FIC	ATE NUMBER: 150126		F	REVISION NUMBER:	0		
INDI CER EXC	S IS TO CERTIFY THAT THE POLICI CATED. NOTWITHSTANDING ANY F ITIFICATE MAY BE ISSUED OR MA SLUSIONS 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 RESPE 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	¢1,000,000		
A	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	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		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY PROJECT LOC						PRODUCTS - COMP/OP AGG	\$1,000,000		
Α.	AUTOMOBILE LIABILITY			KRO 5663300	9/1/2015	9/1/2016	PARTICIPANT LEGAL LIABILITY  COMBINED SINGLE LIMIT	\$1,000,000 \$1,000,000		
A	ANY AUTO			KKO 3003300	9/1/2013	9/1/2010	(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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
This	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 Ass	sociation & Mi	chigan Youth S	Soccer League. Certifica ate association.	te Holder is		
	RTIFICATE HOLDER				CANCELLA	TION				
59	ne Tree Elementary School 0 Pine Tree Rd. ke 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 REPR	RESENTATIVE	Patik Pulling	_		



DATE (MM/DD/YYYY) 8/26/2015

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in li	eu of such endorsement(s).		u						
PRO	Pullen Insurance Se	ervio	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 #				
INSU	RED Michigan State Youth	So	ccer	Association	Insurer A: National Casualty Company 11991				
	9401 General Drive, S	Suite	12	0	Insurer B: Mi	utual of Omaha	a	71412	
	Plymouth, MI 48170	, 6111		•	Insurer C:				
	11/11/04/01, 1/11 101/0				Insurer D:				
					Insurer E:				
					Insurer F:				
СО	VERAGES CE	RTI	FIC/	ATE NUMBER: 150126	73	F	REVISION NUMBER:	0	
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 PEF CH 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 DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT TO MS.	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE			11110 0000 100	37172010	), 1, <b>2</b> 010	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
DEC	CRIPTION OF OPERATIONS / LOCATIONS / VE		C (A	ACODD 404 Additional Dame 1 0	abadula if	in requires?			
	s certificate is issued on behalf o		,	· ·		. ,	Soccer League Certifica	te Holder is	
	litional Insured as respects the or							ite Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
					CANCELLA	TION			
28	int Creek Elementary Scho 00 Indianwood Rd. ion Twp, MI 48362	OI			THE EXPIRATION	OF THE ABOVE I ON DATE THEREC LICY PROVISIONS	DESCRIBED POLICIES BE CA PF, NOTICE WILL BE DELIVERE 	NCELLED BEFORE ED IN ACCORDANCE	
	-				AUTHORIZED REPI	RESENTATIVE	0 0		
						, <u>.</u>	Vatil Reli	_	



DATE (MM/DD/YYYY) 8/26/2015

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in lieu	of such endorsement(s).									
PRODUC	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	,	201		E-MAIL ADDRESS: contact@pullenins.com					
	Tott Worth, 171 70	110			PRODUCER CUSTOMER ID#: MI					
					INSURERS AF	NAIC #				
INSURED	Michigan State Vouth	· Co	2221	Association	+	tional Casualty		11991		
	Michigan State 1 out					utual of Omaha		71412		
	9401 General Drive, S	Suite	e 12	U		utuai 01 Oilialia	1	/1412		
	Plymouth, MI 48170				Insurer C:					
					Insurer D:					
					Insurer E:					
					Insurer F:					
COVE	RAGES CE	RTI	FIC	ATE NUMBER: 1501267	75	F	REVISION NUMBER:	0		
INDICA CERTIF EXCLU	S TO CERTIFY THAT THE POLICIE TED. NOTWITHSTANDING ANY F FICATE MAY BE ISSUED OR MAY SIONS AND CONDITIONS OF SUC	REQU / PEI :H PC	IREM RTAIN DLICIE	IENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAVI	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 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 GE	NERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
X	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
	]						PERSONAL & ADV INJURY	\$1,000,000		
	1						GENERAL AGGREGATE	UNLIMITED		
GE	I'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000		
	POLICY PROJECT LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000		
A AL	TOMOBILE LIABILITY			KRO 5663300	9/1/2015	9/1/2016	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									
	1									
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
$     _{X}$	EXCESS LIAB CLAIMS-MADE			7110 3003400	)/1/2013	7/1/2010	AGGREGATE	\$5,000,000		
	DEDUCTIBLE	1					AGGREGATE	Ψ3,000,000		
	_									
	RETENTION \$						WC STATU- OTH-			
	ORKERS COMPENSATION ID EMPLOYERS' LIABILITY  Y/N						TORY LIMITS ER			
l lan	Y PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED?	N/A					E. L. EACH ACCIDENT			
(Ma	andatory in NH)						E. L. DISEASE - EA EMPLOYEE			
If y	es, describe under						E. L. DISEASE - POLICY LIMIT			
B PA	ARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
1	PTION OF OPERATIONS / LOCATIONS / VE									
	ertificate is issued on behalf o							ate Holder is		
Addıtı	onal Insured as respects the op-	perat	ions	of the Named Insured for	sanctioned act	ivities of the st	ate association.			
CERT	IFICATE HOLDER				CANCELLA	TION				
	ridge Elementary									
	Brockton Ave				SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA	ANCELLED BEFORE		
I					WITH THE POL	LICY PROVISIONS	F, NOTICE WILL BE DELIVERE	IN ACCURDANCE		
NOya	al Oak, MI 48067									
					AUTHORIZED REPI	RESENTATIVE	$\Omega$ . $\Omega$ .			
					V.T. il Pull					



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in li	eu 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 AF	NAIC #			
INSU	Michigan State Youth	So	ccei	· Association	Insurer A: Na	tional Casualty	v Company	11991	
	9401 General Drive, S	Snite	<u> 12</u>	0		utual of Omaha		71412	
	Plymouth, MI 48170	Juin	0 12	O	Insurer C:				
	1 Tymouth, WH 40170				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTI	FIC	ATE NUMBER: 150126		F	REVISION NUMBER:	0	
THIS IND CER 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 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 R DOCUMENT WITH RESPI ED HEREIN IS SUBJECT MS.	THE POLICY PERIOD ECT TO WHICH THIS TO ALL THE TERMS,	
INSR LTR			SUBR WVD		POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	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 5663300	9/1/2015	9/1/2016	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 ci dooldciit)		
	A NON-OWNED ACTOS								
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	FACIL OCCUPPENCE	\$5,000,000	
Α.	X EXCESS LIAB CLAIMS-MADE			AKO 3003400	9/1/2013	9/1/2010	EACH OCCURRENCE	\$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		
В				SR2014MI-P-053256	9/1/2015	9/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000	
ம	PARTICIPANT ACCIDENT MEDICAL			5K2U14WII-F-U33Z30	)/1/4U1J	9/1/2010		φ100,000	
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 & Mi	chigan Youth		ate Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
Oa	nkridge Elementary 6 E 13 Mile Rd.				SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE C	ANCELLED BEFORE	
	oyal Oak, MI 48073				WITH THE POL	ICY PROVISIONS	F, NOTICE WILL BE DELIVER	ED IN ACCORDANCE	
					AUTHORIZED REPI	RESENTATIVE	0 0		

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in lieu of such endorsement(s).

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/26/2015

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

PROD	Pullen Insurance Se	ervi	ces,	Inc.	CONTACT NAME:	Sports Divis	ion		
	2560 River Park Pla				PHONE: (8	17) 738-6100	FAX: (817) 738-2	993	
	Fort Worth, TX 76				E-MAIL ADDRESS: contact@pullenins.com				
	,				PRODUCER CUSTOMER ID#: MI				
					INSURERS AFFORDING COVERAGE NAIC #				
INSU	Michigan State Youth	So	ccer	Association	Insurer A: Na	itional Casualty	Company	11991	
	9401 General Drive, S	Suite	e 12	0	Insurer B: M	utual of Omaha	1	71412	
	Plymouth, MI 48170				Insurer C:				
	,				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTI	FIC/	<b>ATE NUMBER: </b> 150126	79	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	REQU / PEI :H PC	IREM RTAIN 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 CLAII	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	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E. L. DISEASE - EA EMPLOYEE		
L	If yes, describe under						E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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
Northwood Elementary 926 W. 12 Mile 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 Satik Pull



DATE (MM/DD/YYYY) 8/26/2015

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.

ın li	eu of such endorsement(s).									
PROI	Pullen Insurance Se	ervic	es.	Inc.	CONTACT NAME:	Sports Divis	ion			
	2560 River Park Pla				PHONE: (81	17) 738-6100	FAX: (817) 738-2	2993		
	Fort Worth, TX 76		Jui		E-MAIL ADDRESS: contact@pullenins.com					
	1 of worth, 121 / o	110			PRODUCER CUSTOMER ID#: MI					
					INSURERS AFFORDING COVERAGE NAIC #					
INSU	Michigan State Youth	Soo	oor	Acconintion		tional Casualty		11991		
	9401 General Drive, S					utual of Omaha		71412		
	Plymouth, MI 48170	oune	12	U	Insurer C:	atuai oi Oiliana		/1712		
	Phymouth, Mi 48170				Insurer D:					
					Insurer E:					
					Insurer F:					
	VERAGES CE	DTIE	:10/	ATE NUMBER: 1501268			REVISION NUMBER:	0		
THIS 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	ES OF REQUII / PER CH POL	INS REM TAIN ICIE	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 LACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT T	THE POLICY PERIOD ECT 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 5663300	9/1/2015	9/1/2016	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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
• •	X EXCESS LIAB CLAIMS-MADE			1110 3003 100	<i>)</i> , 1, 2018	), 1, <b>2</b> 010	AGGREGATE	\$5,000,000		
	DEDUCTIBLE	1					THOUSE OF THE STATE OF THE STAT	1-99-		
	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
D	TAKTICH AND ACCIDENT MEDICAL			SK2014WI 1 033230	)/ 1/2013	7/1/2010		ψ100 <b>,</b> 000		
Thi Add	CRIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf o ditional Insured as respects the operational Insured as respects the operation of the control o	f Mic	higa	an State Youth Soccer Ass	sociation & Mi	chigan Youth Sivities of the st		ate Holder is		
	ext Level Training Center					·				
	9 Dennison Ct.				SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVER	ANCELLED BEFORE		
	comfield Hills, MI 48302				WITH THE POL	ICY PROVISIONS		LD IN ACCOMPANCE		
יוע	001111010 111110, 1111 70302				1					

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DATE (MM/DD/YYYY) 8/26/2015

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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 th	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 AFFORDING COVERAGE NAIC #					
INSU	IRED Michigan State Vouth	· Co		Association		tional Casualty		11991		
	Michigan State 1 out					utual of Omaha		71412		
	9401 General Drive, S	Suite	e 12	U		utuai oi Oilialia	1	11412		
	Plymouth, MI 48170				Insurer C:					
					Insurer D:					
					Insurer E:					
					Insurer F:					
				ATE NUMBER: 1501313			REVISION NUMBER:			
IND CEF EXC	S IS TO CERTIFY THAT THE POLICII ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY CLUSIONS 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	R DOCUMENT WITH RESPE 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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					E. L. DISEASE - EA EMPLOYEE			
	(Mandatory in NH) If yes, describe under									
В	DARTICIDANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000		
Ъ	PARTICIPANT ACCIDENT MEDICAL			SK2014MII-F-033230	9/1/2013	9/1/2010		Ψ100,000		
	CRIPTION OF OPERATIONS / LOCATIONS / VE									
	s certificate is issued on behalf o lder is Additional Insured as resp									
CE	RTIFICATE HOLDER				CANCELLA	TION				
40	ORTHWOOD UNIVERSIT 00 WHITING DRIVE IDLAND , MI 48640	ΓY			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) 8/26/2015

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	I conditions of the 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 th	e certificate holder	
PRODUCER Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300					CONTACT NAME: Sports Division				
					PHONE: (817) 738-6100 FAX: (817) 738-2993				
			Su	116 300	E-MAIL ADDRESS: contact@pullenins.com				
	Fort Worth, TX 76	110			PRODUCER CUSTOMER ID#: MI				
					INSURERS AFFORDING COVERAGE NAIC #				
INICI	IDED 35 11 G. T. 1								
IINSC	Michigan State Youth				Insurer A: National Casualty Company			11991	
	9401 General Drive, S	Suite	e 12	0	Insurer B: Mutual of Omaha			71412	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:				
CC	OVERAGES CE	RTI	FIC	ATE NUMBER: 150131	38	F	REVISION NUMBER:	0	
IND CEF EXC	S IS TO CERTIFY THAT THE POLICIE IICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY CONDITIONS OF SUC	REQU Y PEI CH PC	IREM RTAII DLICII	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 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
11	X EXCESS LIAB CLAIMS-MADE			7110 3003 100	7/1/2015	7/1/2010	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		
_	7.,,				0/1/2017	0.4.4204.4	E. L. DISEASE - POLICY LIMIT	Φ100 000	
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
Thi	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.								
CE	RTIFICATE HOLDER				CANCELLATION				
REYNOLDS FIELD 2500 PARK LANE HARBOR SPRINGS , MI 49840					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) 8/26/2015

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in ned 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					
	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: Mutual of Omaha	71412				
	Plymouth, MI 48170	Insurer C:					
		Insurer D:					
		Insurer E:					
		Insurer F:					
COVERAGES CERTIFICATE NUMBER: 15013139 REVISION NUMBER: 0							
	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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)	
							(refaccident)	
	X NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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?	N/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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.

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 Satik Pull—

**CANCELLATION** 

**CERTIFICATE HOLDER** 



DATE (MM/DD/YYYY) 8/26/2015

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 expenses (c)

in li	eu 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	116			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	y Company	11991
	9401 General Drive, S	Suite	e 12	0	Insurer B: Mu	utual of Omaha	ì	71412
	Plymouth, MI 48170	<i>-</i>			Insurer C:			
	11,1110,0011,1111 10170				Insurer D:			
					Insurer E:			
					Insurer F:			
CO	VERAGES CE	RTI	FIC/	ATE NUMBER: 150132				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 PEF CH 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 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 LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000
11	X EXCESS LIAB CLAIMS-MADE			7110 3003 100	)/ 1/2013	7/1/2010	AGGREGATE	\$5,000,000
	DEDUCTIBLE	1					AGGREGATE	42,000,000
	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			SR2014MI-P-053256	9/1/2015	9/1/2016	E. E. BIOLINGE T CLICT ENVIT	\$100,000
_				511201 11111 000200	<i>3,1,2010</i>	), 1, <b>2</b> 010		,,
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		ate Holder is
CE	RTIFICATE HOLDER				CANCELLATION			
Pembroke Park 2001 Buckingham Ave 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 Satisfuel			



DATE (MM/DD/YYYY) 8/26/2015

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 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	ces	Inc	CONTACT NAME:	Sports Divis	ion		
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993  E-MAIL ADDRESS: contact@pullenins.com  PRODUCER CUSTOMER ID#: MI				
	Fort Worth, TX 76	,	Dui	ne 300					
	Tort Worth, 124 70	110							
					INSURERS AFFORDING COVERAGE NAIC #				
INSU	IRED Mishimor Ctata Variation	Co		. A association					
	Michigan State 1 out					utual of Omaha		71412	
	9401 General Drive, S	Suite	e 12	U		utuai oi Oilialia	1	/1412	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
	VED 4 0 5 0	T		ATE NUMBER 150141	Insurer F:	-	NEW JOINED TO THE PROPERTY OF		
				ATE NUMBER: 150141			REVISION NUMBER:		
IND CER EXC	S IS TO CERTIFY THAT THE POLICII 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 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		
Α	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AGGREGATE	\$5,000,000	
	DEDUCTIBLE	1					THOUSE THE STATE OF THE STATE O	1- 1 1 1	
	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					E. L. DISEASE - EA EMPLOYEE		
	(Mandatory in NH) If yes, describe under								
В	DA DEIGIDA NE A CCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000	
Ь	PARTICIPANT ACCIDENT MEDICAL			SK2014MI-P-033230	9/1/2013	9/1/2010		\$100,000	
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VE	LICI E	S (A#c	ah ACORD 101 Additional Remarks S	abodula if mara apaga	io roquirod)			
	s certificate is issued on behalf o						Soccer League Certifica	te Holder is	
	ditional Insured as respects the or							te Holder is	
	1	L							
<u> </u>	DTICIOATE HOLDED				CANCELLA	TION			
	RTIFICATE HOLDER				CANCELLA	IION			
	AKTREE ELEMENTARY				SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA	NCELLED BEFORE	
	00 S. GALE RD				THE EXPIRATION		F, NOTICE WILL BE DELIVERE		
G(	OODRICH, MI 48438				WITH THE POL	LICT FROVISIONS	•		
					AUTHORIZED REPR	RESENTATIVE	0 0		
							Jatik Culling	_	
							yaw iyu		

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DATE (MM/DD/YYYY) 8/26/2015

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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: Mutual of Omaha	71412
	Plymouth, MI 48170	Insurer C:	
	•	Insurer D:	
		Insurer E:	
		Insurer F:	
COVER	AGES CERTIFICATE NUMBER: 1501432	REVISION NUMBER: (	)
INDICATE	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.

INSR 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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 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	
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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
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 Satile Pull



DATE (MM/DD/YYYY) 8/26/2015

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and	eu 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	
PRO	Pullen Insurance So	ervi	ces,	Inc.	CONTACT NAME:	Sports Divis	ion		
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76	116			E-MAIL ADDRESS:	contact@pul	llenins.com		
	,				PRODUCER CUST	1,11			
					INSURERS AF	FORDING COVE	ERAGE	NAIC #	
INSU	RED Michigan State Youth	ı So	ccer	Association	Insurer A: Na	tional Casualty	Company	11991	
	9401 Ğeneral Drive, S	Suite	e 12	0	Insurer B: M	utual of Omaha	l	71412	
	Plymouth, MI 48170				Insurer C:				
	·				Insurer D:				
					Insurer E:				
L					Insurer F:				
				<b>ATE NUMBER:</b> 150149			REVISION NUMBER:		
IND CEF	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	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 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000	
	POLICY PROJECT LOC	<u> </u>					PARTICIPANT LEGAL LIABILITY	\$1,000,000	
A	AUTOMOBILE LIABILITY			KRO 5663300	9/1/2015	9/1/2016	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								
_	TY GOOD	₩		XXX 0 # 6 6 2 4 0 0	0/1/2017	0/1/2015		Φ <b>τ</b> 000 000	
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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		
В	PARTICIPANT ACCIDENT MEDICAL	+		SR2014MI-P-053256	9/1/2015	9/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000	
Ь	PARTICIPANT ACCIDENT MEDICAL			3K2014WII-F-033230	9/1/2013	9/1/2010		\$100,000	
Thi	CRIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf or ditional Insured as respects the o	of Mi	chiga	an State Youth Soccer As	sociation & Mi	chigan Youth	Soccer League. Certificate association.	ate Holder is	
	DTIEICATE UOI DED				CANCELLA	TION			
	RTIFICATE HOLDER		<u></u>	DIDDIE	CANCELLA	IION			
22	AKLAND UNIVERSITY S 00 N. Squirrel Road OCHESTER, MI 48309	SOC	CEI	K RORRTE	THE EXPIRATI		DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERI		

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AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 8/26/2015

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iii iica oi t	suon enuorsement(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: Mutual of Omaha	71412				
	Plymouth, MI 48170	Insurer C:					
	•	Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 150157	67 <b>REVISION NUMBER:</b> (	)				
THIS IS TO	O CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA	IVE 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.

EXC	LUSIONS AND CONDITIONS OF SUC	H PO	LICIE	ÉS. 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000
	l					1	l	

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 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



DATE (MM/DD/YYYY) 8/26/2015

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 lieu of such endorsement(s).	n policie	es ma	y require an endorsement.	A statement on	this certificate of	loes not confer rights to th	e certificate holder	
PRODUCER Pullen Insurance	Servi	ces	Inc	CONTACT NAME:	Sports Divis	ion		
2560 River Park				PHONE: (817) 738-6100 FAX: (817) 738-2993  E-MAIL ADDRESS: contact@pullenins.com  PRODUCER CUSTOMER ID#: MI				
Fort Worth, TX			iic 300					
Tolt Worth, 1A	/0110							
				INSURERS AF	NAIC #			
INSURED Michigan State Voi	-41- C -						11991	
Michigan State 100					ational Casualty			
9401 General Drive		e 12	20		utual of Omaha	l	71412	
Plymouth, MI 4817	U			Insurer C:				
				Insurer D:				
				Insurer E:				
			A	Insurer F:				
			ATE NUMBER: 150167			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POL INDICATED. NOTWITHSTANDING AN CERTIFICATE MAY BE ISSUED OR I EXCLUSIONS AND CONDITIONS OF S	Y REQL MAY PE SUCH PO	IIREM 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 RESPE SED HEREIN IS SUBJECT 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
	_					PERSONAL & ADV INJURY	\$1,000,000	
	_					GENERAL AGGREGATE	UNLIMITED	
GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
X EXCESS LIAB CLAIMS-MAD	E		7110 3003 100	7/1/2013	7/1/2010	AGGREGATE	\$5,000,000	
DEDUCTIBLE						AGGREGATE	ψ2,000,000	
RETENTION \$								
		1				WC STATU- OTH-		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/	<u>u</u>					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		
		-	CD2014MI D 052256	0/1/2015	0/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000	
B PARTICIPANT ACCIDENT MEDIC	AL		SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
	==.							
DESCRIPTION OF OPERATIONS / LOCATIONS		,				Consum I constant Constant	to Holdor !:	
This certificate is issued on behal Additional Insured as respects the	i oi ivii e opera	cnig tions	of the Named Insured for	sociation & Mi	tivities of the st	soccer League. Certificate association.	tte Holder is	
	•							
CERTIFICATE HOLDER				CANCELLA	TION			
CERTIFICATE HOLDER				CANCELLA	IION			
Pembroke Park				SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA	NCELLED BEFORE	
City of Birmingham				THE EXPIRATION	ON DATE THEREO	F, NOTICE WILL BE DELIVERE	DINACCORDANCE	
Attn: Connie J. Folk				WITH THE POL	LIOT FROVISIONS	•		
2300 E. Lincoln				AUTHORIZED REP	RESENTATIVE	0 0		
Birmingham, MI 48009					,	Jatik Rull	_	

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DATE (MM/DD/YYYY) 8/26/2015

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 p eu 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	
PROI	Pullen Insurance Se	ervi	ces	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	300					
	Tort Worth, 124 70	110			PRODUCER CUSTO				
					INSURERS AF	NAIC #			
INSU	RED Mishimor Ctata Variati			. A ann ainting		tional Casualty		11991	
	Michigan State 1 out	1 20	ccei	Association				71412	
	9401 General Drive,	Suit	e 12	0		utual of Omaha	1	/1412	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	:RTI	FIC/	ATE NUMBER: 150169	<u>59</u>	F	REVISION NUMBER:	0	
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	IIREM RTAIN OLICIE	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 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE			11120 0000 100	7,1,2016	7,1,2010	AGGREGATE	\$5,000,000	
	DEDUCTIBLE	1					NOONEONIE	+2,000,000	
	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							
	(Mandatory in NH)  If yes, describe under						E. L. DISEASE - EA EMPLOYEE		
D		-		CDOOLAND DOCCOOL	0/1/2015	0/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000	
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	ch ACORD 101 Additional Remarks S	Schedule if more space	is required)			
	s certificate is issued on behalf of						Soccer League. Certifica	te Holder is	
Ado	ditional Insured as respects the o	perat	tions	of the Named Insured for	sanctioned act	civities of the st	ate association.		
CF	RTIFICATE HOLDER				CANCELLA	TION			
O <i>A</i> 75	AKTREE ELEMENTARY 00 GALE ROAD OODRICH, MI 48438				SHOULD ANY THE EXPIRATION	OF THE ABOVE I	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE		
	•				AUTHORIZED REP	RESENTATIVE	Patik Duel	_	



DATE (MM/DD/YYYY) 8/26/2015

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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 iica oi .	saon enacisement(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: Mutual of Omaha	71412
	Plymouth, MI 48170	Insurer C:	
	•	Insurer D:	
		Insurer E:	
		Insurer F:	
<b>COVER</b>	AGES CERTIFICATE NUMBER: 1511664	44 REVISION NUMBER: 0	)
THIS IS TO	O 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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)	
	71						(Per accident)	
	NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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 Satisfull—



DATE (MM/DD/YYYY) 8/26/2015

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	eu of such endorsement(s).	UIIUIE	53 IIId	y require an endorsement.	A Statement On I	ins cermicale (	ioes not comer rights to tr	ie certificate fioliter	
PRO	Pullen Insurance S	ervi	ces.	Inc	CONTACT NAME:	Sports Divis	sion		
	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				
	1010 1101111, 111 10	110			PRODUCER CUSTO	MER ID#: MI			
					INSURERS AFFORDING COVERAGE NAIC #				
INSU	Michigan State Youth	1 So	CCEI	· Association	Insurer A: Na	tional Casualty	v Company	11991	
	9401 General Drive,	Snit	6 12	Association		itual of Omaha		71412	
	Plymouth, MI 48170	Suit	C 12	U	Insurer C:	staar or oman	•	71112	
	1 lyllloutii, Wii 481 /0				Insurer D:				
					Insurer E:				
					Insurer F:				
$\overline{}$	VERAGES CE	PTI	FIC	ATE NUMBER: 151166			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 ACT OR OTHER LICIES DESCRIB D BY PAID CLAII	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 EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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	L./.					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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
DEC	PRINTION OF OREDATIONS (LOCATIONS (LOCATIONS)	-11101		ACCORD 404 Additional Date 1 C	abadula if	in an accion all			
l .	CRIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf of						Soccar Laggue Cartifics	te Holder is	
Ado	litional Insured as respects the o	nerai	tions	of the Named Insured for	sanctioned act	ivities of the st	tate association.	tte Holder is	
		Poru		01 410 1 (41110 41110 41 04 101		ivides of the st	usso cration.		
	DTIFICATE HOLDED				041105114	<b>-</b> 1011			
	RTIFICATE HOLDER				CANCELLA	IION			
13	otre Dame Prep High Schoo 00 Giddings Rd ntiac, MI 48340	ol			THE EXPIRATION	OF THE ABOVE I ON DATE THEREC ICY PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	ANCELLED BEFORE ED IN ACCORDANCE	
					AUTHORIZED REPR	RESENTATIVE	$\cap$		
							Vatil hele	-	



DATE (MM/DD/YYYY) 8/26/2015

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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	does not confer rights to th	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	,	Sui	ic 300	E-MAIL ADDRESS: contact@pullenins.com				
	ron worth, 1A /6	110			PRODUCER CUSTOMER ID#: MI				
							FDACE	NAIC #	
					INSURERS AFFORDING COVERAGE NAIC #				
INSU	RED Michigan State Youth	ı So	ccer	Association	Insurer A: Na	tional Casualty	y Company	11991	
	9401 General Drive, S	Suite	e 12	0	Insurer B: Mi	utual of Omaha	a	71412	
	Plymouth, MI 48170				Insurer C:				
	<i>j</i>				Insurer D:				
					Insurer E:				
					Insurer F:				
	VERAGES CE	PTI	FIC	ATE NUMBER: 151166			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 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 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 NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & 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 5663300	9/1/2015	9/1/2016	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						,		
	A								
Α.	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016		\$5,000,000	
A	<del>-</del>			AKU 3003400	9/1/2013	9/1/2010	EACH OCCURRENCE	\$5,000,000	
	A	1					AGGREGATE	\$3,000,000	
	DEDUCTIBLE								
	RETENTION \$						WO STATU		
	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
DESC	L 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 of						Soccer League Certifica	te Holder is	
	ditional Insured as respects the o							1101001 15	
CE	RTIFICATE HOLDER				CANCELLA	TION			
Oa	akland Christian								
	75 Shimmons Rd						DESCRIBED POLICIES BE CA PF, NOTICE WILL BE DELIVERE		
	aburn Hills, MI 48326					ICY PROVISIONS			
					AUTHORIZED REPI	RESENTATIVE	0 0		
					NOTIONIZED INEFI	CEDENTATIVE	Vatil Pull	_	



DATE (MM/DD/YYYY) 8/26/2015

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 endorsement	. A statement on	uns certificate (	ioes not conter rights to th	e certificate noider		
PROI	Pullen Insurance Se	ervice	es. 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 762	,	suite 300						
	Toft Worth, 12 70	110		PRODUCER CUSTOMER ID#: MI					
						FRAGE	NAIC #		
INSU	IRED Michigan State Voyeth	Coo	an Association	_					
	Michigan State 1 Outil								
	9401 General Drive, S	sune	120		utuai 01 Oilialla	1	71412		
	Plymouth, MI 48170			Insurer C:					
				Insurer D:					
				Insurer E:					
~~	VEDAGES OF	DTIE	LOATE MUMBER - 15116	Insurer F:		DEVICION NUMBER			
			ICATE NUMBER: 15116			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 PERT H POL	REMENT, TERM OR CONDITIO FAIN, THE INSURANCE AFFOF ICIES. LIMITS SHOWN MAY HA	N OF ANY CONTF RDED BY THE PO VE BEEN REDUCE	RACT OR OTHEF 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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A	GENERAL LIABILITY	X	KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR					MED EXP (Any one person)	\$5,000		
						PERSONAL & ADV INJURY	\$1,000,000		
						GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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		SR2014MI-P-053256	9/1/2015	9/1/2016		\$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 Insured for	or sanctioned act	civities of the s	soccer League. Certifical tate association.	te Holder is		
CE	RTIFICATE HOLDER			CANCELLA	TION				
30	nkland Christian 75 Shimmonds Rd ıburn Hills, MI 48326			THE EXPIRATI	OF THE ABOVE ON DATE THEREC LICY PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE D IN ACCORDANCE		
				AUTHORIZED REP	RESENTATIVE	Patik Dull_	-		



DATE (MM/DD/YYYY) 8/26/2015

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

ın li	eu of such endorsement(s).								
PROI	Pullen Insurance Se	ervi	ces.	Inc.	CONTACT NAME:	Sports Divis			
	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 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: M	utual of Omaha	1	71412	
	Plymouth, MI 48170				Insurer C:				
	•				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTI	FIC	ATE NUMBER: 151166	73	F	REVISION NUMBER:	0	
INDI CER EXC	S IS TO CERTIFY THAT THE POLICII CATED. NOTWITHSTANDING ANY P ITIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREM RTAIN OLICIE	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	DOCUMENT WITH RESPE	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADD'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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)  If yes, describe under						E. L. DISEASE - EA EMPLOYEE		
	* -			GD201 (14 F) 05225 1	0/1/2015	0/1/2016	E. L. DISEASE - POLICY LIMIT	¢100 000	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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 Steiner 3976 S Livernois 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 Pull



DATE (MM/DD/YYYY) 8/26/2015

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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	ACCC CERTIFICATE NUMBER: 1511665		
		Insurer F:	
		Insurer E:	
	·	Insurer D:	
	Plymouth, MI 48170	Insurer C:	
	9401 General Drive, Suite 120	Insurer B: Mutual of Omaha	71412
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	

COVERAGES CERTIFICATE NUMBER: 151166/5 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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.

OLK III IOAT E HOLDEK	OANOLLLATION
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) 8/26/2015

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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	ne 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					
ron word, 12/0	1110			PRODUCER CUSTOMER ID#: MI				
				INSURERS AF	NAIC #			
INSURED Michigan State Vout	l- C -				11991			
Michigan State Tout					ational Casualty	<del></del>		
9401 General Drive,	Suit	e 12	20		utual of Omaha	1	71412	
Plymouth, MI 48170				Insurer C:				
				Insurer D:				
				Insurer E:				
				Insurer F:				
COVERAGES C	ERTI	FIC	ATE NUMBER: 151166	77	F	REVISION NUMBER:	0	
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 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 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
						PERSONAL & ADV INJURY	\$1,000,000	
						GENERAL AGGREGATE	UNLIMITED	
GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
X EXCESS LIAB CLAIMS-MADE			7110 3003 100	7/1/2013	7/1/2010	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		
			GD20141H D 052254	0/1/2015	0/1/2016	E. L. DISEASE - POLICY LIMIT	¢100 000	
B PARTICIPANT ACCIDENT MEDICAL	-		SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
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			
				JANULLLA				
Port Huron Area School Dist 1925 Lapeer Avenue Port Huron, MI 48060	псі			THE EXPIRATION	OF THE ABOVE I ON DATE THEREO LICY PROVISIONS	DESCRIBED POLICIES BE CA PF, NOTICE WILL BE DELIVERE :.	NCELLED BEFORE ED IN ACCORDANCE	
,				AUTHORIZED REP	DECENITATIVE	<u> </u>		
				AUTHURIZED KEPI	NESENTATIVE	Jatik Pull	_	

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DATE (MM/DD/YYYY) 8/26/2015

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	conditions of the policy, certain policy, cert	olicies	ma	y require an endorsement. <i>I</i>	A statement on t	nis certificate c	loes not confer 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					
	Fort Worth, TA 70.	110			PRODUCER CUSTOMER ID#: MI				
						FORDING COVE		NAIC #	
INSU	RED N.C1-: C4-4- N.C1-	C		A:-4:				11991	
	Michigan State 1 outil					tional Casualty			
	9401 General Drive, S	suite	120	J		itual of Omaha	1	71412	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTIF	·IC/	TE NUMBER: 1511667	78	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	REQUII 7 PER 3H POI	REMI TAIN LICIE	ENT, TERM OR CONDITION , THE INSURANCE AFFORD	OF ANY CONTR ED BY THE POL 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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						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  E. L. DISEASE - POLICY LIMIT		
В	DADTICIDANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000	
Ъ	PARTICIPANT ACCIDENT MEDICAL			SK2014WII-F-033230	9/1/2013	9/1/2010		\$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. Certificate association.	te Holder is	
CF	RTIFICATE HOLDER				CANCELLA	TION			
Ra 50	intree Park 0 W Big Beaver Rd oy, MI 48080				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) 8/26/2015

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 con	ANT: If the certificate holder is ditions of the policy, certain positions is such endorsement(s).	s an Al olicies	DDITIONAL INSURED, the pol may require an endorsement	icy(ies) must be on . A statement on	endorsed. If SUI this certificate o	BROGATION IS WAIVED, s loes not confer rights to th	subject to the terms ne certificate holder			
PRODUCEI	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		2 4100	E-MAIL ADDRESS:	E-MAIL ADDRESS: contact@pullenins.com					
	1 010 11 01011, 111 7 0	110		PRODUCER CUSTO	OMER ID#: MI					
				INSURERS AF	FORDING COVI	ERAGE	NAIC #			
INSURED	Michigan State Youth	ı Soc	cer Association	Insurer A: Na	ational Casualty	y Company	11991			
	9401 General Drive,	Suite	120	Insurer B: M	utual of Omaha	ı	71412			
	Plymouth, MI 48170			Insurer C:						
	<i>j</i>			Insurer D:						
				Insurer E:						
				Insurer F:						
COVE	RAGES CE	ERTIF	<b>ICATE NUMBER: 15116</b>	679	F	REVISION NUMBER:	0			
INDICATI CERTIFIC EXCLUS	TO CERTIFY THAT THE POLICI ED. NOTWITHSTANDING ANY I CATE MAY BE ISSUED OR MA ONS AND CONDITIONS OF SUC	REQUIF Y PER' CH POL	REMENT, TERM OR CONDITIO TAIN, THE INSURANCE AFFOF ICIES. LIMITS SHOWN MAY HA	N OF ANY CONTF RDED BY THE PO VE 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 S		POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS				
I ** ├──	ERAL LIABILITY	X	KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000			
X	COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000			
ΙЬ	CLAIMS MADE X OCCUR					MED EXP (Any one person)	\$5,000			
-						PERSONAL & ADV INJURY	\$1,000,000			
-						GENERAL AGGREGATE	UNLIMITED			
1 —	L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$1,000,000			
l l	POLICY PROJECT LOC					PARTICIPANT LEGAL LIABILITY	\$1,000,000			
I ** ├──	OMOBILE LIABILITY  ANY AUTO		KRO 5663300	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000			
l <del></del>	ALL OWNED AUTOS					BODILY INJURY (Per person)				
l <del>–</del>	SCHEDULED AUTOS					BODILY INJURY (Per accident)				
I —	HIRED AUTOS					PROPERTY DAMAGE (Per accident)				
X	NON-OWNED AUTOS									
		1 1								
A	JMBRELLA LIAB X OCCUR		XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000			
	UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE		XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE AGGREGATE	\$5,000,000 \$5,000,000			

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

SR2014MI-P-053256

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.

9/1/2015

9/1/2016

CERTIFICATE HOLDER	CANCELLATION
Rochester Hills Baptist Church 3300 Livernois 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.
	AUTHORIZED REPRESENTATIVE Satik Pull

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) 8/26/2015

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: Mutual of Omaha	71412
	Plymouth, MI 48170	Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	
COVER	AGES CERTIFICATE NUMBER: 1511687	71 REVISION NUMBER: 0	)
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 AFFORD OR MAY PERTAIN, THE INSURANCE AFFORD AND A CONDITIONS OF SUCH POLICIES LIMITS SHOWN AND AND A CONDITIONS OF SUCH POLICIES.	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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)	
	71						(Per accident)	
	NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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
Owosso at Parker Fields 1177 Farr Ave. Owosso, 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 REPRESENTATIVE Satik Dull



DATE (MM/DD/YYYY) 8/26/2015

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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	loes not confer rights to th	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	,	Sui	ne 300						
Tort Wortin, 12x 70110					PRODUCER CUSTO					
						FORDING COVI	FRAGE	NAIC #		
INSU	RED Mishigan Chata Variable	Co		. A association	+	tional Casualty		11991		
	Whengan State Tout					utual of Omaha		71412		
	9401 General Drive, S	Suite	9 12	U		ituai oi Oilialia	1	/1412		
	Plymouth, MI 48170				Insurer C:					
					Insurer D:					
					Insurer E:					
	VED 4.050	- N T I		ATE NUMBER 151160	Insurer F:	-	SEVICION NUMBER			
				ATE NUMBER: 151168			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	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	ACT OR OTHER LICIES DESCRIB D 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
	X EXCESS LIAB CLAIMS-MADE				7, 2, 2, 2		AGGREGATE	\$5,000,000		
	DEDUCTIBLE	1					7.CONLEGNIE	1-,,		
	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					E. L. DISEASE - EA EMPLOYEE			
	(Mandatory in NH) If yes, describe under									
В	DADTICIDANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000		
Ъ	PARTICIPANT ACCIDENT MEDICAL			SK2014MI-F-033230	9/1/2013	9/1/2010		\$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						outh Soccer League Cer	tificate Holder is		
	ditional Insured as respects the o							1101001 10		
<u> </u>	DTIFICATE LICE DED				CANCELLA	TION				
	RTIFICATE HOLDER				CANCELLA	HON				
	vosso High School				SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA	NCELLED BEFORE		
	5 E North St				THE EXPIRATION		F, NOTICE WILL BE DELIVERE			
Ov	vosso, MI 48867				WITH THE POL	I NOVISIONS	•			
					AUTHORIZED REPR	RESENTATIVE	0 0			
							Satikbull-	-		



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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 t	this certificate of	loes not confer rights to th	e certificate holder		
PRO	Pullen Insurance Se	rvio	es	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	,	Dui	<i>te</i> 300						
	Fort Worth, 124 70	110			PRODUCER CUSTO					
					INSURERS AF	FORDING COVI	FRAGE	NAIC #		
INSU	IRED Michigan State Vouth	C -		. A association	1			11991		
	Michigan State Touth					tional Casualty				
	9401 General Drive, S	Suite	9 12	U		utual of Omaha	1	71412		
	Plymouth, MI 48170				Insurer C:					
					Insurer D:					
					Insurer E:					
					Insurer F:					
				ATE NUMBER: 151168			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 AFFORD 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 RESPE BED 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
11	X EXCESS LIAB CLAIMS-MADE			7KO 3003400	)/1/2013	7/1/2010	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			
				GD2014141 D 052256	0/1/2015	0/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000		
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VE		C / A#0	ah ACORD 101 Additional Remarks S	shadula if mara anasa	io roquirod)				
	s certificate is issued on behalf o		,				outh Soccar Laggua Car	tificate Holder is		
	ditional Insured as respects the op							uncate Holder is		
CE	RTIFICATE HOLDER				CANCELLA	TION				
$G_2$	owers High School 2040 W Carpenter Rd int , MI 48504				THE EXPIRATION	OF THE ABOVE I ON DATE THEREC LICY PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE D IN ACCORDANCE		
					AUTHORIZED REPR	RESENTATIVE	<u> </u>			
					NOTIONIZED INEFF	CEOCHIAIIVE	Vitik Pull	_		



DATE (MM/DD/YYYY) 8/26/2015

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	eu of such endorsement(s).	olicies	may	y require an endorsement.	A statement on t	inis certificate d	loes not confer rights to th	e certificate noider	
PROI	Pullen Insurance Se	rvice	<u> </u>	Inc	CONTACT NAME:	Sports Divis	ion		
	2560 River Park Pla				PHONE: (817) 738-6100 FAX: (817) 738-2993  E-MAIL ADDRESS: contact@pullenins.com				
		,	Sui	16 300					
Fort Worth, TX 76116					PRODUCER CUSTO		nemis.com		
						FORDING COVI		NAIC #	
INIOLI		~							
INSU	Michigan State 1 Outil					tional Casualty		11991	
	9401 General Drive, S	120	0		utual of Omaha	l	71412		
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTIF	ICA	TE NUMBER: 150172	78	F	REVISION NUMBER:	0	
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	REQUIF PER H POL	REMI TAIN JCIE	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 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	Ī	KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016	E. E. BIOLAGE T GEIGT EINIT	\$100,000	
D	TARTICII AIVI ACCIDEIVI MEDICAL			51(2014)(11-1-033230	)/1/2013	<i>)/1/2010</i>		Ψ100,000	
Thi	CRIPTION OF OPERATIONS/LOCATIONS/VEIS certificate is issued on behalf or ditional Insured as respects the op-	f Micl	higa	n State Youth Soccer Ass	sociation & Mi	chigan Youth S	Soccer League. Certifica ate association.	te Holder is	
<u>~</u>	DTIEICATE LIQUES				CANCELLA	TION			
	RTIFICATE HOLDER				CANCELLA	IION			
30	ERRY PARK 1 EDISON STREET ONTIAC, MI 48342				THE EXPIRATION	OF THE ABOVE I ON DATE THEREC ICY PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE DINACCORDANCE	
					AUTHORIZED REPP	RESENTATIVE	Patik Dull	_	



DATE (MM/DD/YYYY) 8/26/2015

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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	such endorsement(s).	A statement on this seramoute account control rights to the	der timodic moraer				
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: Mutual of Omaha	71412				
	Plymouth, MI 48170	Insurer C:					
	,	Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 1501870	NREVISION NUMBER: 0	)				
INDICATEI CERTIFIC <i>I</i>	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 ONS 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				
INICD	ADD'I SURP	POLICY EFFECTIVE POLICY EXPIRATION					

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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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	
	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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

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) 8/26/2015

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					
	Total (Form, 111 Form)	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: Mutual of Omaha	71412				
	Plymouth, MI 48170	Insurer C:					
	•	Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 1501939	REVISION NUMBER: (	)				
	O 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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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	
	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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
OAKBROOK ELEMENTARY 12060 GREENWAY 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 Pull

CANCELL ATION

CERTIFICATE HOLDER



DATE (MM/DD/YYYY) 8/26/2015

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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	does 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	,	Dui	.te 300	E-MAIL ADDRESS: contact@pullenins.com					
	Toft Worth, 124 70	110			PRODUCER CUSTOMER ID#: MI					
					INSURERS AFFORDING COVERAGE NAIC #					
INSI	RED Michigan State Vouth	C -		A						
	Michigan State 1 out					-				
	9401 General Drive, S	Suite	9 12	0		utual of Omaha	1	71412		
	Plymouth, MI 48170				Insurer C:					
					Insurer D:					
					Insurer E:					
					Insurer F:					
CO	VERAGES CE	RTI	FIC/	ATE NUMBER: 150218	66	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 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 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
11	X EXCESS LIAB CLAIMS-MADE			7KO 3003400	)/1/2013	7/1/2010	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			
				CDOOL OF DOCOCC	0/1/2015	0/1/2016	E. L. DISEASE - POLICY LIMIT	¢100 000		
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VE		C / A#0	ah ACORD 101 Additional Remarks C	shadula if mara angas	io roquirod)				
	s certificate is issued on behalf o						Soccar Laggue Cartifica	te Holder is		
Ada	ditional Insured as respects the o	nerat	ions	of the Named Insured for	sociation & Mi	ivities of the st	tate association	tic Holder is		
<i>1</i> 100	artional insured as respects the o	peru	10115	of the fulfied insured for	sunctioned act	ivities of the st	ate association.			
	RTIFICATE HOLDER				CANCELLA	TION				
Ro	ochester Avon Recreation				SHOTILD VEA	OF THE ABOVE !	DESCRIBED DOI 101ES DE 04	NCELLED BEFORE		
50	0 E. Second Street				THE EXPIRATION	ON DATE THEREO	DESCRIBED POLICIES BE CA PF, NOTICE WILL BE DELIVERE	D IN ACCORDANCE		
Ro	ochester, MI 48307				WITH THE POL	LICY PROVISIONS	<b>.</b>			
	•				AUTHORIZED REPR	RESENTATIVE	0 0			
					, STIGNIZED KEFT		Vitik Milli			
							YW Ludelfulle	-		



DATE (MM/DD/YYYY) 8/26/2015

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iii iieu	or such endorsement(s).									
PRODUC	runen msurance se				CONTACT NAME: Sports Division					
	2560 River Park Pl	aza,	Sui	te 300	PHONE: (8)	17) 738-6100	FAX: (817) 738-2	993		
	Fort Worth, TX 76	116			E-MAIL ADDRESS:	contact@pul	llenins.com			
	,				PRODUCER CUSTOMER ID#: MI					
					INSURERS AF	ERAGE	NAIC #			
INSURE	Michigan State Youth	Soc	cer	Association	Insurer A: Na	y Company	11991			
	9401 General Drive, S				Insurer B: Mu	utual of Omaha	1	71412		
	Plymouth, MI 48170	, 4110		•	Insurer C:					
	11 Jilloutii, Wil 10170				Insurer D:					
					Insurer E:					
					Insurer F:					
COVI	ERAGES CE	RTIE	IC.	ATE NUMBER: 1502309		F	REVISION NUMBER:	0		
INDICA CERTII EXCLU	S TO CERTIFY THAT THE POLICIE TED. NOTWITHSTANDING ANY F FICATE MAY BE ISSUED OR MAY SIONS AND CONDITIONS OF SUC	REQUI / PER CH POI	REM TAIN LICIE	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 RESPE SED HEREIN IS SUBJECT TO MS.	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			
- ^ · —	ENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
X	COMMERCIAL GENERAL LIABILITY						DAMAGE 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		
G	 En'l aggregate limit applies per:						GENERAL AGGREGATE	\$1,000,000		
0.	POLICY PROJECT LOC						PRODUCTS - COMP/OP AGG	\$1,000,000		
Δ ΔΙ	JTOMOBILE LIABILITY			KRO 5663300	9/1/2015	9/1/2016	PARTICIPANT LEGAL LIABILITY  COMBINED SINGLE LIMIT	\$1,000,000		
A	ANY AUTO			KKU 3003300	9/1/2013	9/1/2016	(Ea accident)	\$1,000,000		
-	ALL OWNED AUTOS						BODILY INJURY (Per person)			
-	SCHEDULED AUTOS						BODILY INJURY (Per accident)			
Y	HIRED AUTOS						PROPERTY DAMAGE (Per accident)			
X	NON-OWNED AUTOS						(			
23										
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
X	EXCESS LIAB CLAIMS-MADE			11110 0000 100	<i>y</i> , 1, 2010	), 1, <b>2</b> 010	AGGREGATE	\$5,000,000		
	DEDUCTIBLE						THOUSE THE STATE OF THE STATE O	1 - 7 7		
	RETENTION \$									
w	ORKERS COMPENSATION						WC STATU- TORY LIMITS ER			
1A	ND EMPLOYERS' LIABILITY  Y/N  Y PROPRIETOR/PARTNER/EXECUTIVE						E. L. EACH ACCIDENT			
OF	IY PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED? andatory in NH)	N/A					E. L. DISEASE - EA EMPLOYEE			
١,	es, describe under						E. L. DISEASE - POLICY LIMIT			
ВР	ARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016	2 2 3 2 3	\$100,000		
This c	ertion of operations / locations / ve ertificate is issued on behalf o ional Insured as respects the o	f Mic	higa	an State Youth Soccer Ass	sociation & Mi	chigan Youth S	Soccer League. Certifica ate association.	te Holder is		
CERT	TIFICATE HOLDER				CANCELLA	TION				
	and Christian									
	Shimmons				SHOULD ANY THE EXPIRATION	OF THE ABOVE I	DESCRIBED POLICIES BE CA PF, NOTICE WILL BE DELIVERE	NCELLED BEFORE DINACCORDANCE		
	urn Hills, MI 48326				THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 8/26/2015

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in li	eu of such endorsement(s).							
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				
	,,,			PRODUCER CUSTOMER ID#: MI				
				INSURERS AF	NAIC #			
INSU	Michigan State Youth	Socce	Association	Insurer A: Na	11991			
	9401 General Drive, S	Suite 12	0		utual of Omaha		71412	
	Plymouth, MI 48170		. •	Insurer C:				
	11/11104411, 1111 10170			Insurer D:				
				Insurer E:				
				Insurer F:				
СО	VERAGES CE	RTIFIC	ATE NUMBER: 1502422	23	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	EQUIREN PERTAII H POLICI	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 SUBR INSRD WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X	KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR					MED EXP (Any one person)	\$5,000	
						PERSONAL & ADV INJURY	\$1,000,000	
						GENERAL AGGREGATE	UNLIMITED	
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$1,000,000	
	POLICY PROJECT LOC		***************************************	0/1/5015	0.4.7204.4	PARTICIPANT LEGAL LIABILITY	\$1,000,000	
A	AUTOMOBILE LIABILITY		KRO 5663300	9/1/2015	9/1/2016	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							
Α.	UMBRELLA LIAB X OCCUR		XKO 5663400	9/1/2015	9/1/2016		\$5,000,000	
A	X EXCESS LIAB CLAIMS-MADE		AKU 3003400	9/1/2013	9/1/2010	EACH OCCURRENCE	\$5,000,000	
	DEDUCTIBLE DEDUCTIBLE					AGGREGATE	\$5,000,000	
	RETENTION \$							
	WORKERS COMPENSATION					WC STATU-		
	AND EMPLOYERS' LIABILITY Y/N					TORY LIMITS ER  E. 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		SR2014MI-P-053256	9/1/2015	9/1/2016	2. 2. 3.02. (02.0 ) 2	\$100,000	
-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						. , ]	
Thi:	CRIPTION OF OPERATIONS / LOCATIONS / VER s certificate is issued on behalf of ditional Insured as respects the op	Michig	an State Youth Soccer Ass	sociation & Mi sanctioned act	chigan Youth Stivities of the st	Soccer League. Certificat ate association.	te Holder is	
	RTIFICATE HOLDER			CANCELLA	TION			
	w Life Christian Academy			SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA	NCELLED BEFORE	

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Kimball, MI 48024

WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 8/26/2015

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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						
	,,	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: Mutual of Omaha 714						
	Plymouth, MI 48170	Insurer C:						
	•	Insurer D:						
		Insurer E:						
		Insurer F:						
COVER	AGES CERTIFICATE NUMBER: 1500123	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,

INSR 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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
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 Satisfull



DATE (MM/DD/YYYY) 8/26/2015

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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 th	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	300	E-MAIL ADDRESS: contact@pullenins.com					
	1 of t worth, 121 70	110			PRODUCER CUSTOMER ID#: MI					
					INSURERS AF	ERAGE	NAIC #			
INSU	Michigan State Youth	. 50	0001	Association	1	11991				
	9401 General Drive,	200	12	ASSOCIATION		<u>itional Casualty</u> utual of Omaha		71412		
		Sur	<del>2</del> 12	U	Insurer C:	utuai oi Oilialia	1	/1412		
	Plymouth, MI 48170				Insurer D:					
					Insurer E:					
	VEDACES CE	рті	FIC	ATE NUMBER: 150012	Insurer F:		DEVICION NUMBER.	0		
				ATE NUMBER: 150012			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 RESPE BED 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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									
Α	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000		
D	TAKTICII AIVI ACCIDEIVI MEDICAL			SK2014WI-1-033230	)/1/2013	7/1/2010		Ψ100,000		
DESC	 CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	L CORD 101, Additional Remarks S	chedule, if more space	l e 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. Certificatate association.	te Holder is		
CE	RTIFICATE HOLDER				CANCELLA	TION				
Spencer Park 3701 John R. Road Rochester Hills, MI 48309					SHOULD ANY THE EXPIRATION	OF THE ABOVE I	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE			
					AUTHORIZED REPI	RESENTATIVE	$\cap$			
							Vatik beli	-		



DATE (MM/DD/YYYY) 8/26/2015

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in li	eu of such endorsement(s).		····a	,				S Solumonte Holder	
PROI	Pullen Insurance Se	ervic	es,	Inc.	CONTACT NAME: Sports Division  PHONE: (817) 738-6100 FAX: (817) 738-2993  E-MAIL ADDRESS: contact@pullenins.com				
	2560 River Park Pla	aza,	Sui	te 300					
	Fort Worth, TX 762	116							
	,				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				Insurer B: Mu	itual of Omaha	a a	71412	
	Plymouth, MI 48170			~	Insurer C:				
	5				Insurer D:				
					Insurer E:				
					Insurer F:				
СО	VERAGES CE	RTIF	ICA	TE NUMBER: 1500125	57	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	EQUIF PER H POL	REMI 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 RESPE SED 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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-emiliariore								
Α	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
• •	X EXCESS LIAB CLAIMS-MADE			71110 2003 100	J, 1, 2015	<i>),</i> 1, 2010	AGGREGATE	\$5,000,000	
	DEDUCTIBLE						NOONLOW!	1 - 7 7	
	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
	cription of operations / locations / ve s certificate is issued on behalf o						Soccer League Certifica	te Holder is	
	litional Insured as respects the op-							te fiolder is	
CF	RTIFICATE HOLDER				CANCELLA	TION			
	meo Community Schools				JANGLELA				
31	6 North Main				THE EXPIRATION	OF THE ABOVE I ON DATE THEREO ICY PROVISIONS	DESCRIBED POLICIES BE CA PF, NOTICE WILL BE DELIVERE	NCELLED BEFORE DINACCORDANCE	
Ro	meo, MI 48065						• 		
					AUTHORIZED REPR	RESENTATIVE	Ω .		
						,	Satik Reli	-	



DATE (MM/DD/YYYY) 8/26/2015

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	eu of such endorsement(s).	olicies	may	require an endorsement.	4 statement on t	ınıs certificatê d	ioes not conter rights to th	e certificate noider		
PRO	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>ic</i> 300	E-MAIL ADDRESS: contact@pullenins.com					
	Toft Worth, 124 70	110			PRODUCER CUSTOMER ID#: MI					
						FORDING COVI	FRAGE	NAIC #		
INSU	IRED Michigan State Voyeth	Coo	224	Aggaightian		tional Casualty		11991		
	Michigan State 1 Outil					utual of Omaha		71412		
	9401 General Drive, S	sune	120	J		ituai 01 Oilialia	1	/1412		
	Plymouth, MI 48170				Insurer C:					
					Insurer D:					
					Insurer E:					
~~	VEDACES OF	DTIE	10 4	TE NUMBER: 150010	Insurer F:		DEVICION NUMBER.	0		
				TE NUMBER: 1500125			REVISION NUMBER:			
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	REQUIF / PER CH POL	REMI TAIN JCIE	ENT, TERM OR CONDITION , 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 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		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016	2. 2. 3.02.7.02 1 32.01 2	\$100,000		
Thi	cription of operations/locations/ve s certificate is issued on behalf o ditional Insured as respects the op	f Micl	higa	n State Youth Soccer Ass	sociation & Mi	chigan Youth S	Soccer League. Certifica tate association.	te Holder is		
CF	RTIFICATE HOLDER				CANCELLA	TION				
Si 70	mpson Park 199 Campground omeo, MI 48065				SHOULD ANY THE EXPIRATION	OF THE ABOVE I	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE D IN ACCORDANCE		
140	71100, 1111 10000				AUTHORIZED REPRESENTATIVE					



DATE (MM/DD/YYYY) 8/26/2015

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in lieu of such endorsement(s).			·				
PRODUCER Pullen Insurance So	ervice	es. I	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 CUSTOMER ID#: MI			
				INSURERS AF	NAIC #		
INSURED Michigan State Youth	Soc	cer	Association	Insurer A: Na	ational Casualty	Company	11991
9401 General Drive,	Suite	120	)	Insurer B: M	71412		
Plymouth, MI 48170	3 6,710	1_0	•	Insurer C:			
				Insurer D:			
				Insurer E:			
				Insurer F:			
COVERAGES CE	RTIF	ICA	TE NUMBER: 150013	26	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	REQUIR Y PERT CH POL	REME TAIN, JCIES	ENT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY CONTR DED BY THE PO E BEEN REDUCI	RACT OR OTHER PLICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT TO	CT TO WHICH THIS
INSR 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	UNLIMITED
GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000
X EXCESS LIAB CLAIMS-MADE				27-1-0-1-0	,, ,, _, _,	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	
B PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VE This certificate is issued on behalf of Additional Insured as respects the of  CERTIFICATE HOLDER	of Micl	higaı	n State Youth Soccer Ass	sociation & M	id-Michigan Yo tivities of the st		tificate Holder is
				, J, J L L L /			

Seymour Elementary School 6088 S Seymour 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.

AUTHORIZED REPRESENTATIVE

Satik Oull



DATE (MM/DD/YYYY) 8/26/2015

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· ·								
Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division							
2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-299	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: Mutual of Omaha	71412						
Plymouth, MI 48170	Insurer C:							
•	Insurer D:							
	Insurer E:							
	Insurer F:							
COVERAGES CERTIFICATE NUMBER: 15002327 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	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000				
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000				
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000				
							PERSONAL & ADV INJURY	\$1,000,000				
							GENERAL AGGREGATE	UNLIMITED				
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000				
	l			l		1	l					

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

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.

AUTHORIZED REPRESENTATIVE

Satik Dull



DATE (MM/DD/YYYY) 8/26/2015

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).	DIICIE	s ma	y require an endorsement. <i>I</i>	4 Statement on 1	inis certificate d	ioes not conter rights to th	e certificate noider	
PRODUCER Pullen Insurance Services, Inc.					CONTACT NAME: Sports Division				
					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 CUSTO				
						FORDING COVI	=PAGE	NAIC #	
INSU	IDED 34.1. C. 37 1			<u> </u>					
11130	Michigan State 1 Outil					tional Casualty		11991	
	9401 General Drive, S	Suite	12	0		utual of Omaha	l .	71412	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:				
				ATE NUMBER: 1500345			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	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 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
Thi	CRIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf o ditional Insured as respects the op	f Mic	higa	an State Youth Soccer Ass	sociation & Mi	chigan Youth S		te Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
Seaholm High School Attn: Yvonne Curtis 2436 W. Lincoln Ave.					SHOULD ANY THE EXPIRATION	OF THE ABOVE I	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE		
Bi	rmingham, MI 48009				AUTHORIZED REPRESENTATIVE Satisfaction				



DATE (MM/DD/YYYY) 8/26/2015

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in li	eu of such endorsement(s).	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· ···a)	, roquire an endorsement.	- statement on t			o del tilloate flotuel										
Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116					CONTACT NAME: Sports Division  PHONE: (817) 738-6100 FAX: (817) 738-2993  E-MAIL ADDRESS: contact@pullenins.com													
											,				PRODUCER 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, S				Insurer B: Mu	itual of Omaha	1	71412										
	Plymouth, MI 48170	Juite	12	,	Insurer C:													
	Trymouth, wir 10170				Insurer D:													
					Insurer E:													
					Insurer F:													
CO	VERAGES CE	RTIF	ICA	TE NUMBER: 150035	1	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 POL	REMI 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 RESPE BED 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000										
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000										
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000										
							PERSONAL & ADV INJURY	\$1,000,000										
							GENERAL AGGREGATE	UNLIMITED										
	GEN'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 5663300	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000										
	H						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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016	2.2.3.62.162 . 62.6 . 2	\$100,000										
DESC	 CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLES	(Attac	th ACORD 101, Additional Remarks S	chedule, if more space	is required)												
Thi	s certificate is issued on behalf or	f Mic	higa	n State Youth Soccer Ass	sociation & Mi	chigan Youth		te Holder is										
Ado	litional Insured as respects the op-	perati	ons	of the Named Insured for	sanctioned act	ivities of the st	tate association.											
	RTIFICATE HOLDER				CANCELLA	TION												
Schoolcraft College Attn: Yvonne Curtis 18600 Haggerty Rd.					THE EXPIRATION	OF THE ABOVE I ON DATE THEREC ICY PROVISIONS	DESCRIBED POLICIES BE CA OF, NOTICE WILL BE DELIVERE	NCELLED BEFORE DINACCORDANCE										
Li	vonia, MI 48152				AUTHORIZED REPR	RESENTATIVE	$\bigcap$											
						,	Satik Reli	-										



DATE (MM/DD/YYYY) 8/26/2015

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	eu of such endorsement(s).	UIIUIE	:3 IIId	y require an endorsement.	A Statement On	iins cerimoale (	ioes not comer rights to th	ie certificate fioliter	
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				
	1010 1101111, 111 10	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,	Snit	a 12	Association		utual of Omaha		71412	
	Plymouth, MI 48170	Juit	C 12	U	Insurer C:		~	, 1112	
	1 1ymoum, 141 401 70				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTI	FIC	ATE NUMBER: 1500362		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	THE POLICY PERIOD ECT 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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								
Α	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VE		,						
Thi	s certificate is issued on behalf of	of Mi	chig	an State Youth Soccer Ass	sociation & Mi	chigan Youth S	Soccer League. Certifica	ate Holder is	
Ado	litional Insured as respects the o	perat	tions	of the Named Insured for	sanctioned act	ivities of the st	tate association.		
CE	RTIFICATE HOLDER				CANCELLA	TION			
Ro	tary Park								
	tn: Yvonne Curtis				SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA PF, NOTICE WILL BE DELIVERE	ANCELLED BEFORE ED IN ACCORDANCE	
	85 Tubbs Rd.				WITH THE POL	ICY PROVISIONS	).		
I	aterford, MI 48329				ALITHODIZED DEDI	DESENITATIVE	0 -		
''	,				AUTHORIZED REP	NLOENTATIVE	Vatik Ovel		
						Xalikellulle			



DATE (MM/DD/YYYY) 8/26/2015

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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	ACES CEDTIFICATE NUMBER: 1500512	DEVISION NUMBER. (	•				
		Insurer F:					
		Insurer E:					
	•	Insurer D:					
	Plymouth, MI 48170	Insurer C:					
	9401 General Drive, Suite 120	Insurer B: Mutual of Omaha	71412				
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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
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	SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	X HIRED AUTOS						PROPERTY DAMAGE (Per accident)	
	X NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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

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



DATE (MM/DD/YYYY) 8/26/2015

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ın li	eu of such endorsement(s).							
PRO	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			E-MAIL ADDRESS: contact@pullenins.com				
	1 310 // 31411, 111 / 3			PRODUCER CUSTO	OMER ID#: MI			
				INSURERS AF	FORDING COVE	ERAGE	NAIC #	
INSU	Michigan State Youth	Soco	er Association	Insurer A: Na				
	9401 General Drive, S				utual of Omaha		71412	
	Plymouth, MI 48170	Juite	120	Insurer C:	atuur or omum	•	71112	
	1 lymouth, M1 48170			Insurer D:				
				Insurer E:				
				Insurer F:				
	VERAGES CE	DTIE	CATE NUMBER: 150054			REVISION NUMBER:	0	
THIS IND CER EXC	S IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUC	ES OF I REQUIR PERT CH POLI	NSURANCE LISTED BELOW HA EMENT, TERM OR CONDITION AIN, THE INSURANCE AFFORE CIES. LIMITS SHOWN MAY HAV	AVE 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 TI R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT TO	HE POLICY PERIOD CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADD'L SU	JBR IVD POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
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	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR					MED EXP (Any one person)	\$5,000	
						PERSONAL & ADV INJURY	\$1,000,000	
						GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5662400	0/1/2015	0/1/2016		\$5,000,000	
A			XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE DEDUCTIBLE	-				AGGREGATE	\$5,000,000	
	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)	N/A				E. L. DISEASE - EA EMPLOYEE		
	If yes, describe under					E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL		SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
Thi	CRIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf o ditional Insured as respects the op	f Mich	igan State Youth Soccer Ass	sociation & Mi	chigan Youth S		te Holder is	
CF	RTIFICATE HOLDER			CANCELLA	TION			
				JANUELLA				
	Paul's Lutheran Church			SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA	NCELLED BEFORE	
	5 Earhart Rd			THE EXPIRATI	ON DATE THEREO LICY PROVISIONS	F, NOTICE WILL BE DELIVERE	D IN ACCORDANCE	
Aľ	nn Arbor, MI 48105			WITH THE FOUNDING.				

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AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 8/26/2015

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 th	e certificate holder	
PROI	Pullen Insurance S	ervi	ces	Inc	CONTACT NAME: Sports Division  PHONE: (817) 738-6100  FAX: (817) 738-2993				
	2560 River Park Pl								
	Fort Worth, TX 76	,	Dui	300	E-MAIL ADDRESS: contact@pullenins.com				
	101t Wortin, 12 <b>t</b> 70	110			PRODUCER CUSTO				
					INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSU	Michigan State Youth	. 50	0001	Association	1	tional Casualty		11991	
	9401 General Drive,	1 20	. 12	Association		utual of Omaha		71412	
		Sur	<del>2</del> 12	U	Insurer C:	atual of Offiana		/1412	
	Plymouth, MI 48170				Insurer D:				
					Insurer E:				
	VEDACES CE	рті	FIC	ATE NIIMDED. 150054	Insurer F:		DEVICION NUMBER.	0	
				ATE NUMBER: 150054			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 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 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016	E. L. DISEASE - POLICY LIWIT	\$100,000	
ט	TAKTICII AIVI ACCIDEIVI MEDICAL			5K2014WII-1 -033230	)/1/2013	7/1/2010		Ψ100,000	
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	
CE	RTIFICATE HOLDER				CANCELLA	TION			
Saline High School Soccer Fields 1300 Campus Pkway Saline, MI 48178					SHOULD ANY THE EXPIRATION	OF THE ABOVE I	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE		
					AUTHORIZED REPR	RESENTATIVE	$\cap$		
							Vatik Rueli-	-	



DATE (MM/DD/YYYY) 8/26/2015

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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	20071	200	Inc	CONTACT NAME:	Sports Divis	ion			
					PHONE: (817) 738-6100 FAX: (817) 738-2993					
2500 River rank riaza, Suite 500					E-MAIL ADDRESS: contact@pullenins.com					
PRODUCER CUSTOMER ID#: MI							iiciiiis.com			
						NIAIO #				
INICI					INSURERS AFFORDING COVERAGE NAIC #					
INSL	Whengan State 1 out					ational Casualty		11991		
	9401 General Drive, S	Suit	e 12	0.0	Insurer B: M	utual of Omaha	t .	71412		
	Plymouth, MI 48170				Insurer C:					
					Insurer D:					
					Insurer E:					
					Insurer F:					
CC	VERAGES CE	RTI	FIC	ATE NUMBER: 150056	71	F	REVISION NUMBER:	0		
IND CEF EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY F ITIFICATE MAY BE ISSUED OR MA' CLUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREM RTAII DLICII	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 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
	X EXCESS LIAB CLAIMS-MADE			12220 0 000 100	), 1, <b>2</b> 010	37172010	AGGREGATE	\$5,000,000		
	DEDUCTIBLE	1					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			
	-			CD2014MI D 052256	0/1/2015	0/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000		
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
l .	CRIPTION OF OPERATIONS / LOCATIONS / VE						Consul Consul	to Holdon ! :		
	s certificate is issued on behalf o ditional Insured as respects the o							te Holder is		
CE	DTIEICATE HO! DED				CANCELLA	TION				
South Side Baptist Tabernacle Soccer Fields (SSBT) 6710 Textile Road Ypsilanti, MI 48197					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.					
-1	,				AUTHORIZED REP	RESENTATIVE	Satik Duel	-		



DATE (MM/DD/YYYY) 8/26/2015

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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					
	- · · · · · · · · · · · · · · · · · · ·	PRODUCER CUSTOMER ID#: MI	•				
		INSURERS AFFORDING COVERAGE	NAIC #				
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991				
		Insurer B: Mutual of Omaha 71412					
	,	Insurer C:					
	•	Insurer D:					
		Insurer E:					
		Insurer F:					
COVERA	AGES CERTIFICATE NUMBER: 1500577	75 <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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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)	
							(Fer accident)	
	X NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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

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.

AUTHORIZED REPRESENTATIVE

Satik Ovel



DATE (MM/DD/YYYY) 8/26/2015

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· ,							
Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division						
2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-299	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: Mutual of Omaha	71412					
Plymouth, MI 48170	Insurer C:						
•	Insurer D:						
	Insurer E:						
	Insurer F:						
COVERAGES CERTIFICATE NUMBER: 15005782 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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.

AUTHORIZED REPRESENTATIVE

Satik Dieli\_\_\_



DATE (MM/DD/YYYY) 8/26/2015

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	ieu of such endorsement(s).									
PROD	Pullen Insurance Se	Inc.	CONTACT NAME: Sports Division							
	2560 River Park Pl			PHONE: (81	17) 738-6100	FAX: (817) 738-2	2993			
	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	1 Socce	r Association	Insurer A: Na	tional Casualty	/ Company	11991			
	9401 General Drive,			Insurer B: Mi	71412					
	Plymouth, MI 48170				Insurer C:					
	,			Insurer D:						
				Insurer E:						
				Insurer F:						
CO	VERAGES CE	ERTIFIC	ATE NUMBER: 150058	44	R	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	REQUIREI Y PERTAI	MENT, TERM OR CONDITION N, THE INSURANCE AFFORD	OF ANY CONTR DED BY THE PO	RACT OR OTHER LICIES DESCRIB	DOCUMENT WITH RESPI ED HEREIN IS SUBJECT	ECT TO WHICH THIS			
INSR LTR	TYPE OF INSURANCE	ADD'L SUB INSRD WVE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS				
Α	GENERAL LIABILITY	X	KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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 Pull



DATE (MM/DD/YYYY) 8/26/2015

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).	oncies	inay r	equire an endorsement. <i>I</i>	a statement on t	mis certificate c	ioes not confer rights to the	e certificate noider		
PROI	Pullen Insurance Se	ervice	es. In	nc.	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					
2 320 11 3221, 222 7 322 3					PRODUCER CUSTOMER ID#: MI					
					INSURERS AF	FORDING COVI	ERAGE	NAIC #		
INSU	Michigan State Youth	Soci	cor A	Association		tional Casualty		11991		
	9401 General Drive, S			188001411011		itual of Omaha		71412		
	Plymouth, MI 48170	ounce	120		Insurer C:	ituai oi Oinane	<u> </u>	71412		
	Flymouth, Mi 48170				Insurer D:					
					Insurer E:					
					Insurer F:					
	VERAGES CE	DTIE	ICAT	E NUMBER: 1500621			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 REQUIR PERT H POL	INSUR REMEN TAIN, 7 ICIES.	RANCE LISTED BELOW HA IT, TERM OR CONDITION THE INSURANCE AFFORD	VE BEEN ISSUE OF ANY CONTR ED BY THE POI E BEEN REDUCE	D TO THE INSUI ACT OR OTHER ICIES DESCRIB D BY PAID CLAI	RED NAMED ABOVE FOR THE DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	HE POLICY PERIOD		
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	K	KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'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		K	KRO 5663300	9/1/2015	9/1/2016	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						(Per accident)			
	NON-OWNED ACTOS									
A	UMBRELLA LIAB X OCCUR		X	KKO 5663400	9/1/2015	9/1/2016	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		S	SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
Thi Add	CRIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf or ditional Insured as respects the operations  RTIFICATE HOLDER	f Micl	higan	State Youth Soccer Ass	sociation & Mi	chigan Youth Sivities of the st	Soccer League. Certificate association.	te Holder is		
					CANCELLA	11014				
41	oiritus Sanctus Academy 01 E. Joy Rd. nn Arbor, MI 48105				THE EXPIRATION	OF THE ABOVE I ON DATE THEREO LICY PROVISIONS	DESCRIBED POLICIES BE CA IF, NOTICE WILL BE DELIVEREI	NCELLED BEFORE D IN ACCORDANCE		
					AUTHORIZED REPRESENTATIVE					



DATE (MM/DD/YYYY) 8/26/2015

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in li	ieu of such endorsement(s).								
PRO	Pullen Insurance S	ervi	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@pul	llenins.com		
	, , , , , , , , , , , , , , , , , , , ,				PRODUCER CUSTO	OMER ID#: MI			
					INSURERS AFFORDING COVERAGE NAIC #				
INSU	Michigan State Youth	ı So	ccer	- Association	Insurer A: Na	tional Casualty	Company	11991	
	9401 General Drive,					utual of Omaha		71412	
	Plymouth, MI 48170	3610	- 1 -		Insurer C:				
	Try moden, wir 10170				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTI	FIC	ATE NUMBER: 1500659		F	REVISION NUMBER:	0	
THIS 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	ES OF REQU Y PEF CH PC	INS IREM RTAIN LICIE	URANCE LISTED BELOW HA IENT, TERM OR CONDITION I, THE INSURANCE AFFORD IS. LIMITS SHOWN MAY HAV	VE BEEN ISSUE OF ANY CONTF DED BY THE PO E BEEN REDUCE	D TO THE INSUITED TO THE REPORT OF OTHER LICIES DESCRIBED BY PAID CLAIR	RED NAMED ABOVE FOR T DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	THE 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		
A	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (A#0	ch ACORD 101 Additional Pamarka S	chadula if more speed	is required)			
1	is certificate is issued on behalf of		•		•		Soccer League Certifics	ate Holder is	
	ditional Insured as respects the o							ite Holder 13	
		r							
L									
	RTIFICATE HOLDER				CANCELLA	TION			
At 49	Clair County RESA tn: Yvonne Curtis Range 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.				
M	arysville, MI 48040				AUTHORIZED REP	RESENTATIVE	Patik Dull	_	



DATE (MM/DD/YYYY) 8/26/2015

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in li	eu of such endorsement(s).								
PRO	Pullen Insurance Se	ervic	es.	Inc.	CONTACT NAME: Sports Division				
	2560 River Park Pla				PHONE: (817) 738-6100 FAX: (817) 738-2993				
						E-MAIL ADDRESS: contact@pullenins.com			
	, , , , , , , , , , , , , , , , , , , ,				PRODUCER CUST	OMER ID#: MI			
					INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSU	RED Michigan State Youth	Soc	ccer	Association	Insurer A: Na	ational Casualty	y Company	11991	
	9401 General Drive, S	Snite	120	0	Insurer B: M	utual of Omaha	1	71412	
	Plymouth, MI 48170	, 6110			Insurer C:				
	11/11/04/11, 1/11 1/01/10				Insurer D:				
					Insurer E:				
					Insurer F:				
СО	VERAGES CE	RTII	FICA	TE NUMBER: 1500673	31	F	REVISION NUMBER:	0	
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 SH PO	REMI TAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAVI	OF ANY CONTR DED BY THE PO E BEEN REDUC!	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT TO MS.	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	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 5663300	9/1/2015	9/1/2016	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. 55.55)		
	X now similar no res								
Α	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
11	X EXCESS LIAB CLAIMS-MADE			7110 3003400	)/1/2013	<i>3/1/2010</i>	AGGREGATE	\$5,000,000	
	DEDUCTIBLE	-					AGGREGATE	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			SR2014MI-P-053256	9/1/2015	9/1/2016	E. E. BIOLAGE T GEIGT ENVIT	\$100,000	
_				511201 1111 1 000200	<i>3717</i> <b>2</b> 010	7,1,2010		,,	
DES	L CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLES	Attac	th ACORD 101, Additional Remarks S	chedule, if more space	e is required)	1		
This certificate is issued on behalf of Michigan State Youth Soccer Association & M Additional Insured as respects the operations of the Named Insured for sanctioned as								te Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
Spindler Park Attn: Yvonne Curtis 19400 Stephens Drive					SHOULD ANY THE EXPIRATI WITH THE PO	OF THE ABOVE I ON DATE THEREC LICY PROVISIONS	DESCRIBED POLICIES BE CA PF, NOTICE WILL BE DELIVERE	NCELLED BEFORE D IN ACCORDANCE	
Ľä	st Pointe, MI 48021				AUTHORIZED REP	RESENTATIVE	Patik Queli	_	



DATE (MM/DD/YYYY) 8/26/2015

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	eu of such endorsement(s).	nicies	may require an endorsement.	A statement on	uns ceruncate o	ioes not confer rights to th	e certificate noider		
PROI	Pullen Insurance Se	rvice	es. Inc.	CONTACT NAME: Sports Division					
	2560 River Park Pla			PHONE: (817) 738-6100 FAX: (817) 738-2993					
/					E-MAIL ADDRESS: contact@pullenins.com				
	Toft Worth, 121 70	110		PRODUCER CUSTO					
				INSURERS AF	FORDING COVI	ERAGE	NAIC #		
INSU	Michigan State Youth	Soco	par Association	_	ntional Casualt		11991		
	9401 General Drive, S				utual of Omaha		71412		
	Plymouth, MI 48170	ounce	120	Insurer C:	utual of Omalic	<u> </u>	71412		
	Flymoun, Mi 48170			Insurer D:					
				Insurer E:					
				Insurer F:					
	VERAGES CE	DTIC	ICATE NUMBER: 150091	-		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 I EQUIR PERT H POLI	INSURANCE LISTED BELOW HA EMENT, TERM OR CONDITION AIN, THE INSURANCE AFFORI ICIES. LIMITS SHOWN MAY HAV	AVE BEEN ISSUE I OF ANY CONTF DED BY THE PO /E BEEN REDUCE	D TO THE INSU RACT OR OTHEF 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 SI	UBR POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A	GENERAL LIABILITY	X	KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR					MED EXP (Any one person)	\$5,000		
						PERSONAL & ADV INJURY	\$1,000,000		
						GENERAL AGGREGATE	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 5663300	9/1/2015	9/1/2016	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 X NON-OWNED AUTOS					(Per accident)			
	X NON-OWNED AUTOS								
Α	UMBRELLA LIAB X OCCUR		XKO 5663400	9/1/2015	9/1/2016	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		SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
Thi Add	CRIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf of ditional Insured as respects the op	f Mich	nigan State Youth Soccer As	sociation & Mi r sanctioned act	chigan Youth Stivities of the st	Soccer League. Certifica ate association.	te Holder is		
	RTIFICATE HOLDER			CANCELLA	IION				
47	HELBY BIBLE CHURCH 1905 Hayes Rd. HELBY TWP, MI 48315			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 REPRESENTATIVE Jatik Dull					



DATE (MM/DD/YYYY) 8/26/2015

\$5,000,000

\$5,000,000

\$100,000

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and co	RTANT: If the certificate holder is anditions of the policy, certain p of such endorsement(s).	s an A	ADDI <sup>-</sup> es ma	TIONAL 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	ne certificate holder	
PRODU	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				E-MAIL ADDRESS:	contact@pu	llenins.com		
					PRODUCER CUSTO	OMER ID#: MI			
					INSURERS AF	FORDING COVE	ERAGE	NAIC #	
INSURE	Michigan State Youth	ı So	ccer	Association	Insurer A: Na	ational Casualty	Company	11991	
	9401 General Drive,				Insurer B: M	utual of Omaha	l	71412	
	Plymouth, MI 48170				Insurer C:				
	,				Insurer D:				
					Insurer E:				
					Insurer F:				
COV	COVERAGES CERTIFICATE NUMBER: 15009398 REVISION NUMBER: 0							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 AFFORDIEXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE					OF ANY CONTR DED BY THE PO	RACT OR OTHER LICIES DESCRIB	R 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
X	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (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	JTOMOBILE LIABILITY  ANY AUTO			KRO 5663300	9/1/2015	9/1/2016	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 5663400

SR2014MI-P-053256

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.

9/1/2015

9/1/2015

9/1/2016

9/1/2016

CERTIFICATE HOLDER	CANCELLATION
ROEPER SCHOOL 41190 WOODWARD AVE BLOOMFIELD HILLS, MI 48034	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 Jatil Dull

EACH OCCURRENCE

WC STATU-TORY LIMITS

E. L. EACH ACCIDENT

E. L. DISEASE - EA EMPLOYEE

E. L. DISEASE - POLICY LIMIT

AGGREGATE

HIRED AUTOS 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) 8/26/2015

\$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 portion of such endorsement(s).	s an <i>l</i> olicie	ADDIT s ma	ΓΙΟΝΑL 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
PRODU	Pullen Insurance So	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				E-MAIL ADDRESS:	contact@pul	lenins.com	
	,				PRODUCER CUSTO	OMER ID#: MI		
					INSURERS AF	FORDING COVE	ERAGE	NAIC #
INSURE	whengan state I out	ı So	ccer	Association	Insurer A: Na	ational Casualty	Company	11991
	9401 General Drive, S	Suite	e 12	0	Insurer B: M	utual of Omaha	l .	71412
	Plymouth, MI 48170				Insurer C:			
	•				Insurer D:			
					Insurer E:			
					Insurer F:			
COV	ERAGES CE	RTI	FIC/	ATE NUMBER: 150094	00	F	REVISION 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 CONTR 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	
' <b>`</b>	ENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	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
A	UTOMOBILE LIABILITY  ANY AUTO			KRO 5663300	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
-	ALL OWNED AUTOS						BODILY INJURY (Per person)	
-	SCHEDULED AUTOS						BODILY INJURY (Per accident)	
7	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)

XKO 5663400

SR2014MI-P-053256

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.

9/1/2015

9/1/2015

9/1/2016

9/1/2016

CERTIFICATE HOLDER	CANCELLATION
ST ALAN CHURCH 3077 GLOUCHESTER DRIVE TROY , MI 48084	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) 8/26/2015

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, 111 1 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: Mutual of Omaha 71412				
Plymouth, MI 48170	Insurer C:				
,	Insurer D:				
	Insurer E:				
	Insurer F:				
COVERAGES CERTIFICATE NUMBER: 1500996	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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	OANGELEATION
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 Satikbull

CANCELL ATION

CEDTIEICATE HOLDED



DATE (MM/DD/YYYY) 8/26/2015

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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in new or swort 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: Mutual of Omaha	71412				
	Plymouth, MI 48170	Insurer C:					
	•	Insurer D:					
		Insurer E:					
		Insurer F:					
COVERA	COVERAGES CERTIFICATE NUMBER: 15009968 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							

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

_	LUSIONS AND CONDITIONS OF SUC						MS.	
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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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 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.

AUTHORIZED REPRESENTATIVE

Satik Ovel



DATE (MM/DD/YYYY) 8/26/2015

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iii iicu oi s	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				
	1 310 (1 3111) 111 / 3113	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: Mutual of Omaha	71412			
	Plymouth, MI 48170	Insurer C:				
	<b>,</b> ,	Insurer D:				
		Insurer E:				
		Insurer F:				
COVERA	AGES CERTIFICATE NUMBER: 1500996	69 <b>REVISION NUMBER:</b> (	0			
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 SLICH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

_	LUSIONS AND CONDITIONS OF SUC						MS.	
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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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 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

Satik Dull

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DATE (MM/DD/YYYY) 8/26/2015

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COVED	ACCC CERTIFICATE NUMBER: 1500007		`
		Insurer F:	
		Insurer E:	
	·	Insurer D:	
	Plymouth, MI 48170	Insurer C:	
	9401 General Drive, Suite 120	Insurer B: Mutual of Omaha	71412
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991
		INSURERS AFFORDING COVERAGE	NAIC #
		PRODUCER CUSTOMER ID#: MI	
2560 R	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	

COVERAGES CERTIFICATE NUMBER: 15009970 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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

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



DATE (MM/DD/YYYY) 8/26/2015

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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				
1 010 11 01111, 111 7 0110	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: Mutual of Omaha 71412				
Plymouth, MI 48170	Insurer C:				
•	Insurer D:				
	Insurer E:				
	Insurer F:				
COVERAGES CERTIFICATE NUMBER: 1500997	71 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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	
	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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

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.

AUTHORIZED REPRESENTATIVE

Satik Ovel



DATE (MM/DD/YYYY) 8/26/2015

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	aon endorsement(s).					
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division				
	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993				
	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: Mutual of Omaha	71412			
	*	Insurer C:				
		Insurer D:				
		Insurer E:				
		Insurer F:				
COVERA	AGES CERTIFICATE NUMBER: 1500997	REVISION NUMBER: (	)			
THIS IS TO	OCEDITED THAT THE DOLICIES OF INSTIDANCE LISTED BELOW HA	VE BEEN ISSUED TO THE INSUDED 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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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	
	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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

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) 8/26/2015

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: 1500997	73 REVISION NUMBER: (1	)				
		Insurer F:					
		Insurer E:					
		Insurer D:					
	Plymouth, MI 48170	Insurer C:					
	9401 General Drive, Suite 120	Insurer B: Mutual of Omaha	71412				
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) 738-299	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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.

AUTHORIZED REPRESENTATIVE

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DATE (MM/DD/YYYY) 8/26/2015

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<b>COVER</b>	74 REVISION NUMBER: (1	)				
		Insurer F:				
		Insurer E:				
		Insurer D:				
	Plymouth, MI 48170	Insurer C:				
	9401 General Drive, Suite 120	Insurer B: Mutual of Omaha	71412			
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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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)	
	71						(Per accident)	
	X NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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.

L	E	К	Ш	H	C	٩I	E	Н	U	L	υ	K	

#### 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

Satik Ovel

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DATE (MM/DD/YYYY) 8/26/2015

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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 0110	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: Mutual of Omaha 71412					
Plymouth, MI 48170	Insurer C:					
,	Insurer D:					
	Insurer E:					
	Insurer F:					
COVERAGES CERTIFICATE NUMBER: 150119	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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)	
	71						(Per accident)	
	X NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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



DATE (MM/DD/YYYY) 8/26/2015

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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 of	does not confer rights to th	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	,	Sui	ic 300	E-MAIL ADDRESS: contact@pullenins.com					
	Fort Worth, 1A /6	110			PRODUCER CUSTOMER ID#: MI					
							FDACE	NAIC #		
					1	FORDING COVI		NAIC #		
INSU	RED Michigan State Youth	ı So	ccer	Association	Insurer A: Na	tional Casualty	y Company	11991		
	9401 General Drive, S	Suit	e 12	0	Insurer B: Mu	utual of Omaha	a	71412		
	Plymouth, MI 48170				Insurer C:					
	<i>y</i> ,				Insurer D:					
					Insurer E:					
					Insurer F:					
	VERAGES CE	PTI	FIC	ATE NUMBER: 150119			REVISION NUMBER:	0		
THIS INDI CER EXC	S IS TO CERTIFY THAT THE POLICI ICATED. NOTWITHSTANDING ANY F ITIFICATE 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 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	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE 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		
							PRODUCTS - COMP/OP AGG			
Α.	POLICY PROJECT LOC  AUTOMOBILE LIABILITY			VDO 5662200	0/1/2015	0/1/2016	PARTICIPANT LEGAL LIABILITY  COMBINED SINGLE LIMIT	\$1,000,000 \$1,000,000		
A	ANY AUTO			KRO 5663300	9/1/2015	9/1/2016	(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 5663400	9/1/2015	9/1/2016	EACH COCHEDENCE	\$5,000,000		
A	<del>-</del>			AKO 3003400	9/1/2013	9/1/2010	EACH OCCURRENCE	\$5,000,000		
		1					AGGREGATE	\$3,000,000		
	DEDUCTIBLE									
	RETENTION \$						WC STATU- OTH-			
	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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 o	f Mi	chiga	an State Youth Soccer Ass	sociation & Mi	chigan Youth	Soccer League. Certifica	te Holder is		
	ditional Insured as respects the o									
CF	RTIFICATE HOLDER				CANCELLA	TION				
	HELBY JR. HIGH									
51	700 VAN DYKE DR. IELBY TWP , MI 48316				THE EXPIRATION		DESCRIBED POLICIES BE CA OF, NOTICE WILL BE DELIVERE			
					AUTHORIZED REPR	RESENTATIVE	0 0			
						,	Vitik Pulling	_		



DATE (MM/DD/YYYY) 8/26/2015

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	eu of such endorsement(s).	oncies	may	require an endorsement.	A Statement on t	mis certificate c	ioes not conter 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	,	Sur	.0 300	E-MAIL ADDRESS: contact@pullenins.com					
	Toft Worth, 12 70	110			PRODUCER CUSTOMER ID#: MI					
					INSURERS AF	NAIC #				
INSU	JRED Michigan State Voyeth	Coo		Association		tional Casualty		11991		
	Michigan State 1 Outil					utual of Omaha		71412		
	9401 General Drive, S	sune	120	)		ituai 01 Oilialia	1	/1412		
	Plymouth, MI 48170				Insurer C:					
					Insurer D:					
					Insurer E:					
~~	VED 4 OF C	DTIE	-100	TE NUMBER: 150106	Insurer F:		SEVICION NUMBER	0		
				TE NUMBER: 150126			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	REME 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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?	N/A					E. L. DISEASE - EA EMPLOYEE			
	If yes, describe under						E. L. DISEASE - POLICY LIMIT			
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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. Certificate association.	te Holder is		
CE	RTIFICATE HOLDER				CANCELLA	TION				
12	lverdome & Minidome 00 Featherstone Rd. ontiac, MI 48342				THE EXPIRATION	OF THE ABOVE I ON DATE THEREC ICY PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE D IN ACCORDANCE		
					AUTHORIZED REPR	RESENTATIVE	Patik Dieli	-		



DATE (MM/DD/YYYY) 8/26/2015

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.

ın li	ieu of such endorsement(s).								
PROI	Pullen Insurance Se	ervi	ces,	Inc.	CONTACT NAME:	Sports Divis	ion		
	2560 River Park Plant	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	Smita	12	1 <b>1330Clation</b>		utual of Omaha		71412	
	Plymouth, MI 48170	Juin	ا 1 ا	O	Insurer C:		•	71112	
	1 Tyllioutii, Wii 481 70				Insurer D:				
					Insurer E:				
$\sim$	VERAGES CE	DTI		ATE NUMBER: 150126	Insurer F:		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	ES OF REQU / PEF CH PC	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 T R DOCUMENT WITH RESPE EED HEREIN IS SUBJECT T	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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								
В	•			CD2014MLD 052256	9/1/2015	9/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000	
Ь	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2013	9/1/2010		\$100,000	
Thi	CRIPTION OF OPERATIONS / LOCATIONS / VE is 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			
Scripps Middle School 385 E Scripps Rd. Lake Orion, MI 48360					SHOULD ANY THE EXPIRATION	OF THE ABOVE I ON DATE THEREO LICY PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE		
					AUTHORIZED REPI	RESENTATIVE	Jatik Dulle	-	



DATE (MM/DD/YYYY) 8/26/2015

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	eu of such endorsement(s).	Olicies	5 IIIa	y require an endorsement.	A Statement on	inis certificate c	loes not comer rights to th	le certificate floider	
PROI	Pullen Insurance S	ervic	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		-						
,					PRODUCER CUSTO	MER ID#: MI			
					INSURERS AF	FORDING COVE	ERAGE	NAIC #	
INSU	Michigan State Youth	Soc	cer	Association	Insurer A: Na	tional Casualty	/ Company	11991	
	9401 General Drive,					itual of Omaha		71412	
	Plymouth, MI 48170	Juite	12	O	Insurer C:	arcada or ormani	•	71112	
	1 1ymoum, 1vii 401 / 0				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTI	FIC	ATE NUMBER: 150126	1		REVISION NUMBER:	0	
THIS INDI CER EXC	S IS TO CERTIFY THAT THE POLICI CATED. NOTWITHSTANDING ANY I RTIFICATE MAY BE ISSUED OR MA LUSIONS AND CONDITIONS OF SUC	ES OF REQUI Y PER CH PO	INSI REM RTAIN LICIE	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 ACT OR OTHER LICIES DESCRIB D BY PAID CLAII	RED NAMED ABOVE FOR T DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	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		
A	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016	E. E. BIOLAGE - I GLIGI LIWIT	\$100,000	
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLES	S (Attac	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	of Mic	chiga	an State Youth Soccer Ass	sociation & Mi	chigan Youth S		te Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
At	oyal Oak Middle School tn: 709 N. Washington oyal Oak, MI 48067				THE EXPIRATION		DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE		
					AUTHORIZED REPR	RESENTATIVE	Patik Dull	_	



DATE (MM/DD/YYYY) 8/26/2015

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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 tr	ne 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) 738-2	993
	Fort Worth, TX 76	,	Sui	iic 300	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	<del>                                     </del>	tional Casualty		11991
	Wilchigan State 1 Outi					utual of Omaha		71412
	9401 General Drive, S	Sulu	e 12	U		ituai 01 Oilialia	1	/1412
	Plymouth, MI 48170				Insurer C:			
					Insurer D:			
					Insurer E:			
	VERAGES CE	DTI	EIC.	ATE NUMBER: 150126	Insurer F:		REVISION NUMBER:	0
THIS IND CER	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 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 LACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT T MS.	THE POLICY PERIOD
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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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)	
	NON-OWNED ACTOS							
Α	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000
DES	 CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	L ch ACORD 101, Additional Remarks S	chedule, if more space	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 As: of the Named Insured for	sociation & Mi sanctioned act	chigan Youth Sivities of the st	Soccer League. Certificatate association.	te Holder is
CF	RTIFICATE HOLDER				CANCELLA	TION		
Ro 15	oyal Oak High School 00 Lexington Blvd oyal Oak, MI 48073				SHOULD ANY THE EXPIRATION	OF THE ABOVE I	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	ANCELLED BEFORE ED IN ACCORDANCE
					AUTHORIZED REPR	RESENTATIVE	Patik Dull	_



DATE (MM/DD/YYYY) 8/26/2015

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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  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: Mutual of Omaha 7141					
	Plymouth, MI 48170	Insurer C:					
		Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 1501432	25 <b>REVISION NUMBER:</b> (	)				
	D CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAD. 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,

_	LUSIONS AND CONDITIONS OF SUC						MS.	
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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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
ROSIE'S PARK 1111 E. FARMUM 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 Satisfull



DATE (MM/DD/YYYY) 8/26/2015

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 lieu o	f such endorsement(s).			- 				
PRODUCE	Pullen Insurance Se	ervice	es, l	Inc.	CONTACT NAME:	Sports Divis		
	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	Soc	cer	Association	Insurer A: Na	ational Casualty	Company	11991
	9401 General Drive, S					utual of Omaha		71412
	Plymouth, MI 48170	34110	1-	,	Insurer C:			
	11 Jilloutii, IVII 10170				Insurer D:			
					Insurer E:			
					Insurer F:			
COVE	RAGES CE	RTIF	ICA	TE NUMBER: 150143	-	R	EVISION NUMBER:	0
INDICAT CERTIFI EXCLUS	TO CERTIFY THAT THE POLICIE ED. NOTWITHSTANDING ANY F CATE MAY BE ISSUED OR MAY IONS AND CONDITIONS OF SUC	REQUIF Y PERT CH POL	REME TAIN LICIE:	ENT, TERM OR CONDITION , THE INSURANCE AFFORD	OF ANY CONTE DED BY THE PO 'E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI <mark>I</mark>	DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	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 GEN	IERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
X	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
GEN	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 5663300	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
<del></del>	ALL OWNED AUTOS						BODILY INJURY (Per person)	
_	SCHEDULED AUTOS						BODILY INJURY (Per accident)	
_	HIRED AUTOS						PROPERTY DAMAGE (Per accident)	
	NON-OWNED AUTOS						(i ei accident)	
$\Lambda$	NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000
X	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
	DEDUCTIBLE							
	RETENTION \$							
woi	RKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER	
AND	PROPRIETOR/PARTNER/EXECUTIVE	NI/A					E. L. EACH ACCIDENT	
OFFI	CER/MEMBER EXCLUDED?	N/A					E. L. DISEASE - EA EMPLOYEE	
	, describe under						E. L. DISEASE - POLICY LIMIT	
В РА	RTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016	1	\$100,000
This ce	ion of operations/locations/vertificate is issued on behalf of onal Insured as respects the operations.	f Micl	higa	n State Youth Soccer As	sociation & Mi	chigan Youth S		te Holder is

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



DATE (MM/DD/YYYY) 8/26/2015

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)

	ouen endersement(e)					
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division  PHONE: (817) 738-6100  FAX: (817) 738-2993				
	2560 River Park Plaza, Suite 300					
		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			
		Insurer B: Mutual of Omaha 71412				
	*	Insurer C:				
		Insurer D:				
		Insurer E:				
		Insurer F:				
COVER	AGES CERTIFICATE NUMBER: 1501576	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.

EXC	LUSIONS AND CONDITIONS OF SUC	H PO	LICIE	ÉS. 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000
	l					1	l	

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
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

Satik Pull



DATE (MM/DD/YYYY) 8/26/2015

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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					
	9401 General Drive, Suite 120	Insurer B: Mutual of Omaha	71412					
	Plymouth, MI 48170	Insurer C:						
		Insurer D:						
		Insurer E:						
		Insurer F:						
COVER	COVERAGES CERTIFICATE NUMBER: 15016269 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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
---------------------------------

ROMEO-WASHINGTON-BRUCE [ARLS AMD REC/ SENIOR CENTERS ROMEO CO 361 MORTON 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 Dueli\_\_\_

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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 o	loes not confer rights to th	ne 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 Worth, 174 70	110			PRODUCER CUSTOMER ID#: MI				
				INSURERS AFFORDING COVERAGE NAIC #				
INSURED Michigan State Youth	. 50	0001	r Association	Insurer A: National Casualty Company 11991				
Michigan State 1 Outi					71412			
9401 General Drive, S	Suite	3 1 2	.0	Insurer C:	utual of Omaha	ı	71412	
Plymouth, MI 48170								
				Insurer D:				
				Insurer E:				
COVERACES	DTI		ATE NUMBER: 151166	Insurer F:		DEVICION NUMBER.		
			ATE NUMBER: 151166			REVISION NUMBER:		
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	IREM RTAII ILICII	MENT, 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 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
						PERSONAL & ADV INJURY	\$1,000,000	
						GENERAL AGGREGATE	UNLIMITED	
GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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 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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	ach ACORD 101, Additional Remarks S	chedule, if more space	is required)			
This certificate is issued on behalf of	f Mi	chig	an State Youth Soccer As	sociation & Mi	chigan Youth S	Soccer League. Certifica	ite Holder is	
Additional Insured as respects the o								
CERTIFICATE HOLDER				CANCELLA	TION			
	11	) a :		CANCELLA	IIOIN			
Springfield Township Parks a	ına 1	<b>kec</b>	reation	SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA	NCELLED BEFORE	
12000 Davisburg Rd				THE EXPIRATION		F, NOTICE WILL BE DELIVERE		
Davisburg, MI 48350						•		
				AUTHORIZED REPI	RESENTATIVE	$\bigcap$		
						Vatile Guell	_	
1				1		your is a		

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DATE (MM/DD/YYYY) 8/26/2015

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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	loes not confer rights to th	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	,	Sui	16 300	E-MAIL ADDRESS: contact@pullenins.com				
	Toft Worth, 1A 70	110			PRODUCER CUSTO				
						NAIC #			
INSU	RED 3.4.1.1. Ct. 4.37.41	-		<b>.</b>					
IIVOU	Whengan State 1 out				Insurer A: National Casualty Company 11991				
	9401 General Drive, S	Suite	e 12	0		utual of Omaha	1	71412	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTI	FIC/	ATE NUMBER: 151166	81	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	ACT OR OTHER LICIES DESCRIB D BY PAID CLAI	R DOCUMENT WITH RESPE SED 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE			11120 0000 100	7,1,2010	), 1, <b>2</b> 010	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?	N/A					E. L. DISEASE - EA EMPLOYEE		
	(Mandatory in NH)  If yes, describe under								
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000	
ט	PARTICIPANT ACCIDENT MEDICAL			5K2014WII-1-033230	7/1/2013	7/1/2010		Ψ100,000	
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 of						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.	te 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		
~ • •	8 6 7				ALITHODIZED DESC	DECENITATIVE	^		
					AUTHORIZED REP	KESENTATIVE	Datik Oull	_	



DATE (MM/DD/YYYY) 8/26/2015

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in li	eu of such endorsement(s).									
PROI	Pullen Insurance So	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	116			E-MAIL ADDRESS: contact@pullenins.com					
	,				PRODUCER CUSTOMER ID#: MI					
					INSURERS AF	FORDING COVI	ERAGE	NAIC #		
INSU	Michigan State Youth	So	ccer	Association	Insurer A: Na	tional Casualty	y Company	11991		
	9401 General Drive,	Suite	e 12	0	Insurer B: Mu	utual of Omaha	ì	71412		
	Plymouth, MI 48170	5 6720		•	Insurer C:					
	11,1110,0011,1111 101,10				Insurer D:					
					Insurer E:					
					Insurer F:					
СО	VERAGES CE	RTI	FIC/	TE NUMBER: 1511668	82	F	REVISION NUMBER:	0		
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 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 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 LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
	X EXCESS LIAB CLAIMS-MADE			11110 0000 100	<i>y</i> , 1, 2010	), 1, <b>2</b> 010	AGGREGATE	\$5,000,000		
	DEDUCTIBLE	1					THOUSE THE STATE OF THE STATE O	1-77		
	RETENTION \$									
	WORKERS COMPENSATION						WC STATU- TORY LIMITS ER			
	AND EMPLOYERS' LIABILITY Y/N						E. L. EACH ACCIDENT			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E. L. DISEASE - EA EMPLOYEE			
	If yes, describe under						E. L. DISEASE - POLICY LIMIT			
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016	2. 2. 3.62.102 1 32.01 2	\$100,000		
DESC	CRIPTION OF OREDATIONS / LOCATIONS / \/	ELICI E	S (Atto	oh ACORD 101 Additional Remarks S	ahadula if mara anasa	io required)				
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		ate Holder is		
CE	RTIFICATE HOLDER				CANCELLA	TION				
St. John Lutheran School 1011 W University Rochester, MI 48307					THE EXPIRATION		DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE			
					AUTHORIZED REPR	RESENTATIVE	Patik Dull	-		



DATE (MM/DD/YYYY) 8/26/2015

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 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	,	2010 200	E-MAIL ADDRESS: contact@pullenins.com						
Tore worth, 111 / o	110		PRODUCER CUSTOMER ID#: MI						
			INSURERS AFFORDING COVERAGE NAIC #						
INSURED Michigan State Youtl	Soc	ecar Association	Insurer A: National Casualty Company 11991						
9401 General Drive,	Suita	120	J 1 3			71412			
Plymouth, MI 48170	Suite	120	Insurer C:	atual of Official	•	71712			
Flyilloutii, Mii 48170				Insurer D:					
			Insurer E:						
COVERAGES CI	EDTIE	FICATE NUMBER: 151166	Insurer 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 PERIOI 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 TYPE OF INSURANCE	ADD'L S	SUBR POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS				
A GENERAL LIABILITY	X	KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000			
X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000			
CLAIMS MADE X OCCUR					MED EXP (Any one person)	\$5,000			
					PERSONAL & ADV INJURY	\$1,000,000			
					GENERAL AGGREGATE	UNLIMITED			
GEN'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 5663300	9/1/2015	9/1/2016	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 ο			
A UMBRELLA LIAB X OCCUR		XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000			
X EXCESS LIAB CLAIMS-MADE	4				AGGREGATE	\$5,000,000			
DEDUCTIBLE									
RETENTION \$	$\perp \perp$								
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				
B PARTICIPANT ACCIDENT MEDICAL		SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000			
DESCRIPTION OF OPERATIONS / LOCATIONS / VI		•							
This certificate is issued on behalf of	of Mic	chigan State Youth Soccer Ass	sociation & Mi	chigan Youth S	Soccer League. Certifica	te Holder is			
Additional Insured as respects the o	perati	ons of the Named Insured for	sanctioned act	ivities of the st	ate association.				
CERTIFICATE HOLDER			CANCELLA	TION					
St. Leonard's Port Maurice									
14057 East 9 Mile					DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE				
Warren, MI 48089			WITH THE POL	ICY PROVISIONS	. ,				
" all cli, i'll 1000)									

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AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 8/26/2015

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 n	iay require an endorsement.	A statement on	tnis certificate o	ioes not conter rights to th	e certificate noider		
PROI	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.	,	inc 300	E-MAIL ADDRESS: contact@pullenins.com					
	ron worm, 1A /0.	110		PRODUCER CUSTOMER ID#: MI					
					NAIC #				
INICII	DED 3.51.1. G. T. 1	~		INSURERS AFFORDING COVERAGE NAIC #					
INSU	Michigan State 1 Outil			Insurer A: National Casualty Company 11991					
	9401 General Drive, S	Suite 1	20	Insurer B: M	utual of Omaha	1	71412		
	Plymouth, MI 48170			Insurer C:					
				Insurer D:					
				Insurer E:					
				Insurer F:					
CO	VERAGES CE	RTIFIC	CATE NUMBER: 151168	374	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	REQUIRE 7 PERTA 3H 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 RESPE SED HEREIN IS SUBJECT TO	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR					MED EXP (Any one person)	\$5,000		
						PERSONAL & 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 5663300	9/1/2015	9/1/2016	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) PROPERTY DAMAGE			
	X HIRED AUTOS					(Per accident)			
	X NON-OWNED AUTOS								
A	UMBRELLA LIAB X OCCUR		XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
	X EXCESS LIAB CLAIMS-MADE		71110 2003 100	7/1/2015	7,1,2010	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)					E. L. DISEASE - EA EMPLOYEE			
	If yes, describe under					E. L. DISEASE - POLICY LIMIT			
В	PARTICIPANT ACCIDENT MEDICAL		SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLES (A	ttach ACORD 101, Additional Remarks S	Schedule, if more space	e is required)				
	s certificate is issued on behalf or					outh Soccer League. Cer	tificate Holder is		
	ditional Insured as respects the op-						timetic moraer is		
<u> </u>	DTIEICATE LIQUES			CANCELLA	TION				
	RTIFICATE HOLDER			CANCELLA	IION				
35	ginaw Township Soccer As 75 McCarty Rd. ginaw, MI 48603	ssoc.		THE EXPIRATI		DESCRIBED POLICIES BE CA PF, NOTICE WILL BE DELIVERE 			
				AUTHORIZED REP	RESENTATIVE	Patik Dull			
						Xalu 1 Cliver	-		



DATE (MM/DD/YYYY) 8/26/2015

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	conditions of the policy, certain policy, certain policy.	olicie	s ma	y require an endorsement.	A statement on t	this certificate of	does not confer rights to th	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	,	Sui	ne 300	E-MAIL ADDRESS: contact@pullenins.com				
	Fort Worth, 1A 70	110			PRODUCER CUSTOMER ID#: MI				
						NAIC #			
INICII	DED AS 1				INSURERS AFFORDING COVERAGE NAIC #				
INSU	Wildingan State Touti					tional Casualty		11991	
	9401 General Drive, S	Suit	e 12	0	Insurer B: Mu	utual of Omaha	1	71412	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTI	FIC	ATE NUMBER: 151168'	75	F	REVISION NUMBER:	0	
INDI CER EXC	S IS TO CERTIFY THAT THE POLICII CATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MA' ELUSIONS AND CONDITIONS OF SUC	REQU Y PEI CH PC	IREM RTAIN OLICIE	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 DESCRIE ED BY PAID CLAI	R DOCUMENT WITH RESPE BED 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE				,, ,, _, _,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AGGREGATE	\$5,000,000	
	DEDUCTIBLE	1					NOOKEONIE	+2,000,000	
	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?	N/A							
	(Mandatory in NH) If yes, describe under						E. L. DISEASE - EA EMPLOYEE		
D				GD2014N H D 052256	9/1/2015	9/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000	
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLF	S (Atta	ch ACORD 101. Additional Remarks S	chedule, if more space	i is required)	1		
Thi	s certificate is issued on behalf o litional Insured as respects the o	f Mi	chiga	an State Youth Soccer Ass	sociation & Mi	d-Michigan Yo		tificate Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
	Paul Lutheran School/Chur	rch			3, 3 = = = / (				
90	Millville Rd peer, MI 48446	ICII			THE EXPIRATION		DESCRIBED POLICIES BE CA PF, NOTICE WILL BE DELIVERE :.		
	. ,				AUTHORIZED REPR	RESENTATIVE	<u> </u>		
					AO I I ONIZED REPI	CLOCINIATIVE	Vatik Oull	_	



DATE (MM/DD/YYYY) 8/26/2015

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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 th	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	,	Dui	.ic 500	E-MAIL ADDRESS:					
	Toft Worth, 124 70	110			PRODUCER CUSTO					
					INSURERS AFFORDING COVERAGE NAIC #					
INSU	RED Michigan State Vouth	Co		Association	Insurer A: National Casualty Company 11991					
	Michigan State 1 out					utual of Omaha		71412		
	9401 General Drive, S	Sulte	3 1 2	U		/1412				
	Plymouth, MI 48170				Insurer C:					
					Insurer D:					
					Insurer E:					
					Insurer F:					
				ATE NUMBER: 151168'			REVISION NUMBER:			
IND CEF EXC	S IS TO CERTIFY THAT THE POLICII 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	R DOCUMENT WITH RESPE 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000		
	DEDUCTIBLE							. , ,		
	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									
D				CD2014MI D 052256	0/1/2015	9/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000		
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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	d-Michigan Yo		tificate Holder is		
Au	antional insured as respects the o	регас	10118	of the Named Insured for	sanctioned act	ivides of the st	ate association.			
CF	RTIFICATE HOLDER				CANCELLA	TION				
St. Lorenz Church 1030 W. Tuscola Rd Frankenmuth, MI 48734					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  Satisfully					



DATE (MM/DD/YYYY) 8/26/2015

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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	es ma	ny require an endorsement.	Á statement on	this certificate of	loes not confer rights to the	ne 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, 1A /	)110			PRODUCER CUSTO					
				INSURERS AFFORDING COVERAGE NAIC #					
INSURED Michigan State Vout	1. C -		A						
Michigan State 1 Out					Insurer A: National Casualty Company 11991				
9401 General Drive,		e 12	20	Insurer B: Mutual of Omaha 71412					
Plymouth, MI 48170	)			Insurer C:					
				Insurer D:					
				Insurer E:					
001/504.050			ATE MUMBER 150150	Insurer F:		SELVICIONI NUMBER			
			ATE NUMBER: 150170			REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICINDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR MATCH EXCLUSIONS AND CONDITIONS OF SU	REQU AY PE ICH PO	IIREN RTAII DLICII	MENT, 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 RESPE SED HEREIN IS SUBJECT T	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
						PERSONAL & ADV INJURY	\$1,000,000		
						GENERAL AGGREGATE	UNLIMITED		
GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
X EXCESS LIAB CLAIMS-MADE			11110 0000 100	7/1/2010	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			
		1	SR2014MI-P-053256	9/1/2015	9/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000		
B PARTICIPANT ACCIDENT MEDICAL	-		SK2014MI-P-053250	9/1/2013	9/1/2010		\$100,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / \	(5,110), 5	0 (44)	A A A A A A A A A A A A A A A A A A A	Data data Wasana ara	:				
This certificate is issued on behalf		•		•		Socoar Langua Cartifica	nto Holdor is		
Additional Insured as respects the							ite Holder is		
Additional insured as respects the	эрсга	nons	of the Named Histied for	salictioned act	ivities of the st	ate association.			
CERTIFICATE HOLDER				CANCELLA	TION				
ST. CLAIR HIGH SCHOOL	_			SHOULD ANY	OF THE ABOVE I	DESCRIBED DOLLOIES DE CA	NCELLED REFORE		
2200 CLINTON AVENUE				THE EXPIRATION	ON DATE THEREC	DESCRIBED POLICIES BE CA PF, NOTICE WILL BE DELIVERE	ED IN ACCORDANCE		
ST. CLAIR, MI 48079				WITH THE POL	LICY PROVISIONS	•			
, i				AUTHORIZED REPI	RESENTATIVE	0 0			
				I STATE OF THE PARTY OF THE PAR		Vatil Quel			
					,	Xall Collection	-		

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DATE (MM/DD/YYYY) 8/26/2015

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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in lieu of such endorsement(s).	e may require an emacreement	71 Oldionioni on		ioco not como. rigino to til		
PRODUCER Pullen Insurance Service	ces. Inc.	CONTACT NAME: Sports Division				
2560 River Park Plaza,		PHONE: (8)	17) 738-6100	FAX: (817) 738-29	993	
Fort Worth, TX 76116		E-MAIL ADDRESS:	contact@pul	llenins.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, Suite		Insurer B: M	utual of Omaha	l	71412	
Plymouth, MI 48170		Insurer C:				
,		Insurer D:				
		Insurer E:				
		Insurer F:				
	FICATE NUMBER: 150170			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUIREMENT OF SUCH POLICIES OF SUCH POLICIES OF SUCH POLICIES.	IREMENT, TERM OR CONDITION RTAIN, THE INSURANCE AFFORI DLICIES. 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 RESPE	CT TO WHICH THIS	
	SUBR WVD POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A GENERAL LIABILITY X	KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
X COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
CLAIMS MADE X OCCUR				MED EXP (Any one person)	\$5,000	
				PERSONAL & ADV INJURY	\$1,000,000	
OFAUL ACCIDED ATE LIMIT ADDILECTED.				GENERAL AGGREGATE	UNLIMITED \$1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC				PRODUCTS - COMP/OP AGG	\$1,000,000	
A AUTOMOBILE LIABILITY	KRO 5663300	9/1/2015	9/1/2016	PARTICIPANT LEGAL LIABILITY  COMBINED SINGLE LIMIT	\$1,000,000 \$1,000,000	
ANY AUTO	KKO 3003300	9/1/2013	9/1/2010	(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 5663400	9/1/2015	9/1/2016	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?				E. L. EACH ACCIDENT		
(Mandatory in NH)  If yes, describe under				E. L. DISEASE - EA EMPLOYEE		
	SR2014MI-P-053256	9/1/2015	9/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000	
B PARTICIPANT ACCIDENT MEDICAL	SR20141VII-F-U33230	9/1/2013	9/1/2010		φ100,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (Attach ACORD 101, Additional Remarks S	Chedule, if more space	is required)			
This certificate is issued on behalf of Mi				Soccer League. Certifica	te Holder is	
Additional Insured as respects the operat						
CERTIFICATE HOLDER		CANCELLA	TION			

ST. CLAIR MIDDLE SCHOOL 4335 YANKEE RD 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

Vatik Rulli



DATE (MM/DD/YYYY) 8/26/2015

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	
	,	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: Mutual of Omaha	71412
	Plymouth, MI 48170	Insurer C:	
	<b>,</b> ,	Insurer D:	
		Insurer E:	
		Insurer F:	
COVER	AGES CERTIFICATE NUMBER: 1501709	n 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 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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

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.



DATE (MM/DD/YYYY) 8/26/2015

\$5,000,000

\$100,000

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and cond	NT: If the certificate holder is itions of the policy, certain p such endorsement(s).	s an A olicie:	DDI s ma	FIONAL INSURED, the policy require an endorsement.	cy(ies) must be o A statement on	endorsed. If SUI this certificate o	BROGATION IS WAIVED, s loes not confer rights to th	subject to the terms ne certificate holder
PRODUCER Pullen Insurance Services, Inc.				CONTACT NAME:	Sports Divis	ion		
	2560 River Park Pl				PHONE: (8	17) 738-6100	FAX: (817) 738-2	993
	Fort Worth, TX 76	,	Sui	200	E-MAIL ADDRESS:	contact@pul	llenins.com	
	1011 ( 01111, 111 / 0	110			PRODUCER CUSTO	OMER ID#: MI		
					INSURERS AF	FORDING COVE	ERAGE	NAIC #
INSURED	Michigan State Youth	ı Soo	ccer	Association	Insurer A: Na	ational Casualty	y Company	11991
	9401 General Drive,				Insurer B: M	utual of Omaha	ì	71412
	Plymouth, MI 48170				Insurer C:			
					Insurer D:			
					Insurer E:			
					Insurer F:			
COVER	AGES CE	RTII	FIC/	ATE NUMBER: 150170	91	F	REVISION NUMBER:	0
CERTIFIC EXCLUSION	D. NOTWITHSTANDING ANY F ATE MAY BE ISSUED OR MA DNS AND CONDITIONS OF SUC	Y PEF CH PO	RTAIN LICIE	I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAV	DED BY THE PO E BEEN REDUCE	LICIES DESCRIB ED BY PAID CLAII	ED HEREIN IS SUBJECT T	
INSR LTR	TYPE OF INSURANCE	ADD'L INSRD	WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
I ** ├──	RAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
X	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
	OLICY PROJECT LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000
I ^ ^ ├──	MOBILE LIABILITY			KRO 5663300	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
I <del></del>	NY AUTO						BODILY INJURY (Per person)	
I <del>I I</del>	LL OWNED AUTOS CHEDULED AUTOS						BODILY INJURY (Per accident)	
I H	RED AUTOS						PROPERTY DAMAGE (Per accident)	
_	ON-OWNED AUTOS							
		1				1		

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

SR2014MI-P-053256

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.

9/1/2015

CANCELLATION

9/1/2016

CENTIFICATE HOLDEN	CANCELLATION
ROMEO WASHINGTON BRUCE PARK & RECREATION 361 MORTON 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.
ROMEO, MI 48065	AUTHORIZED REPRESENTATIVE Satik Pull

AGGREGATE

WC STATU-TORY LIMITS

E. L. EACH ACCIDENT

E. L. DISEASE - EA EMPLOYEE

E. L. DISEASE - POLICY LIMIT

CERTIFICATE HOLDER

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) 8/26/2015

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PRODUCER Pullen Insurance Services, Inc.		CONTACT NAME: Sports Division				
2560 River Park Plaza, Suite 30	10	PHONE: (81	17) 738-6100	FAX: (817) 738-29	993	
Fort Worth, TX 76116	<i>,</i> 0	E-MAIL ADDRESS: contact@pullenins.com				
Fort Worth, 1X 70110		PRODUCER CUSTO				
		INSURERS AF	FORDING COVE	RAGE	NAIC #	
Michigan State Youth Soccer Asso	ociation	Insurer A· Na	tional Casualty	Company	11991	
9401 General Drive, Suite 120	ociation		utual of Omaha		71412	
Plymouth, MI 48170		Insurer C:	araar or Omane	•	71112	
1 Tymouth, WH 40170		Insurer D:				
		Insurer E:				
		Insurer F:				
COVERAGES CERTIFICATE N	NUMBER: 1501714		F	REVISION NUMBER:	0	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCI INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TO CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIM	TERM OR CONDITION INSURANCE AFFORD	OF ANY CONTR ED BY THE POI E BEEN REDUCE	ACT OR OTHER LICIES DESCRIB D BY PAID CLAII	DOCUMENT WITH RESPECT TO THE SECTION OF THE SECTION	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		
I <del>-</del> I I I I	O 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
X COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
CLAIMS MADE X OCCUR				MED EXP (Any one person)	\$5,000	
				PERSONAL & ADV INJURY	\$1,000,000	
				GENERAL AGGREGATE	UNLIMITED	
GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$1,000,000	
POLICY PROJECT LOC				PARTICIPANT LEGAL LIABILITY	\$1,000,000	
A AUTOMOBILE LIABILITY KRC	O 5663300	9/1/2015	9/1/2016	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 XKC	O 5663400	9/1/2015	9/1/2016	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 NI/A				E. L. EACH ACCIDENT		
(Mandatory in NH)				E. L. DISEASE - EA EMPLOYEE		
If yes, describe under				E. L. DISEASE - POLICY LIMIT	<b></b>	
B PARTICIPANT ACCIDENT MEDICAL SR20	014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACOF	RD 101 Additional Remarks Se	chedule if more space	is required)			
This certificate is issued on behalf of Michigan Sta				Soccer League Certificat	te Holder is	
Additional Insured as respects the operations of the						
CERTIFICATE HOLDER		CANCELLA				

CERTIFICATE HOLDER

ST. JOHNS HIGH SCHOOL 501 S SICKELS 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.

ST. JOHNS., MI 48879

AUTHORIZED REPRESENTATIVE

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DATE (MM/DD/YYYY) 8/26/2015

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PRODUCER Pul	len Insurance Services, Inc.	CONTACT NAME: Sports Division						
	60 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 738-29	93					
	rt Worth, TX 76116	E-MAIL ADDRESS: contact@pullenins.com						
	,	PRODUCER CUSTOMER ID#: MI						
		INSURERS AFFORDING COVERAGE	NAIC #					
INSURED Michi	gan State Youth Soccer Association	Insurer A: National Casualty Company	11991					
	General Drive, Suite 120	Insurer B: Mutual of Omaha	71412					
Plymo	outh, MI 48170	Insurer C:						
J	· · · · · · · · · · · · · · · · · · ·	Insurer D:						
		Insurer E:						
		Insurer F:						
COVERAGES	<b>CERTIFICATE NUMBER: </b> 1501755	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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

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) 8/26/2015

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)

	eu of such endorsement(s).							
PROI	Pullen Insurance Se	ervic	es,	Inc.	CONTACT NAME:	Sports Divisi		
2560 River Park Plaza, Suite 300				PHONE: (817) 738-6100 FAX: (817) 738-2993  E-MAIL ADDRESS: contact@pullenins.com				
						contact@pul	lenins.com	
	,				PRODUCER CUSTO	OMER ID#: MI		
					INSURERS AF	FORDING COVE	RAGE	NAIC #
INSU	RED Michigan State Youth	Soc	ccer	Association	Insurer A: Na	itional Casualty	Company	11991
	9401 General Drive, S				Insurer B: M	utual of Omaha		71412
	Plymouth, MI 48170				Insurer C:			
	<b>_</b>				Insurer D:			
					Insurer E:			
					Insurer F:			
CO	VERAGES CE	RTII	FIC	ATE NUMBER: 150187	09	R	EVISION NUMBER:	0
CER EXC	S IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY F TIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUC	REQUI Y PER CH PO	REM RTAIN LICIE	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 CLAIN	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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						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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000
Thi	EXIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf o litional Insured as respects the o	f Mic	chiga	an State Youth Soccer As	sociation & Mi	chigan Youth S		te 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 Ovel-



DATE (MM/DD/YYYY) 8/26/2015

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).

COVED	ACEC CEDTIFICATE NUMBER: 1501020	DEVISION NUMBER, (	•				
		Insurer F:					
		Insurer E:					
	•	Insurer D:					
	Plymouth, MI 48170	Insurer C:					
	9401 General Drive, Suite 120	Insurer B: Mutual of Omaha	71412				
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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
	DEDUCTIBLE							
	RETENTION \$							
	WORKERS COMPENSATION						WC STATU- TORY LIMITS ER	
	,	EMPLOYERS' LIABILITY Y/N					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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	

ROMEO/WASHINGTON/BRUCE PARKS AND REC SENIOR CENTER ROMEO Community Schools

361 MORTON **ROMEO, MI 48065**  **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.



DATE (MM/DD/YYYY) 8/26/2015

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iii iicu 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				
	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: Mutual of Omaha	71412			
	Plymouth, MI 48170	Insurer C:				
		Insurer D:				
		Insurer E:				
		Insurer F:				
COVER	AGES CERTIFICATE NUMBER: 1501939	REVISION NUMBER: (	)			
THIS IS TO	CERTIEV THAT THE POLICIES OF INSURANCE LISTED RELOW 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, LEXICLUSIONS AND CONDITIONS OF SLICH POLICIES, LIMITS SHOWN MAY HAVE REFN 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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)	NI/A					E. L. EACH ACCIDENT	
						E. L. DISEASE - EA EMPLOYEE		
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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. JOHN VIANNEY CATHOLIC CHURCH 54045 SCHOENHERR ROAD SHELBY TOWNSHIP, MI 48315

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) 8/26/2015

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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				
Tott Worth, 121 /0110	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: Mutual of Omaha	71412			
	Plymouth, MI 48170	Insurer C:				
	,	Insurer D:				
		Insurer E:				
		Insurer F:				
COVER	AGES CERTIFICATE NUMBER: 1502013	REVISION NUMBER: (	)			
TI 110 10 TO	OFFICE THAT THE BOUISIES OF MIGHE ANDE LIGHTED BELOW HA	VE DEEN LOOUED TO THE MOUDED NAMED ADOVE FOR TH	E BOLLOV BEBLOD			

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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
	DEDUCTIBLE							
	RETENTION \$							
	WORKERS COMPENSATION						WC STATU- TORY LIMITS ER	
	,	EMPLOYERS' LIABILITY Y/N					E. L. EACH ACCIDENT	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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

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) 8/26/2015

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in li	eu of such endorsement(s).	011010	-5 ma	y require an endorsement.	A Statement	on this oci moute (	does not come rights to the	ne der infoate floraer	
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 76				E-MAIL ADDRESS: contact@pullenins.com				
	1010 1101011, 111 70	110			PRODUCER CU	ISTOMER ID#: MI			
					INSURERS	AFFORDING COV	ERAGE	NAIC #	
INSU	Michigan State Youth	, So	CCAI	· Association	Insurer A:	National Casualt	v Company	11991	
	9401 General Drive,	21114	12	Association		Mutual of Omaha		71412	
		Suit	J 12	U	Insurer C:	Mutual of Official	u	71712	
	Plymouth, MI 48170				Insurer D:				
					Insurer E:				
	VERAGES CE	рті	EIC.	ATE NUMBER: 1502054	Insurer F:	ı	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 PE CH PC	F INS JIREM RTAIN DLICIE	URANCE LISTED BELOW HA IENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	VE BEEN ISS OF ANY CON DED BY THE I E BEEN REDU	SUED TO THE INSUNTRACT OR OTHER POLICIES DESCRIE JCED BY PAID CLAI	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT T MS.	THE POLICY PERIOD	
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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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								
			<u> </u>						
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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?	N/A					E. L. DISEASE - EA EMPLOYEE		
	If yes, describe under						E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
					77 -7 - 2 - 2			. ,	
Thi	REPITION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf of ditional Insured as respects the o	of Mi	chiga	an State Youth Soccer Ass	sociation &	Michigan Youth		ate Holder is	
CE	RTIFICATE HOLDER				CANCELI	LATION			
ROLLING HILLS PARK 7660 STONY CREEK RD. YPSILANTI, MI 48197					THE EXPIRA	NY OF THE ABOVE ATION DATE THEREC POLICY PROVISIONS	DESCRIBED POLICIES BE C. DF, NOTICE WILL BE DELIVERI S.	ANCELLED BEFORE ED IN ACCORDANCE	
	<u> </u>					REPRESENTATIVE	Patik Dulle	_	



DATE (MM/DD/YYYY) 8/26/2015

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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: Mutual of Omaha	71412				
	Plymouth, MI 48170	Insurer C:					
	•	Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 150205	50 REVISION NUMBER: 0	1				
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 AFFORIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAN	OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECTED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO	T TO WHICH THIS				
INSR	TYPE OF INSURANCE ADD'L SUBR POLICY NUMBER	POLICY EFFECTIVE POLICY EXPIRATION LIMITS	·				

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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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	
	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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 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 Satisfull

**CANCELLATION** 

**CERTIFICATE HOLDER** 



DATE (MM/DD/YYYY) 8/26/2015

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** 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 Mutual of Omaha 71412 Insurer B: Plymouth, MI 48170 Insurer C: Insurer D: Insurer E: Insurer F: **COVERAGES CERTIFICATE NUMBER:** 15021526 **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. 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 5663300 9/1/2015 9/1/2016 Α **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 5663300 9/1/2015 9/1/2016 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 5663400 9/1/2015 9/1/2016 Α **EACH OCCURRENCE** X EXCESS LIAB CLAIMS-MADE \$5,000,000 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 9/1/2015 9/1/2016 \$100,000 SR2014MI-P-053256 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. **CERTIFICATE HOLDER CANCELLATION** Seymour Elementary School SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE 3088 N. Seymour Road WITH THE POLICY PROVISIONS. Flushing, MI 48433 AUTHORIZED REPRESENTATIVE

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DATE (MM/DD/YYYY) 8/26/2015

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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 such and recompetits.

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				
	Fort Worth, TX 76	,	Sui	<b>10</b> 300	E-MAIL ADDRESS: contact@pullenins.com				
	1 oft worth, 12 <b>t</b> 70	110			PRODUCER CUSTOMER ID#: MI				
					INSURERS AFFORDING COVERAGE NAIC #				
INSU	RED Minhimor Chaha Maudh	C		A					
	Wildingan State 1 out							71412	
	9401 General Drive, S	Suite	2 12	0		utual of Omaha		/1412	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTI	FIC/	ATE NUMBER: 1502267	74	R	EVISION 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 PEF CH PC	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	ACT OR OTHER LICIES DESCRIB D BY PAID CLAIR	DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	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 COMMERCIAL GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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						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			SR2014MI-P-053256	9/1/2015	9/1/2016	E. E. BIOLAGE T GEIGT EIMIT	\$100,000	
	TARTICH ANY ACCIDENT MEDICAL			51201 1111 1 033230	<i>7</i> , 1, 2015	7,1,2010		7-00,000	
DESC	I CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Attac	L ch ACORD 101. Additional Remarks So	chedule, if more space	is required)			
Thi	s certificate is issued on behalf o	f Mi	chiga	n State Youth Soccer Ass	sociation & Mi	chigan Youth S	Soccer League. Certifica	te Holder is	
Ado	litional Insured as respects the of	perat	ions	of the Named Insured for	sanctioned act	ivities of the st	ate association.		
CF	RTIFICATE HOLDER				CANCELLA	TION			
	Johns Lutheran								
l	339 14 Mile Road				SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA	NCELLED BEFORE	
l .					WITH THE POL	JN DATE THEREO	F, NOTICE WILL BE DELIVERE	IN ACCORDANCE	
1717	aser, MI 48026								

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DATE (MM/DD/YYYY) 8/26/2015

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CONTACT NAME: Sports Division	CONTACT NAME: Sports Division				
PHONE: (817) 738-6100 FAX: (817) 738-29	93				
E-MAIL ADDRESS: contact@pullenins.com					
PRODUCER CUSTOMER ID#: MI					
INSURERS AFFORDING COVERAGE	NAIC #				
Insurer A: National Casualty Company	11991				
Insurer B: Mutual of Omaha	71412				
Insurer C:					
Insurer D:					
Insurer E:					
Insurer F:					
66 REVISION NUMBER: (	)				
	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: Mutual of Omaha Insurer C: Insurer D: Insurer E: Insurer F:				

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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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
Saginaw Nouvel Catholic Church 25555 Wieneke Road Saginaw, MI 48603	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Satik Pull



DATE (MM/DD/YYYY) 8/26/2015

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and conditions of the policy in lieu of such endorsemen		es ma	y require an endorsement.	A statement on	this certificate d	loes not confer rights to the	ne certificate holder	
PRODUCER Dullan Incu	irance Servi	icas	Inc	CONTACT NAME: Sports Division				
	r Park Plaza			PHONE: (817) 738-6100 FAX: (817) 738-2993				
	ı, TX 76116		ie 300	E-MAIL ADDRESS: contact@pullenins.com				
Ton worn	I, IA /0110	,		PRODUCER CUSTOMER ID#: MI				
				INSURERS AF	NAIC #			
INSURED Michigan Sta	to Vouth Co	2000	Association	1	tional Casualty		11991	
Michigan Sta 9401 General					utual of Omaha		71412	
Plymouth, M		LC 12	U	Insurer C:	atuur or omani	<u> </u>	71112	
1 Tymoum, W	140170			Insurer D:				
				Insurer E:				
				Insurer F:				
COVERAGES	CFRT	IFIC.	ATE NUMBER: 150242	-	F	REVISION NUMBER:	0	
THIS IS TO CERTIFY THAT T INDICATED. NOTWITHSTAND CERTIFICATE MAY BE ISSU EXCLUSIONS AND CONDITION	THE POLICIES O DING ANY REQI ED OR MAY PE DNS OF SUCH P	OF INS JIREM ERTAIN OLICIE	URANCE LISTED BELOW HA ENT, TERM OR CONDITION I, THE INSURANCE AFFORE ES. LIMITS SHOWN MAY HAV	VE BEEN ISSUE OF ANY CONTF DED BY THE PO E BEEN REDUCE	D TO THE INSUITED TO THE RACT OR OTHER LICIES DESCRIBED BY PAID CLAIR	RED NAMED ABOVE FOR T DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	THE POLICY PERIOD ECT TO WHICH THIS	
INSR LTR TYPE OF INSURANCE	E ADD'	L SUBR D WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	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 APPLI	ES PER:					PRODUCTS - COMP/OP AGG	\$1,000,000	
POLICY PROJECT	LOC					PARTICIPANT LEGAL LIABILITY	\$1,000,000	
A AUTOMOBILE LIABILITY  ANY AUTO			KRO 5663300	9/1/2015	9/1/2016	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 OC	CCUR		XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
X EXCESS LIAB CL	AIMS-MADE					AGGREGATE	\$5,000,000	
DEDUCTIBLE								
RETENTION \$								
WORKERS COMPENSATION	Y/N					WC STATU- TORY LIMITS OTH- ER		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXEC						E. L. EACH ACCIDENT		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		Ì				E. L. DISEASE - EA EMPLOYEE		
If yes, describe under						E. L. DISEASE - POLICY LIMIT		
B PARTICIPANT ACCIDENT	Γ MEDICAL		SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
DESCRIPTION OF OPERATIONS / LC	CATIONS / VEHICL	ES (Atta	L	chedule, if more space	is required)			
This certificate is issued of Additional Insured as resp	on behalf of M	ichiga	an State Youth Soccer Ass	sociation & Mi	d-Michigan Yo		tificate Holder is	
CEBLIEICATE HOI DE	P			CANCELLA	TION			
	ERTIFICATE HOLDER							
Seymour Elementary				SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA	NCELLED BEFORE	
3088 N Seymour Roa Flushing, MI 48433	1U			THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				

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DATE (MM/DD/YYYY) 8/26/2015

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	eu of such endorsement(s).	olicies	may	require an endorsement. I	4 Statement on t	inis certificate 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	,	Juli	<i>ic</i> 300	E-MAIL ADDRESS:	contact@pu	llenins.com	
	Toft Worth, 12 70	110			PRODUCER CUSTO			
					INSURERS AF	FORDING COVI	FRAGE	NAIC #
INSU	JRED Michigan State Voyeth	Coo	224	Aggariation		tional Casualty		11991
	Michigan State 1 Outil					utual of Omaha		71412
	9401 General Drive, S	Sune	120	)		/1412		
	Plymouth, MI 48170				Insurer C:			
					Insurer D:			
					Insurer E:			
~~	VED 4 OF C	DTIE	10 4	TE NUMBER: 1500400	Insurer F:		SEVICION NUMBER	0
				TE NUMBER: 1502423			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	REME TAIN LICIE	ENT, TERM OR CONDITION , 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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. Certificate association.	te Holder is
CE	RTIFICATE HOLDER				CANCELLA	TION		
32	SC Field Complex 00 Dutton Road ıburn 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 Jatik Dull			



DATE (MM/DD/YYYY) 8/26/2015

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	conditions of the policy, certain per eu of such endorsement(s).	olicie	s ma	y require an endorsement.	À statement on	this certificate o	loes not confer rights to th	e certificate holder	
	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	110 500	E-MAIL ADDRESS: contact@pullenins.com				
	1 of t worth, 121 70	110			PRODUCER CUSTO	OMER ID#: MI			
					INSURERS AF	FORDING COVE	ERAGE	NAIC #	
INSU	Michigan State Youth	. 50	0001	· Association		tional Casualty		11991	
	9401 General Drive, S		12	Association		utual of Omaha		71412	
	Plymouth, MI 48170	Suiu	C 12	U	Insurer C:	atual of Official	<u>.                                    </u>	71712	
	Flymoum, wii 46170				Insurer D:				
					Insurer E:				
					Insurer F:				
	VERAGES CE	DTI	FIC	ATE NUMBER: 150012			REVISION NUMBER:	0	
THIS INDI CER EXC	S IS TO CERTIFY THAT THE POLICI ICATED. NOTWITHSTANDING ANY F ITIFICATE 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 ENT, TERM OR CONDITION N, 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 CLAII	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPE JED 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	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 5663300	9/1/2015	9/1/2016	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-OWNED ACTOS								
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE			11110 0000 100	), 1, <b>2</b> 010	), 1, <b>2</b> 010	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			SR2014MI-P-053256	9/1/2015	9/1/2016	E. E. BIOLAGE T GLIGIT ENWIT	\$100,000	
DEGG	CRIPTION OF OREDATIONS // COATIONS (1/2		S / ^ ··	oh ACORD 104 Addition - 1 Down - 1 C	Cohodulo if many	io roquisad\			
	CRIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf o						Soccer League Cartifica	te Holder is	
Ado	ditional Insured as respects the o	perat	cions	of the Named Insured for	sanctioned act	ivities of the st	ate association.	ie Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
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				



DATE (MM/DD/YYYY) 8/26/2015

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in li	eu of such endorsement(s).		·a	y roquiro un ondorcomona.	, coluionioni on		iooo not comoi rigino to tii		
PRO	Pullen Insurance Se	ervio	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				
	Total World, 111 70				PRODUCER CUSTOMER ID#: MI				
					INSURERS AF	FORDING COVE	ERAGE	NAIC #	
INSU	Michigan State Youth	So	cer	Association	Insurer A: Na	ational Casualty	v Company	11991	
	9401 General Drive, S	Smite	12	1 1330C1at1011		utual of Omaha		71412	
	Plymouth, MI 48170	Juin	12	U	Insurer C:	area of official	•	71.12	
	1 Tymoddi, Wif 40170				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTI	FICA	ATE NUMBER: 150012:	-	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	REQU / PEF :H PC	REM 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 CLAII	R DOCUMENT WITH RESPECT OF THE REIN 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
Thi	RIPTION OF OPERATIONS/LOCATIONS/VE s certificate is issued on behalf of litional Insured as respects the op	f Mi	chiga	an State Youth Soccer Ass	sociation & Mi	ichigan Youth S		re Holder is	
<u>~</u>	DTIEICATE LIOL DED				CANCELLA	TION			
	RTIFICATE HOLDER				CANCELLA	IION			
49	Paul Lutheran School 5 Earhart Road In Arbor, MI 48105				THE EXPIRATI	OF THE ABOVE I ON DATE THEREO LICY PROVISIONS	DESCRIBED POLICIES BE CAI F, NOTICE WILL BE DELIVEREI	NCELLED BEFORE DINACCORDANCE	
					AUTHORIZED REPRESENTATIVE 0				



DATE (MM/DD/YYYY) 8/26/2015

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).	a statement on this certificate does not come rights to the	certificate floraci				
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: Mutual of Omaha	71412				
	Plymouth, MI 48170	Insurer C:					
	•	Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 1500125	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 AFFORD NS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVI	OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPEC ED 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 X 9/1/2015 \$1,000,000 9/1/2016 A KRO 5663300 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 5663300 9/1/2015 9/1/2016 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 5663400 9/1/2015 9/1/2016 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 yes, describe under E. L. DISEASE - POLICY LIMIT 9/1/2015 9/1/2016 \$100,000 SR2014MI-P-053256 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
Troy Parks & Rec (Beach Park) 500 W. Big Beaver Troy, MI 48084	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) 8/26/2015

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	i conditions of the policy, certain policy, certain policy, certain policy.	Olicies	s ma	y require an endorsement.	A Statement on	ınıs certificatê (	ioes not conter rights to th	e certificate holder
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	,		E-MAIL ADDRESS: contact@pullenins.com				
	Tort Wortin, 171 70	110			PRODUCER CUSTO			
					INSURERS AF	FORDING COVI	ERAGE	NAIC #
INSU	Michigan State Youth	Soc	COT	Accociation		tional Casualt		11991
	9401 General Drive, S					utual of Omaha		71412
	Plymouth, MI 48170	ounc	12	U	Insurer C:	atual of Official	<u> </u>	71412
	Flymoun, Mi 48170				Insurer D:			
					Insurer E:			
					Insurer F:			
	OVERAGES CE	DTIE	=10/	ATE NUMBER: 1500128			REVISION NUMBER:	0
THIS	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY	ES OF	INS	URANCE LISTED BELOW HA	VE BEEN ISSUE	D TO THE INSU	RED NAMED ABOVE FOR TI	HE POLICY PERIOD
EXC	CLUSIONS AND CONDITIONS OF SUC	H PO	LICIE	S. LIMITS SHOWN MAY HAV	E BEEN REDUCE	D BY PAID CLAI	MS.	O ALE THE TERMO,
INSR 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 X NON-OWNED AUTOS						(Per accident)	
	X NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000
Thi	CRIPTION OF OPERATIONS / LOCATIONS / VE is certificate is issued on behalf o ditional Insured as respects the op	f Mic	higa	an State Youth Soccer Ass	sociation & Mi	chigan Youth	Soccer League. Certifica ate association.	te Holder is
CE	RTIFICATE HOLDER				CANCELLA	TION		
53	vitzer Elementary School 200 Shelby Road elby 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 Jatik Pull			



DATE (MM/DD/YYYY) 8/26/2015

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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 is such endorsement(s).	olicie	s ma	y require an endorsement.	Á statement on	this certificate o	loes not confer rights to the	ne certificate holder	
PRO	Pullen Insurance So	2rvi	CAS	Inc	CONTACT NAME: Sports Division				
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76		, Su	.tc 300	E-MAIL ADDRESS: contact@pullenins.com				
	Tort Worth, TX 70	110			PRODUCER CUSTOMER ID#: MI				
					INSURERS AFFORDING COVERAGE NAIC #				
INSI	JRED Michigan State Vouth				-			11991	
"100	Michigan State 1 out					tional Casualty			
	9401 General Drive, S	Suit	e 12	.0		utual of Omaha	ı	71412	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:				
				ATE NUMBER: 150013			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 DLICII	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 T	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	ich ACORD 101, Additional Remarks S	chedule, if more space	e is required)	-		
Thi	is certificate is issued on behalf of	f Mi	chig	an State Youth Soccer As	sociation & Mi	d-Michigan Yo	outh Soccer League. Cer	tificate Holder is	
Ad	ditional Insured as respects the o	perat	tions	of the Named Insured for	sanctioned act	ivities of the st	ate association.		
CF	RTIFICATE HOLDER				CANCELLA	TION			
		orc:	tx, C	occar Field	JANULLA				
	ransportation Center-Clio V	arsı	ıy S	occer Field			DESCRIBED POLICIES BE CA		
l .	242 E Vienna Rd					ON DATE THEREO LICY PROVISIONS	F, NOTICE WILL BE DELIVERE	ED IN ACCORDANCE	
Cl	io, MI 48420						• 		
					AUTHORIZED REPI	RESENTATIVE	0		
							Vatile Ruel	_	
I							Now or 150 or		

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DATE (MM/DD/YYYY) 8/26/2015

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in li	eu of such endorsement(s).		<b>u</b>	,					
PROI	Pullen Insurance Se	rvio	es,	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.								
					PRODUCER CUSTO	OMER ID#: MI			
					INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSU	Michigan State Youth	Soc	cer	Association	Insurer A: Na	tional Casualt	v Company	11991	
	9401 General Drive, S					utual of Omaha		71412	
	Plymouth, MI 48170	Juice	. 12	O	Insurer C:				
	Trymouth, wir 10170				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTI	FICA	ATE NUMBER: 1500346		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	EQU PEF H PO	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 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		
A	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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)		
	<del></del>						(Per accident)		
	NON-OWNED AUTOS								
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE				27 -1 - 2 - 2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	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			SR2014MI-P-053256	9/1/2015	9/1/2016	2.2.3.02.102 . 02.0 . 2	\$100,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VE		,				Canan I ann a Carle	4. II.1.1	
	s certificate is issued on behalf o ditional Insured as respects the op-							te Holder is	
CE	DTIEICATE HOLDED				CANCELLA	TION			
	RTIFICATE HOLDER				CANCELLA	TION			
St. Peters Lutheran Attn: Yvonne Curtis 67055 Gratiot Road					THE EXPIRATION		DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE		
K1	chmond, MI 48062			AUTHORIZED REPRESENTATIVE					



DATE (MM/DD/YYYY) 8/26/2015

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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 th	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	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	CCOT	Association	1	tional Casualty		11991		
	9401 General Drive,	I SU Suit	12	Association		utual of Omaha		71412		
	Plymouth, MI 48170	Sulu	C 12	U	Insurer C:	atual of Official	<u> </u>	71412		
	Flymoum, WH 48170				Insurer D:					
					Insurer E:					
					Insurer F:					
	VERAGES CE	DTI	FIC	ATE NUMBER: 150034			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 TO R DOCUMENT WITH RESPE 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	<b>#1.000.000</b>		
A	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	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 5663300	9/1/2015	9/1/2016	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 switz heres									
Α	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
11	X EXCESS LIAB CLAIMS-MADE			7110 3003 100	)/ 1/2013	7/1/2010	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?	N/A					E. L. DISEASE - EA EMPLOYEE			
	(Mandatory in NH) If yes, describe under						E. L. DISEASE - POLICY LIMIT			
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016	E. E. SIGE/IGE T GEIGT EINNT	\$100,000		
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	ch ACORD 101 Additional Remarks S	chedule if more space	l s 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. Certifica ate association.	te Holder is		
CF	RTIFICATE HOLDER				CANCELLA	TION				
St. Peters Lutheran Church Attn: Yvonne Curtis 52941 Romeo Plank Rd. Macomb, MI 48042					SHOULD ANY THE EXPIRATION	OF THE ABOVE I ON DATE THEREO LICY PROVISIONS	0 0			
1710COIII0, 1711 TOUT2					AUTHORIZED REPRESENTATIVE					



DATE (MM/DD/YYYY) 8/26/2015

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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

	nditions of the policy, certain po of such endorsement(s).	olicies	s ma	y require an endorsement.	A statement on	this certificate o	loes not confer rights to th	e certificate noider	
PRODUC	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@pu	llenins.com		
	1011 (101111, 111 / 0	110			PRODUCER CUST	OMER ID#: MI			
					INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSURE	Michigan State Youth	Soc	COT	Association		ntional Casualty		11991	
	9401 General Drive, S					utual of Omaha		71412	
	Plymouth, MI 48170	Juin	12	U	Insurer C:	atual of Official	•	71112	
	1 lyllloddii, 1vii 401 / 0				Insurer D:				
					Insurer E:				
					Insurer F:				
COVE	RAGES CE	RTII	FIC.	ATE NUMBER: 150034		F	REVISION NUMBER:	0	
INDICA CERTII EXCLU	TO CERTIFY THAT THE POLICII TED. NOTWITHSTANDING ANY F ICATE MAY BE ISSUED OR MA' SIONS AND CONDITIONS OF SUC	REQUI Y PER CH PO	REM TAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORI	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		
	NERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
X	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (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	N'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000	
	POLICY PROJECT LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000	
A	TOMOBILE LIABILITY ANY AUTO			KRO 5663300	9/1/2015	9/1/2016	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						,		
	1								
Α	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
X	EXCESS LIAB CLAIMS-MADE				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AGGREGATE	\$5,000,000	
	DEDUCTIBLE								
	RETENTION \$								
w	DRKERS COMPENSATION						WC STATU- TORY LIMITS OTH- ER		
1A	D EMPLOYERS' LIABILITY Y/N	 					E. L. EACH ACCIDENT		
OF	Y PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED? Indatory in NH)	N/A					E. L. DISEASE - EA EMPLOYEE		
	es, describe under						E. L. DISEASE - POLICY LIMIT		
В РА	RTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
$\perp$									
This c	TION OF OPERATIONS/LOCATIONS/VE ertificate is issued on behalf o onal Insured as respects the o	f Mic	chiga	an State Youth Soccer As	sociation & Mi	chigan Youth	Soccer League. Certifica ate association.	te Holder is	
CERT	IFICATE HOLDER				CANCELLA	TION			
St. Peters Lutheran Church									
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.				
	1 31 Mile Rd. mond, MI 48062								
rxich	MONG IVII 48U07.				ALITHORIZED REPRESENTATIVE				



DATE (MM/DD/YYYY) 8/26/2015

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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					
1 010 11 01111, 111 7 0110	PRODUCER CUSTOMER ID#: MI	PRODUCER CUSTOMER ID#: MI				
	INSURERS AFFORDING COVERAGE	IAIC#				
Michigan State Youth Soccer Associati	on Insurer A: National Casualty Company 1	1991				
9401 General Drive, Suite 120		1412				
Plymouth, MI 48170	Insurer C:					
,	Insurer D:					
	Insurer E:					
	Insurer F:					
COVERAGES CERTIFICATE NUMB	RER: 15004255 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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	
	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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

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) 8/26/2015

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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: Mutual of Omaha	71412			
	*	Insurer C:				
		Insurer D:				
		Insurer E:				
		Insurer F:				
COVED	AGES CEPTIFICATE NUMBED: 1500447	DEVISION NUMBED: (	)			

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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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.

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.



DATE (MM/DD/YYYY) 8/26/2015

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COVED	ACEC CEDTIFICATE NUMBER: 1500500	DEVISION NUMBER. O	١				
		Insurer F:					
		Insurer E:					
	•	Insurer D:					
	Plymouth, MI 48170	Insurer C:					
	9401 General Drive, Suite 120	Insurer B: Mutual of Omaha	71412				
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	93				
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division					
		~ ~					

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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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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	
	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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 Satik Pull



DATE (MM/DD/YYYY) 8/26/2015

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 such chuorschient(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: Mutual of Omaha	71412					
	Plymouth, MI 48170	Insurer C:						
		Insurer D:						
		Insurer E:						
		Insurer F:						
COVER	AGES CERTIFICATE NUMBER: 1500541	13 REVISION NUMBER: 0	)					
	HIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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)	
	71						(Per accident)	
	X NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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
Washtenaw Intermediate School District 1819 S. Wagner Rd Ann Arbor, MI 48106	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) 8/26/2015

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 ned 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: Mutual of Omaha	71412				
	Plymouth, MI 48170	Insurer C:					
	,	Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 1500563	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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)	
	71						(Per accident)	
	X NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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.

**CANCELLATION** 

St. Thomas Acquinas Church Soccer Fields and Most Reverend Bishop Earl Boyea, Diocese of Lansing and St Thoma	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
955 Alton Road East Lansing, MI 48823	AUTHORIZED REPRESENTATIVE

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**CERTIFICATE HOLDER** 



DATE (MM/DD/YYYY) 8/26/2015

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 po eu of such endorsement(s).	oncie	5 IIIa	y require an endorsement.	A Statement on	illis certificate d	loes not comer rights to th	e certificate floider	
PROD	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		
	1 310 11 01011, 111 7 0	110			PRODUCER CUSTOMER ID#: MI				
					INSURERS AF	FORDING COVE	RAGE	NAIC #	
INSU	RED Michigan State Youth	So	ccer	Association	Insurer A: Na	tional Casualty	Company	11991	
	9401 General Drive, S				Insurer B: M	utual of Omaha	l	71412	
	Plymouth, MI 48170			•	Insurer C:				
	<b>_</b>				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTI	FIC	ATE NUMBER: 150065	08	F	REVISION NUMBER:	0	
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY F TIFICATE MAY BE ISSUED OR MAY LUSIONS 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 CONTE 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	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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? (Mandatory in NH)	N/A					E. L. DISEASE - EA EMPLOYEE		
	If yes, describe under						E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
DESC	 RIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (A#2	ch ACORD 101 Additional Remarks S	chedule if more space	is required)			
	s certificate is issued on behalf o						outh Soccer League Cert	ificate Holder is	
	litional Insured as respects the or								
	1								

CERTIFICATE HOLDER	CANCELLATION
Swan Valley High School Soccer Field Attn: Tom Curatti	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
8400 O'Hern Saginaw, MI 48609	AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 8/26/2015

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in ned 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: Mutual of Omaha	71412			
	Plymouth, MI 48170	Insurer C:				
	•	Insurer D:				
		Insurer E:				
		Insurer F:				
COVER	AGES CERTIFICATE NUMBER: 1500663	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 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 INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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)	
	71						(Per accident)	
	X NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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
The Sports Academy Outdoor Field Attn: Yvonne Curtis 52029 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.
Chesterfield Township, MI 48047	AUTHORIZED REPRESENTATIVE Jatik Pull



DATE (MM/DD/YYYY) 8/26/2015

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in nea of such chaofsement(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 (1 3111) 111 / 3113	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: Mutual of Omaha	71412					
	Plymouth, MI 48170	Insurer C:						
	<b>,</b> ,	Insurer D:						
		Insurer E:						
		Insurer F:						
COVERA	AGES CERTIFICATE NUMBER: 1500673	REVISION NUMBER: (	)					
THIS IS TO	HIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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 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

Satik Ovel



DATE (MM/DD/YYYY) 8/26/2015

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)

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 #	in lieu	of such endorsement(s).								
PHONE: (817) 738-2993 Fort Worth, TX 76116    Fort Worth, TX 76116	PRODUC	Producer Pullen Insurance Services, Inc.					CONTACT NAME: Sports Division			
FOR Worth, TX 76116    E-MAL ADDRESS: CONTRACT@PUBLICIEN.COM   POOLOGE GUSTONER NO. MI     INSURED   Michigan State Youth Soccer Association     9401 General Drive, Suite 120     Plymouth, MI 48170       1099       1199						` '				
INSURED Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170    Michigan State Youth Soccer Association 9401 General Drive, Suite 120   Insurer 8: National Casualty Company   11991   Insurer 9:   Insurer				~ ~						
Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170    Insurer B: Mutual of Omaha   71412     Insurer D:   Insu		1 010 11 01011, 111 7 0	110			PRODUCER CUST	FOMER ID#: MI			
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Plymouth, MI 48170    Insurer C:		9401 General Drive	Snite	<u>- 12</u>	0				71412	
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CERTIFICATE HOLDER CANCELLATION	CERT	IFICATE HOLDER				CANCELLA	ATION			
Troy Community Center Attn: Yvonne Curtis  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE								DESCRIBED POLICIES BE CA	NCELLED BEFORE	

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500 W. Big Beaver Troy , MI 48083 WITH THE POLICY PROVISIONS.



DATE (MM/DD/YYYY) 8/26/2015

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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 th	e certificate holder	
PROI	Pullen Insurance Se	-rvi	ces	Inc	CONTACT NAME: Sports Division  PHONE: (817) 738-6100 FAX: (817) 738-2993				
	2560 River Park Pl								
	Fort Worth, TX 76		Sui	.tc 300	E-MAIL ADDRESS:	contact@pu	· · ·		
	Toft Worth, 1A 70	110			PRODUCER CUSTO				
						FORDING COVI		NAIC #	
INSU	RED M. 1. C N1	-		A : .:				11991	
11400	Michigan State 1 out					tional Casualty			
	9401 General Drive, S	Suit	e 12	0		utual of Omaha	l .	71412	
	Plymouth, MI 48170				Insurer C:				
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A	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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		
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016	2. 2. 3. 32. 7 32. 3 2	\$100,000	
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VE	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	f Mi	chig	an State Youth Soccer Ass	sociation & Mi	chigan Youth	Soccer League. Certifica ate association.	te Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
Troy Union Elementary School - East and West Attn: Yvonne Curtis 1340 E. Square Lake Road Troy, MI 48085					THE EXPIRATION	ON DATE THEREO	0 0		
						,	Jatik Rull	_	



DATE (MM/DD/YYYY) 8/26/2015

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in li	eu of such endorsement(s).								
PROD	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 AFFORDING COVERAGE NAIC #				
INSU	RED Michigan State Youth	So	ccei	Association	Insurer A: Na	itional Casualty	Company	11991	
	9401 General Drive, S				Insurer B: M	utual of Omaha	l .	71412	
	Plymouth, MI 48170				Insurer C:				
	•				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTI	FIC/	ATE NUMBER: 150070	55	F	EVISION NUMBER:	0	
INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY F TIFICATE MAY BE ISSUED OR MAY LUSIONS 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 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	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 decidently		
	A non-contact								
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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 Satik Pull



DATE (MM/DD/YYYY) 8/26/2015

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			
	9401 General Drive, Suite 120	Insurer B: Mutual of Omaha	71412			
	Plymouth, MI 48170	Insurer C:				
	•	Insurer D:				
		Insurer E:				
		Insurer F:				

COVERAGES CERTIFICATE NUMBER: 15009119 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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)	IN/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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) 8/26/2015

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) 738-299	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: Mutual of Omaha	71412							
	Plymouth, MI 48170	Insurer C:								
	•	Insurer D:								
		Insurer E:								
		Insurer F:								
COVER	AGES CERTIFICATE NUMBER: 1501095	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 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 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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 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	
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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 Satik Pull

CANCELLATION

CERTIFICATE HOLDER



DATE (MM/DD/YYYY) 8/26/2015

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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).	7110103 111	ay require an endersement.	A statement on		acconditional rights to the	c der tilloute florider	
PROI	Pullen Insurance Se	rvices	, 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 761							
	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				utual of Omah		71412	
	Plymouth, MI 48170	Julic 1.	20	Insurer C:		*	, , , , , ,	
	1 1ymoddi, 141 401 70			Insurer D:				
				Insurer E:				
				Insurer F:				
CO	VERAGES CE	RTIFIC	CATE NUMBER: 150126			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 IN EQUIRE PERTA H POLIC	SURANCE LISTED BELOW HAMENT, TERM OR CONDITION IN, THE INSURANCE AFFORITIES. 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 T R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT T MS.	HE POLICY PERIOD	
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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR					MED EXP (Any one person)	\$5,000	
						PERSONAL & ADV INJURY	\$1,000,000	
						GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 X NON-OWNED AUTOS					(Per accident)		
	NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR		XKO 5663400	9/1/2015	9/1/2016	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		
	OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)	N/A				E. L. DISEASE - EA EMPLOYEE		
	If yes, describe under					E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL		SR2014MI-P-053256	9/1/2015	9/1/2016	'	\$100,000	
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEI	HICLES (At	 tach ACORD 101, Additional Remarks S	Schedule, if more space	is required)			
	s certificate is issued on behalf of				. ,	Soccer League. Certifica	te Holder is	
Ado	ditional Insured as respects the or	peration	s of the Named Insured for	sanctioned act	ivities of the s	tate association.		
CE	RTIFICATE HOLDER			CANCELLA	TION			
To	otal Soccer - Fraser		<del></del>					
34	300 Utica Rd.			THE EXPIRATI	OF THE ABOVE ON DATE THEREC LICY PROVISIONS	DESCRIBED POLICIES BE CA DF, NOTICE WILL BE DELIVERE S.	NCELLED BEFORE DINACCORDANCE	
гr	aser, MI 48026							
				AUTHORIZED REP	RESENTATIVE	Patik Oull	_	
					,	yauriy w		



DATE (MM/DD/YYYY) 8/26/2015

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 properties.

ın li	ieu of such endorsement(s).								
PRO	Pullen Insurance Se	ervi	ces,	Inc.	CONTACT NAME: Sports Division				
	2560 River Park Pla	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	FORDING COVE	ERAGE	NAIC #	
INSU	Michigan State Youth	So	ccer	Association	Insurer A: Na	tional Casualty	v Company	11991	
	9401 General Drive, S	Smita	12	1 1330C1at1011		utual of Omaha		71412	
	Plymouth, MI 48170	Juin	ا 1 ا	O	Insurer C:		•	71112	
	1 lyllloutii, Wii 481 /0				Insurer D:				
					Insurer E:				
$\sim$	OVERAGES CE	DTI		ATE NUMBER: 150126	Insurer F:		REVISION NUMBER:	0	
THIS IND	S IS TO CERTIFY THAT THE POLICIE IICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	ES OF REQU / PEF CH PC	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 ACT OR OTHER LICIES DESCRIB ED BY PAID CLAII	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'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
Α	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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		
D	DA DEIGIDA NEL ACCIDENTE MEDICA I			CD2014MI D 052256	9/1/2015	9/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000	
D	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2013	9/1/2010		\$100,000	
Thi	CRIPTION OF OPERATIONS / LOCATIONS / VE is certificate is issued on behalf o ditional Insured as respects the operations of the control of th	f Mi	chiga	an State Youth Soccer Ass	sociation & Mi	chigan Youth S		ate Holder is	
CF	RTIFICATE 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.				
					AUTHORIZED REPI	RESENTATIVE	Jatik Dull	_	



DATE (MM/DD/YYYY) 8/26/2015

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	aut ondercomonico).					
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: Mutual of Omaha	71412			
	,	Insurer C:				
	•	Insurer D:				
		Insurer E:				
		Insurer F:				
COVERA	AGES CERTIFICATE NUMBER: 1501266	70 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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	
	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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 - Novi 41550 Grand River Ave Novi, MI 48375	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) 8/26/2015

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)

	I conditions of the 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 th	ne certificate holder
PRO	Pullen Insurance Se	rvi	266	Inc	CONTACT NAME: Sports Division			
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993			
	Fort Worth, TX 76	,	Sui	<i>w</i> 300	E-MAIL ADDRESS: contact@pullenins.com			
	101t Worth, 172 70	110			PRODUCER CUSTO			
					INSURERS AFFORDING COVERAGE NAIC #			
INSL	Michigan State Youth	So	0001	· Association	1	ational Casualty		11991
	Wilchigan State Touti					utual of Omaha		71412
	9401 General Drive, S	Suite	3 12	U	Insurer C:	utuai oi Oilialia	l .	/1412
	Plymouth, MI 48170				Insurer D:			
					Insurer E:			
	OVERAGES CE	рті	FIC	ATE NUMBER: 1501260	Insurer F:		REVISION NUMBER:	0
THI: IND CEF	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	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 PO	D TO THE INSUI RACT OR OTHER LICIES DESCRIB	RED NAMED ABOVE FOR T DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	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	INSRD	WVD	KRO 5663300	9/1/2015	9/1/2016		\$1,000,000
A	X COMMERCIAL GENERAL LIABILITY	Λ		KKO 3003300	9/1/2013	9/1/2010	DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR							\$5,000
	CLAIMS WADE X OCCOR						MED EXP (Any one person)	\$1,000,000
							PERSONAL & ADV INJURY	UNLIMITED
	OFAIL ACCRECATE LIMIT APPLIES DED.						GENERAL AGGREGATE	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000
_	POLICY PROJECT LOC  AUTOMOBILE LIABILITY			VDO 5662200	0/1/2015	0/1/2016	PARTICIPANT LEGAL LIABILITY  COMBINED SINGLE LIMIT	\$1,000,000 \$1,000,000
A	ANY AUTO			KRO 5663300	9/1/2015	9/1/2016	(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 5663400	9/1/2015	9/1/2016	EACH OCCUPPENCE	\$5,000,000
Α.	X EXCESS LIAB CLAIMS-MADE			AKO 3003400	9/1/2013	9/1/2010	EACH OCCURRENCE	\$5,000,000
	DEDUCTIBLE	1					AGGREGATE	Ψ5,000,000
	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	
В	DA DEIGIDA NELA COLDENEE MEDICA I			SR2014MI-P-053256	9/1/2015	9/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000
ם	PARTICIPANT ACCIDENT MEDICAL			3K2014WII-I -033230	9/1/2013	9/1/2010		Ψ100,000
DES	_  CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	ch ACORD 101 Additional Remarks S	chedule if more space	is required)		
l .	is certificate is issued on behalf of						Soccer League Certifica	te Holder is
	ditional Insured as respects the o							ite Holder 15
CE	EDTIFICATE HOLDER				CANCELLA	TION		
	RTIFICATE HOLDER				CANCELLA	TION		
l .	ne New Rink						DESCRIBED POLICIES BE CA	
	625 Van Dyke Ave				THE EXPIRATION		F, NOTICE WILL BE DELIVERE	
Sh	nelby Twp, MI 48317						•	
					AUTHORIZED REPI	RESENTATIVE	$\bigcap$	
					July Chill			



DATE (MM/DD/YYYY) 8/26/2015

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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in li	eu of such endorsement(s).	J11016	Jilla	, require an endorsement.	- Julienieni on i			o oci illoate lloidel
PROI	Pullen Insurance Se	ervio	ces,	Inc.	CONTACT NAME: Sports Division			
	2560 River Park Pla	aza,	Sui	te 300	PHONE: (81	7) 738-6100	FAX: (817) 738-29	993
	Fort Worth, TX 76	116			E-MAIL ADDRESS: contact@pullenins.com			
	,				PRODUCER CUSTO	MER ID#: MI		
					INSURERS AF	FORDING COVI	ERAGE	NAIC #
INSU	Michigan State Youth	Soc	cer	Association	Insurer A: Na	tional Casualt	v Company	11991
	9401 General Drive, S					itual of Omaha		71412
	Plymouth, MI 48170	Juin	. 12	O	Insurer C:			
	1 lymouth, wii 40170				Insurer D:			
					Insurer E:			
					Insurer F:			
CO	VERAGES CE	RTII	FIC.	ATE NUMBER: 150126	-	F	REVISION NUMBER:	0
THIS INDI CER EXC	S IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY R TIFICATE MAY BE ISSUED OR MAY ELUSIONS AND CONDITIONS OF SUC	ES OF REQUI PEF CH PO	INS IREM RTAIN LICIE	URANCE LISTED BELOW HA ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	VE BEEN ISSUE OF ANY CONTR DED BY THE POL E BEEN REDUCE	D TO THE INSU ACT OR OTHEF LICIES DESCRIE D 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	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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	
	OFFICE/MEMBER EXCLUDED?  (Mandatory in NH)	N/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016	'	\$100,000
	 CRIPTION OF OPERATIONS / LOCATIONS / VE							
	s certificate is issued on behalf o ditional Insured as respects the op-							te Holder is
CE	RTIFICATE HOLDER				CANCELLA	TION		
86	timate Soccer Arena 7 South Blvd E ntiac , 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 REPR	RESENTATIVE	Patik Dull	_



DATE (MM/DD/YYYY) 8/26/2015

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in lieu of such endorsement(s).									
PRODUCER Pullen Insurance Se	ervio	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 A	NAIC #				
INSURED Michigan State Youth	So	ccer	Association	Insurer A: N	National Casualty	Company	11991		
9401 General Drive, S	Snite	12	0		Mutual of Omaha		71412		
Plymouth, MI 48170	Juite	. 12	O .	Insurer C:					
				Insurer D:					
				Insurer E:					
				Insurer F:					
COVERAGES CE	RTI	FIC/	ATE NUMBER: 150126	66	R	EVISION NUMBER:	0		
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY FOR THE POLICIE INDICATED THE POLICIE INDIC	REQU Y PEF CH PC	IREM RTAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAV	OF ANY CONDED BY THE P E BEEN REDUC	TRACT OR OTHER OLICIES DESCRIB CED BY PAID CLAII	DOCUMENT WITH RESPECT TO ED HEREIN IS SUBJECT TO MS.	CT TO WHICH THIS		
INSR TYPE OF INSURANCE		SUBR WVD		POLICY EFFECTIVE DATE (MM/DD/YY)		LIMITS	<b>#1 000 000</b>		
A GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	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 5663300	9/1/2015	9/1/2016	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						(Fer accident)			
X NON-OWNED AUTOS									
A UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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 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			
B PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
This certificate is issued on behalf o	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				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE					

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Royal Oak, MI 48073

WITH THE POLICY PROVISIONS.



DATE (MM/DD/YYYY) 8/26/2015

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	cu or such chuorsement(s).								
PROI	Pullen Insurance Se	rvi	ces,	Inc.	CONTACT NAME: Sports Division				
	2560 River Park Pla	aza,	Sui	te 300	PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 761	116			E-MAIL ADDRESS: contact@pullenins.com				
					PRODUCER CUSTO	MER ID#: MI			
					INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSU	Michigan State Youth	So	ccer	Association	Insurer A: Na	tional Casualty	y Company	11991	
	9401 General Drive, S			Insurer B: Mu	itual of Omaha	1	71412		
	Plymouth, MI 48170			•	Insurer C:				
	11/11/04/11/11/10/17				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTI	FIC.	ATE NUMBER: 1501266		F	REVISION NUMBER:	0	
THIS INDI CER	S IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY R TIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUC	S OF EQU PEF 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 ACT OR OTHER LICIES DESCRIB D BY PAID CLAI	RED NAMED ABOVE FOR TO 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000	
	DEDUCTIBLE RETENTION \$								
	RETENTION \$						WC STATU- OTH- 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		
				GD 204 (3 ET D 0 202 2 4	0/1/2017	0/1/2016	E. L. DISEASE - POLICY LIMIT	¢100,000	
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
Thi Add	cription of operations/locations/vei s certificate is issued on behalf of litional Insured as respects the op	f Mi	chiga	n State Youth Soccer Ass	sociation & Mi sanctioned act	chigan Youth Sivities of the st	Soccer League. Certifica ate association.	te Holder is	
	RTIFICATE HOLDER				CANCELLA	HON			
25	aldon Middle School 09 Waldon Rd. ke 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 REPP	RESENTATIVE	Patik Dull	-	



DATE (MM/DD/YYYY) 8/26/2015

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	eu of such endorsement(s).	olicies	ma	y require an endorsement.	A Statement on	ınıs certificatê c	ioes not conter rights to th	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					
/						E-MAIL ADDRESS: contact@pullenins.com				
	Toft Worth, 124 70	110			PRODUCER CUSTO					
					INSURERS AF	NAIC #				
INSU	JRED Michigan State Vouth	Coo		Association		77.1.0				
	Michigan State 1 Outil					utual of Omaha		71412		
	9401 General Drive, S	sune	12	U		utuai 01 Oilialia	1	/1412		
	Plymouth, MI 48170				Insurer C:					
					Insurer D:					
					Insurer E:					
~~	VED 4 OF C	DTIE	-10	ATE NUMBER - 150100	Insurer F:		DEVICION NUMBER			
				ATE NUMBER: 150126			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 POI	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 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
Thi	CRIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf o ditional Insured as respects the op	f Mic	higa	an State Youth Soccer Ass	sociation & Mi	chigan Youth	Soccer League. Certifica ate association.	te Holder is		
	RTIFICATE HOLDER				CANCELLA	TION		1		
44	oton Elementary 00 Mandalay oyal Oak, MI 48073				THE EXPIRATION	OF THE ABOVE I ON DATE THEREO LICY PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE DINACCORDANCE		
					AUTHORIZED REPI	RESENTATIVE	Patik Dull_	_		



DATE (MM/DD/YYYY) 8/26/2015

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)

	eu of such endorsement(s).	oncles	may require an endorsement.	A Statement on	uns ceruncate o	ioes not confer rights to th	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	,	Julie 300	E-MAIL ADDRESS:					
	Tore worth, 171 /o.	110		PRODUCER CUSTO	PRODUCER CUSTOMER ID#: MI				
				INSURERS AF	FORDING COVI	ERAGE	NAIC #		
INSU	Michigan State Youth	Soci	par Association						
	9401 General Drive, S				utual of Omaha		71412		
	Plymouth, MI 48170	ounc	120	Insurer C:	atual of Omalic	<u> </u>	71412		
	Flymoun, Mi 48170			Insurer D:					
				Insurer E:					
				Insurer F:					
	VERAGES CE	DTIE	ICATE NUMBER: 150128	-		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	ES OF REQUIR / PERT CH POL	INSURANCE LISTED BELOW HA EMENT, TERM OR CONDITION AIN, THE INSURANCE AFFORI ICIES. LIMITS SHOWN MAY HAV	AVE BEEN ISSUE OF ANY CONTR DED BY THE PO 'E BEEN REDUCE	ED TO THE INSU RACT OR OTHEF 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 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR					MED EXP (Any one person)	\$5,000		
						PERSONAL & ADV INJURY	\$1,000,000		
						GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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 ACTOS								
A	UMBRELLA LIAB X OCCUR		XKO 5663400	9/1/2015	9/1/2016	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		SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
Thi Add	CRIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf or ditional Insured as respects the op	f Mich	nigan State Youth Soccer As	sociation & Mi sanctioned act	ichigan Youth Stivities of the st	Soccer League. Certifica tate association.	te Holder is		
CE	RTIFICATE HOLDER			CANCELLA	TION				
26	otal Soccer Training Center 083 Groesbeck Hwy arren, MI 48089			THE EXPIRATION	OF THE ABOVE ON DATE THEREC LICY PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE DINACCORDANCE		
				AUTHORIZED REPI	RESENTATIVE	Patik Dull	_		



DATE (MM/DD/YYYY) 8/26/2015

\$5,000,000

\$100,000

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and co	onditions of the policy, certain p of such endorsement(s).	olicies	may req	uire an endorsemen	it. A statement on	this certificate of	does not confer rights to the	ne certificate holder		
PRODUC	Pullen Insurance S	ervice	s. Inc.		CONTACT NAME:	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@pu	llenins.com			
	,				PRODUCER CUST	OMER ID#: MI				
					INSURERS AI	FFORDING COVI	ERAGE	NAIC #		
INSURE	Michigan State Youtl	n Soco	er As	sociation	Insurer A: N	ational Casualty	y Company	11991		
	9401 General Drive,	Suite	120		Insurer B: M	Iutual of Omaha	ı	71412		
	Plymouth, MI 48170				Insurer C:					
					Insurer D:					
					Insurer E:	Insurer E:				
					Insurer F:					
COVI	ERAGES CE	ERTIFI	CATE	<b>NUMBER:</b> 15013	3657	F	REVISION 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 HAV					ON OF ANY CONT RDED BY THE PO AVE BEEN REDUC	RACT OR OTHER DLICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT T	ECT 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 G	ENERAL LIABILITY	X	KR	O 5663300	9/1/2015	9/1/2016	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		
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		KR	O 5663300	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
-	ALL OWNED AUTOS						BODILY INJURY (Per person)			
-	ALE OWNED AUTOG						BODILY INJURY (Per accident)			

\$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

9/1/2015

9/1/2015

9/1/2016

9/1/2016

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

XKO 5663400

SR2014MI-P-053256

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
Verellen Elementary School 612 W. Borton Rd. Essexville, MI 48732	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

PROPERTY DAMAGE

EACH OCCURRENCE

E. L. DISEASE - EA EMPLOYEE

E. L. DISEASE - POLICY LIMIT

(Per accident)

SCHEDULED AUTOS

NON-OWNED AUTOS

UMBRELLA LIAB X OCCUR

PARTICIPANT ACCIDENT MEDICAL

CLAIMS-MADE

HIRED AUTOS

**EXCESS LIAB** 

If yes, describe under



DATE (MM/DD/YYYY) 8/26/2015

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in lieu of such endorsement(s).	, policit	o ilid	y require an endorsement.	A Statement On	uns ceruncate (	aces not comer nyme to th	e certificate ficider	
PRODUCER Pullen Insurance	Inc.	CONTACT NAME: Sports Division						
2560 River Park				PHONE: (817) 738-6100 FAX: (817) 738-2993				
Fort Worth, TX				E-MAIL ADDRESS: contact@pullenins.com				
l oit worth, iii	0110			PRODUCER CUSTOMER ID#: MI				
				INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSURED Michigan State You	ıth So	ccer	Association	Insurer A: Na	ational Casualt	y Company	11991	
9401 General Drive					utual of Omaha		71412	
Plymouth, MI 4817		0 12	O .	Insurer C:				
Trymodin, wir 1017	· ·			Insurer D:				
				Insurer E:				
				Insurer F:				
COVERAGES	CERT	IFIC/	ATE NUMBER: 150138	17	F	REVISION NUMBER:	0	
THIS IS TO CERTIFY THAT THE POL INDICATED. NOTWITHSTANDING AN CERTIFICATE MAY BE ISSUED OR I EXCLUSIONS AND CONDITIONS OF S	Y REQL MAY PE SUCH PO	JIREM RTAIN OLICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORI S. LIMITS SHOWN MAY HAV	OF ANY CONTE DED BY THE PO 'E BEEN REDUC!	RACT OR OTHER LICIES DESCRIE ED BY PAID CLAI	R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT TO	CT TO WHICH THIS	
INSR TYPE OF INSURANCE	ADD'I INSRI	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 5663300	9/1/2015	9/1/2016	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	POLICY PROJECT LOC					PARTICIPANT LEGAL LIABILITY	\$1,000,000	
A AUTOMOBILE LIABILITY  ANY AUTO			KRO 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
X EXCESS LIAB CLAIMS-MAD	E					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)	۱۱۷/A	1				E. L. DISEASE - EA EMPLOYEE		
If yes, describe under						E. L. DISEASE - POLICY LIMIT		
B PARTICIPANT ACCIDENT MEDIC	AL		SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
DESCRIPTION OF OPERATIONS / LOCATIONS This certificate is issued on behal Additional Insured as respects the	f of Mi	ichiga	an State Youth Soccer As	sociation & Mi	ichigan Youth Stivities of the st	Soccer League. Certifica tate association.	te Holder is	
CERTIFICATE HOLDER				CANCELLA	IION			
STEENLAND ELEMENT. 16335 CHURCH	ARY			SHOULD ANY	OF THE ABOVE	DESCRIBED POLICIES BE CA	NCELLED BEFORE DINACCORDANCE	
ROSEVII I E MI 48066				WITH THE PO	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			

AUTHORIZED REPRESENTATIVE

16335 CHURCH ROSEVILLE, MI 48066



DATE (MM/DD/YYYY) 8/26/2015

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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: Mutual of Omaha	71412				
	Plymouth, MI 48170	Insurer C:					
	•	Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 1501420	N2 REVISION NUMBER: (	)				
TI IIO IO T	O CERTIFY THAT THE ROLLOIFO OF MOURANCE LIGHER RELOWALIA	VE DEEN LOOLED TO THE INCHDED NAMED ADOVE FOR TH	IE DOLIOV 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 PERIOD INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, LEXCLUSIONS 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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

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.



DATE (MM/DD/YYYY) 8/26/2015

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	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 th	e certificate holder		
PROI	Pullen Insurance So	ervi	es	Inc	CONTACT NAME: Sports Division					
	2560 River Park Pl				PHONE: (81	(617) 756 6166				
	Fort Worth, TX 76	,	Sui	300	E-MAIL ADDRESS: contact@pullenins.com					
	1 of t worth, 124 70	110			PRODUCER CUSTO					
					INSURERS AF	FORDING COVI	FRAGE	NAIC #		
INSU	RED Michigan State Voyeth			Association		tional Casualty		11991		
	Whengan State 1 out	1.20	- 12	Association		utual of Omaha		71412		
	9401 General Drive, S	Suite	e 12	U		utuai oi Oilialia	1	/1412		
	Plymouth, MI 48170				Insurer C:					
					Insurer D:					
					Insurer E:					
	V				Insurer F:					
				ATE NUMBER: 150143			REVISION NUMBER:			
INDI CER EXC	S IS TO CERTIFY THAT THE POLICI CATED. NOTWITHSTANDING ANY F TIFICATE MAY BE ISSUED OR MA' SLUSIONS 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 RESPE SED 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
•	X EXCESS LIAB CLAIMS-MADE			71110 2002 100	7/1/2013	7/1/2010	AGGREGATE	\$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			
	(Mandatory in NH)  If yes, describe under						E. L. DISEASE - EA EMPLOYEE			
D		-		GD2014N4LD 052256	0/1/2015	0/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000		
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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	f Mi	chiga	an State Youth Soccer As	sociation & Mi	chigan Youth S	Soccer League. Certifica	te Holder is		
Add	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				
Sta 13	arr Jaycee Park Mile (one block East of Co oyal Oak, MI 48068	rook	s)		SHOULD ANY THE EXPIRATION	OF THE ABOVE I	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE			
	•				AUTHORIZED REPI	RESENTATIVE	Patik Dull	-		



DATE (MM/DD/YYYY) 8/26/2015

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					
	1 510 11 51011	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: Mutual of Omaha	71412				
		Insurer C:					
		Insurer D:					
		Insurer E:					
		Insurer F:					
COVERA	AGES CERTIFICATE NUMBER: 1501595	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, EVALUATIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN ANY MAY PERFEN BEDIEVED 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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.

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

**CANCELLATION** 

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**CERTIFICATE HOLDER** 



DATE (MM/DD/YYYY) 8/26/2015

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)

	suon ondoroumoni(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: Mutual of Omaha	71412			
	Plymouth, MI 48170	Insurer C:				
	•	Insurer D:				
		Insurer E:				
		Insurer F:				
COVER	AGES CERTIFICATE NUMBER: 1501623	REVISION NUMBER: 0	)			
THIS IS TO	O CERTIEV THAT THE DOLLCIES OF INCLIDANCE LISTED BELOW HA	VE BEEN ISSUED TO THE INSUBED 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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
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

CEDTIEICATE HOLDED



DATE (MM/DD/YYYY) 8/26/2015

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).	nicies	may require an endorseme	nt. A statement on	tilis certificate o	ioes not conter rights to th	ie 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) 738-2	993
	Fort Worth, TX 762	,	Julie 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				utual of Omaha		71412
	9401 General Drive, S	sune	120		utuai oi Oilialia	1	/1412
	Plymouth, MI 48170			Insurer C:			
				Insurer D:			
				Insurer E:			
~~	VEDACES OF	DTIE	ICATE MUMDED: 1511	Insurer F:		DEVICION NUMBER.	
			ICATE NUMBER: 1511			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 POL	REMENT, TERM OR CONDITI FAIN, THE INSURANCE AFFO ICIES. LIMITS SHOWN MAY H	ON OF ANY CONTF DRDED BY THE PO IAVE 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 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR					MED EXP (Any one person)	\$5,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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		SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000
	 CRIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf o					Soccer League Certifica	ite Holder is
Ado	ditional Insured as respects the op	peratio	ons of the Named Insured	for sanctioned act	tivities of the st	tate association.	tte Holder is
CE	RTIFICATE HOLDER			CANCELLA	TION		
Sto 57	oney Creek High School 5 E Tienker ochester Hills, MI 48306			SHOULD ANY THE EXPIRATI	OF THE ABOVE	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE ED IN ACCORDANCE
				AUTHORIZED REP	RESENTATIVE	Patik Dull_	_



DATE (MM/DD/YYYY) 8/26/2015

\$5,000,000

\$5,000,000

\$100,000

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and c	RTANT: If the certificate holder is conditions of the policy, certain pure of such endorsement(s).	s an <i>l</i> olicie	NDDI <sup>T</sup> s ma	FIONAL INSURED, the policy 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	subject to the terms ne certificate holder
PRODU	Pullen Insurance So	ervi	ces,	Inc.	CONTACT NAME:	Sports Divis	ion	
	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@pu	lenins.com	
	•				PRODUCER CUSTO	OMER ID#: MI		
					INSURERS AF	FORDING COVE	ERAGE	NAIC #
INSUR	Michigan State Youth	ı So	ccer	Association	Insurer A: National Casualty Company			11991
	9401 General Drive, S	Suite	e 12	0	Insurer B: M	utual of Omaha	l	71412
	Plymouth, MI 48170				Insurer C:			
	•				Insurer D:			
					Insurer E:			
					Insurer F:			
COV	ERAGES CE	RTI	FIC/	ATE NUMBER: 151166	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 PEF CH PC	IREM RTAIN LICIE	ENT, TERM OR CONDITION I, THE INSURANCE AFFORD SS. 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 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	
^ <b>^</b>  -	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
(	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400

SR2014MI-P-053256

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.

9/1/2015

9/1/2015

CANCELLATION

9/1/2016

9/1/2016

CENTIFICATE 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

EACH OCCURRENCE

WC STATU-TORY LIMITS

E. L. EACH ACCIDENT

E. L. DISEASE - EA EMPLOYEE

E. L. DISEASE - POLICY LIMIT

AGGREGATE

CERTIFICATE HOLDER

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) 8/26/2015

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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

	conditions of the policy, certain p u of such endorsement(s).	olicie	s ma	y require an endorsement.	Á statement on	this certificate d	oes not confer rights to t	he 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	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 Youtl	ı So	ccer	Association	Insurer A: Na	tional Casualty	Company	11991
	9401 General Drive,				Insurer B: M	utual of Omaha	1	71412
	Plymouth, MI 48170				Insurer C:			
	,				Insurer D:			
					Insurer E:			
					Insurer F:			
CO	/ERAGES CE	RTI	FIC/	ATE NUMBER: 151166	86	R	REVISION NUMBER:	0
INDIC CERT	IS TO CERTIFY THAT THE POLICI CATED. NOTWITHSTANDING ANY I TIFICATE MAY BE ISSUED OR MA USIONS 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 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 EXPIRATION DATE (MM/DD/YY)	LIMITS	
Α	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
L	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
			1					\$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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	<del></del>						BODILY INJURY (Per person)	
	ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	X HIRED AUTOS						PROPERTY DAMAGE (Per accident)	
	X NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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
University Hills Elementary School 600 Croyden 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 Pull



DATE (MM/DD/YYYY) 8/26/2015

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 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	res	Inc	CONTACT NAME:	Sports Divis	sion	
	2560 River Park Pl				PHONE: (81	17) 738-6100	FAX: (817) 738-2	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 Vouth	· Co	2221	Association	<del>                                     </del>	tional Casualty		11991
	Wildingan State Touth					utual of Omaha		71412
	9401 General Drive, S	Sulte	3 12	U		ituai 01 Oilialia	1	/1412
	Plymouth, MI 48170				Insurer C:			
					Insurer D:			
					Insurer E:			
	VERAGES CE	DTI	EIC.	ATE NUMBER: 1511668	Insurer F:		REVISION NUMBER:	0
THIS IND CER	S IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY F ITIFICATE 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 S. 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 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016	·	\$100,000
DES	L CRIPTION OF OPERATIONS / LOCATIONS / VE	L HICLE	L S (Atta	L 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	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	tate association.	
CE	RTIFICATE HOLDER				CANCELLA	TION		
	ica Community Schools							
	303 Greendale St				SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA OF, NOTICE WILL BE DELIVERE	NCELLED BEFORE
ı	erling Heights, MI 48312					ICY PROVISIONS		.D III ACCONDANCE
511	711115 1101511115, WII 40312							
					AUTHORIZED REP	RESENTATIVE	$()$ $ , a \cap a$	
							Vatik Well-	-



DATE (MM/DD/YYYY) 8/26/2015

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	eu of such endorsement(s).	nicies	ma	y require an endorsement.	A Statement on 1	mis certificaté d	ioes not conter rights to th	e certificate noider
PROI	Pullen Insurance Se	rvic	es	Inc	CONTACT NAME:	Sports Divis	ion	
	2560 River Park Pla				PHONE: (81	7) 738-6100	FAX: (817) 738-29	993
	Fort Worth, TX 761	,	Sui	10 300	E-MAIL ADDRESS:	contact@pul	<u> </u>	
	Fort Worth, 1A 70	110			PRODUCER CUSTO			
						FORDING COVE	=RAGE	NAIC #
INSU	IRED IM. 1. C X7 .1			A				11991
11400	Michigan State 1 Outil					tional Casualty		
	9401 General Drive, S	Suite	12	O .		utual of Omaha	l	71412
	Plymouth, MI 48170				Insurer C:			
					Insurer D:			
					Insurer E:			
					Insurer F:			
CO	VERAGES CE	RTIF	·IC/	ATE NUMBER: 1511668	88	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 / PER :H POL	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000
	CRIPTION OF OPERATIONS / LOCATIONS / VE						Socor Loague Contifica	to Holder is
Ado	s certificate is issued on behalf or ditional Insured as respects the op	perati	ons	of the Named Insured for	sanctioned act	ivities of the st	ate association.	te Holder is
CF	RTIFICATE HOLDER				CANCELLA	TION		
Wa 30	arren Bank 068 Schoenher Rd				SHOULD ANY THE EXPIRATION	OF THE ABOVE I	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE DINACCORDANCE
W	arren, MI 48088				AUTHORIZED REPR	DECENITATIVE	0	
							Vatil Delle	-



DATE (MM/DD/YYYY) 8/26/2015

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	Pullen Insurance				CONTACT NAME:	Sports Divis		
	2560 River Park	Plaza	, Sui	te 300	PHONE: (8	17) 738-6100	FAX: (817) 738-2	993
	Fort Worth, TX	6116			E-MAIL ADDRESS:	contact@pul	lenins.com	
					PRODUCER CUSTO	OMER ID#: MI		
					INSURERS AF	FORDING COVE	RAGE	NAIC #
INSU	whengah state 100	th So	ccer	Association	Insurer A: Na	ational Casualty	Company	11991
	9401 Ğeneral Drive	, Suit	e 12	0	Insurer B: M	utual of Omaha		71412
	Plymouth, MI 4817	0			Insurer C:			
	•				Insurer D:			
					Insurer E:			
					Insurer F:			
				ATE NUMBER: 15116			REVISION NUMBER:	
CER EXC	S IS TO CERTIFY THAT THE POL ICATED. NOTWITHSTANDING AN RTIFICATE MAY BE ISSUED OR I CLUSIONS AND CONDITIONS OF S	1AY PE UCH P(	RTAIN OLICIE	N, THE INSURANCE AFFO ES. LIMITS SHOWN MAY HA	RDED BY THE PO AVE BEEN REDUCE	LICIES DESCRIB ED BY PAID CLAII	RED NAMED ABOVE FOR T DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T MS.	CT TO WHICH THIS O ALL THE TERMS,
INSR LTR			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 5663300	9/1/2015	9/1/2016	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
							PRODUCTS - COMP/OP AGG	\$1,000,000
I .	GEN'L AGGREGATE LIMIT APPLIES PER:							
	POLICY PROJECT LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000
A				KRO 5663300	9/1/2015	9/1/2016	PARTICIPANT LEGAL LIABILITY  COMBINED SINGLE LIMIT (Ea accident)	. , , ,
A	POLICY PROJECT LOC AUTOMOBILE LIABILITY			KRO 5663300	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT	. , ,
A	POLICY PROJECT LOC  AUTOMOBILE LIABILITY  ANY AUTO			KRO 5663300	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT (Ea accident)  BODILY INJURY (Per person)  BODILY INJURY (Per accident)	. , , ,
A	POLICY PROJECT LOC  AUTOMOBILE LIABILITY  ANY AUTO  ALL OWNED AUTOS  SCHEDULED AUTOS			KRO 5663300	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT (Ea accident)  BODILY INJURY (Per person)	. , ,
A	POLICY PROJECT LOC  AUTOMOBILE LIABILITY  ANY AUTO  ALL OWNED AUTOS  SCHEDULED AUTOS			KRO 5663300	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT (Ea accident)  BODILY INJURY (Per person)  BODILY INJURY (Per accident)  PROPERTY DAMAGE	. , ,
A	POLICY PROJECT LOC  AUTOMOBILE LIABILITY  ANY AUTO  ALL OWNED AUTOS  SCHEDULED AUTOS  X HIRED AUTOS			KRO 5663300	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT (Ea accident)  BODILY INJURY (Per person)  BODILY INJURY (Per accident)  PROPERTY DAMAGE	\$1,000,000
	POLICY PROJECT LOC  AUTOMOBILE LIABILITY  ANY AUTO  ALL OWNED AUTOS  SCHEDULED AUTOS  X HIRED AUTOS  X NON-OWNED AUTOS	<u> </u>					COMBINED SINGLE LIMIT (Ea accident)  BODILY INJURY (Per person)  BODILY INJURY (Per accident)  PROPERTY DAMAGE (Per accident)	\$1,000,000
	POLICY PROJECT LOC  AUTOMOBILE LIABILITY  ANY AUTO  ALL OWNED AUTOS  SCHEDULED AUTOS  X HIRED AUTOS  X NON-OWNED AUTOS  UMBRELLA LIAB X OCCUR	=					COMBINED SINGLE LIMIT (Ea accident)  BODILY INJURY (Per person)  BODILY INJURY (Per accident)  PROPERTY DAMAGE (Per accident)  EACH OCCURRENCE	\$1,000,000
	POLICY PROJECT LOC  AUTOMOBILE LIABILITY  ANY AUTO  ALL OWNED AUTOS  SCHEDULED AUTOS  X HIRED AUTOS  NON-OWNED AUTOS  UMBRELLA LIAB X OCCUR  X EXCESS LIAB CLAIMS-MAD	=					COMBINED SINGLE LIMIT (Ea accident)  BODILY INJURY (Per person)  BODILY INJURY (Per accident)  PROPERTY DAMAGE (Per accident)  EACH OCCURRENCE	\$1,000,000
	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-MAD  DEDUCTIBLE  RETENTION \$						COMBINED SINGLE LIMIT (Ea accident)  BODILY INJURY (Per person)  BODILY INJURY (Per accident)  PROPERTY DAMAGE (Per accident)  EACH OCCURRENCE	\$1,000,000
	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-MAD  DEDUCTIBLE  RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y//						COMBINED SINGLE LIMIT (Ea accident)  BODILY INJURY (Per person)  BODILY INJURY (Per accident)  PROPERTY DAMAGE (Per accident)  EACH OCCURRENCE  AGGREGATE	\$1,000,000
	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-MAD  DEDUCTIBLE  RETENTION \$						COMBINED SINGLE LIMIT (Ea accident)  BODILY INJURY (Per person)  BODILY INJURY (Per accident)  PROPERTY DAMAGE (Per accident)  EACH OCCURRENCE  AGGREGATE  WC STATU- TORY LIMITS  OTH- TORY LIMITS	\$1,000,000
	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-MAD  DEDUCTIBLE  RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE  OFFICER/MEMBER EXCLUDED?						COMBINED SINGLE LIMIT (Ea accident)  BODILY INJURY (Per person)  BODILY INJURY (Per accident)  PROPERTY DAMAGE (Per accident)  EACH OCCURRENCE  AGGREGATE  WC STATU- TORY LIMITS  E. L. EACH ACCIDENT	\$1,000,000 \$1,000,000 \$5,000,000 \$5,000,000

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 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 STATES OF THE PROPERTY OF THE PROPER



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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 th	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 /0	110			PRODUCER CUST		ii ciiii ii si ciii si cii si ciii si ciii si cii c		
					FORDING COVI	FRAGE	NAIC #	
INSURED Michigan State Vout				<u> </u>			11991	
Wildingan State Tout					ational Casualt utual of Omaha		71412	
	9401 General Drive, Suite 120					1	/1412	
Plymouth, MI 48170				Insurer C:				
				Insurer D:				
				Insurer E:				
COVERAGES	-DTI		ATE NUMBER: 151150	Insurer F:		SEVICION NUMBER		
			ATE NUMBER: 151168			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLIC INDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR MATERICAL EXCLUSIONS AND CONDITIONS OF SU	REQU (Y PEI CH PC	IREM RTAIN OLICIE	ENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONTE DED BY THE PO E BEEN REDUCI	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	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
						PERSONAL & ADV INJURY	\$1,000,000	
						GENERAL AGGREGATE	UNLIMITED	
GEN'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 5663300	9/1/2015	9/1/2016	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 <b>7</b> 000 000	
A UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
X EXCESS LIAB CLAIMS-MADE	4					AGGREGATE	\$5,000,000	
DEDUCTIBLE								
RETENTION \$	_					MC CTATH OTH		
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		
B PARTICIPANT ACCIDENT MEDICAL	-		SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
This certificate is issued on behalf Additional Insured as respects the o	of Mi	chiga	an State Youth Soccer Ass	sociation & M	id-Michigan Yo		tificate Holder is	
CERTIFICATE HOLDER				CANCELLA	TION			
				JANULLLA				
Sunnyside Park 1511 Elm St. Mt Pleasant, MI 48858		THE EXPIRATI	OF THE ABOVE I ON DATE THEREC LICY PROVISIONS	DESCRIBED POLICIES BE CA OF, NOTICE WILL BE DELIVERE	NCELLED BEFORE DINACCORDANCE			

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	nditions of the policy, certain po of such endorsement(s).	JIICIES III	ay require an endorsement.	A Statement On	una ceruncale (	ioes not comer rights to th	ne certificate fioliter	
PRODUC	Pullen Insurance Se	ervices.	Inc.	CONTACT NAME: Sports Division  PHONE: (817) 738-6100 FAX: (817) 738-2993				
	2560 River Park Pl							
	Fort Worth, TX 76	,		E-MAIL ADDRESS:	contact@pu	llenins.com		
	- · · · · · · · · · · · · · · · · · · ·			PRODUCER CUST	OMER ID#: MI			
				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	Suite 12	20	Insurer B: M	utual of Omaha	ì	71412	
	Plymouth, MI 48170			Insurer C:				
	5			Insurer D:				
				Insurer E:				
				Insurer F:				
COVE	RAGES CE	RTIFIC	<b>ATE NUMBER:</b> 151168	378	F	REVISION NUMBER:	0	
EXCLUS	TO CERTIFY THAT THE POLICIE TED. NOTWITHSTANDING ANY F ICATE MAY BE ISSUED OR MAY SIONS AND CONDITIONS OF SUC	Y PERTAI H POLICI	N, THE INSURANCE AFFOR ES. LIMITS SHOWN MAY HA\	DED BY THE PO /E BEEN REDUC <mark>!</mark>	LICIES DESCRIE ED BY PAID CLAI	BED HEREIN IS SUBJECT T	THE POLICY PERIOD ECT TO WHICH THIS TO ALL THE TERMS,	
INSR LTR	TYPE OF INSURANCE	ADD'L SUBF	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A GE	NERAL LIABILITY	X	KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
X	COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (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	N'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 5663300	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	ALL OWNED AUTOS					BODILY INJURY (Per person)		
	SCHEDULED AUTOS					BODILY INJURY (Per accident)		
V	HIRED AUTOS					PROPERTY DAMAGE (Per accident)		
$\frac{\Lambda}{X}$	NON-OWNED AUTOS					(i oi deoideill)		
<u> </u>								
A	UMBRELLA LIAB X OCCUR		XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
X	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$5,000,000	
	DEDUCTIBLE							
	RETENTION \$							
wc	PRKERS COMPENSATION					WC STATU- TORY LIMITS OTH- ER		
l lan	D EMPLOYERS' LIABILITY  PROPRIETOR/PARTNER/EXECUTIVE	N/A				E. L. EACH ACCIDENT		
OFF	riceR/MEMBER EXCLUDED?	111/7				E. L. DISEASE - EA EMPLOYEE		
If ye	es, describe under					E. L. DISEASE - POLICY LIMIT		
В РА	RTICIPANT ACCIDENT MEDICAL		SR2014MI-P-053256	9/1/2015	9/1/2016		\$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.

CENTIFICATE HOLDEN	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 Jatik Pull

CANCELLATION

CEDTIEICATE HOLDED



DATE (MM/DD/YYYY) 8/26/2015

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 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 Mutual of Omaha 71412 Insurer B: Plymouth, MI 48170 Insurer C: Insurer D: Insurer E: Insurer F: **COVERAGES CERTIFICATE NUMBER: 15116879 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. 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 5663300 9/1/2015 9/1/2016 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 5663300 9/1/2015 9/1/2016 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 5663400 9/1/2015 9/1/2016 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 9/1/2015 9/1/2016 \$100,000 SR2014MI-P-053256 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. **CERTIFICATE HOLDER CANCELLATION** Swartz Creek Junior High School SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE 8230 Crapo St. WITH THE POLICY PROVISIONS. Swartz Creek, MI 48473 AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 8/26/2015

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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).	olicies	s ma	y require an endorsement.	A statement on	this certificate o	loes not confer 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	,	Sui	ic 500	E-MAIL ADDRESS: contact@pullenins.com				
Toft Wortin, 171 70	110			PRODUCER CUSTOMER ID#: MI				
				INSURERS A	FFORDING COVI	ERAGE	NAIC #	
INSURED Michigan State Vouth	Soc	Cer	Association	Insurer A: N	ational Casualty	/ Company	11991	
Michigan State Youth Soccer Association 9401 General Drive, Suite 120					lutual of Omaha		71412	
Plymouth, MI 48170	Juin	14	U	Insurer C:	tutuur or omum	•	, 1112	
1 Tymoddi, 1411 401 70				Insurer D:				
				Insurer E:				
				Insurer F:				
COVERAGES CE	RTII	FIC	ATE NUMBER: 151168	-	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 Y PER CH PO	REM 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	DOCUMENT WITH RESPE ED HEREIN IS SUBJECT TO MS.	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 COMMERCIAL GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	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 5663300	9/1/2015	9/1/2016	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*)		
A now similar reves								
A UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
X EXCESS LIAB CLAIMS-MADE			ARO 3003400	7/1/2013	)/1/2010	AGGREGATE	\$5,000,000	
DEDUCTIBLE	1					AGGREGATE	\$3,000,000	
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		
B PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016	L. L. DISEASE - FOLICT LIMIT	\$100,000	
D PARTICIPANT ACCIDENT MEDICAL			5K201+WII-1-033230	7/1/2013	3/1/2010		Ψ100,000	
DESCRIPTION OF OPERATIONS/LOCATIONS/VE This certificate is issued on behalf o Additional Insured as respects the operations	of Mic	chiga	an State Youth Soccer Ass	sociation & M	id-Michigan Yo		tificate Holder is	
CERTIFICATE HOLDER				CANCELLA	ATION			
Towns and Towns It is Doub				CANCELLA	ATTON			
Taymouth Township Park 2386 E. Burt Rd				THE EXPIRAT	OF THE ABOVE I	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE D IN ACCORDANCE	
Birch Run, MI 48415								

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DATE (MM/DD/YYYY) 8/26/2015

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and conditions of the policy, certain point in lieu of such endorsement(s).	olicies	s may require an endorsement	. A statement on	this certificate o	loes not confer rights to th	ie certificate holder		
Pullen Insurance Se	rvic	es. Inc.	CONTACT NAME: Sports Division					
2560 River Park Pla			PHONE: (8	(617) 756 6166 (617) 756 2556				
Fort Worth, TX 761			E-MAIL ADDRESS	contact@pu	llenins.com			
1 010 11 01011, 111 7 0 1			PRODUCER CUST	FOMER ID#: MI				
			INSURERS A	FFORDING COVI	ERAGE	NAIC #		
Michigan State Youth	Soc	cer Association	Insurer A: N	ational Casualt	y Company	11991		
9401 General Drive, S			Iutual of Omaha		71412			
Plymouth, MI 48170	arte	120	Insurer C:					
Trymouth, wir 10170			Insurer D:					
			Insurer E:					
			Insurer F:					
COVERAGES CE	RTIF	FICATE NUMBER: 15116		F	REVISION NUMBER:	0		
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUC	EQUI PER H POI	REMENT, TERM OR CONDITIO TAIN, THE INSURANCE AFFOF LICIES. LIMITS SHOWN MAY HA	N OF ANY CONT RDED BY THE PO VE 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	SUBR WVD POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A GENERAL LIABILITY	X	KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
CLAIMS MADE X OCCUR					MED EXP (Any one person)	\$5,000		
					PERSONAL & ADV INJURY	\$1,000,000		
					GENERAL AGGREGATE	UNLIMITED		
GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
X EXCESS LIAB CLAIMS-MADE		7440 3003 100	7/1/2013	7/1/2010	AGGREGATE	\$5,000,000		
DEDUCTIBLE					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			
		SD2014MLD 052256	0/1/2015	9/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000		
B PARTICIPANT ACCIDENT MEDICAL		SR2014MI-P-053256	9/1/2015	9/1/2010		\$100,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEI				. ,	1.6			
This certificate is issued on behalf of Additional Insured as respects the op-						tificate Holder is		
CERTIFICATE HOLDER			CANCELLA	ATION				
United Methodist Church of S 7400 Miller Road Swartz Creek, MI 48473	Swar	tz Creek	SHOULD ANY	OF THE ABOVE	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE			
			AUTHORIZED REF	PRESENTATIVE	Jatik Dulle	_		



DATE (MM/DD/YYYY) 8/26/2015

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PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division			
2560 River Park	2560 River Park Plaza, Suite 300	PHONE: (817) 738-6100 FAX: (817) 73	8-2993		
	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: Mutual of Omaha	71412		
	Plymouth, MI 48170	Insurer C:			
	•	Insurer D:			
		Insurer E:			
		Insurer F:			
COVER	AGES CERTIFICATE NUMBER: 150	17101 REVISION NUMBER	<b>R:</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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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)						E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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
WASHINGTON ELEMENTARY 905 16TH STREET 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 Satisfull-



DATE (MM/DD/YYYY) 8/26/2015

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• • • • • • • • • • • • • • • • • • • •						
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					
1010 // 01111, 1117 / 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: Mutual of Omaha 71412					
Plymouth, MI 48170	Insurer C:					
•	Insurer D:					
	Insurer E:					
	Insurer F:					
COVERAGES CERTIFICATE NUMBER: 15017250 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 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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 Dieli\_\_\_



DATE (MM/DD/YYYY) 8/26/2015

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).

COVERAG	SES CERTIFICATE NUMBER: 1501725	1 REVISION NUMBER: (	
		Insurer F:	
		Insurer E:	
		Insurer D:	
<b>P</b>	lymouth, MI 48170	Insurer C:	
94	401 General Drive, Suite 120	Insurer B: Mutual of Omaha	71412
INSURED $N$	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) 738-299	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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	
	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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/ EBELING		

ELEMENTARY 15970 HAVERHILL MACOMB, 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.



DATE (MM/DD/YYYY) 8/26/2015

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2560 Rive	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		
	9401 General Drive, Suite 120	Insurer B: Mutual of Omaha	71412		
	Plymouth, MI 48170	Insurer C:			
<b>,</b> ,		Insurer D:			
		Insurer E:			
		Insurer F:			
COVED	ACES CERTIFICATE NUMBER: 1501725	DEVISION NUMBER, O			

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A	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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)	
	71						(Per accident)	
	NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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

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

© 1988-2009 ACORD CORPORATION. All rights reserved.



DATE (MM/DD/YYYY) 8/26/2015

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	Insurer F:	
	l	
	Insurer E:	
•	Insurer D:	
Plymouth, MI 48170	Insurer C:	
	Insurer B: Mutual of Omaha	71412
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) 738-299	93
Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division	
	2560 River Park Plaza, Suite 300 Fort Worth, TX 76116  Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	2560 River Park Plaza, Suite 300 Fort Worth, TX 76116  PHONE: (817) 738-6100  E-MAIL ADDRESS: contact@pullenins.com PRODUCER CUSTOMER ID#: MI INSURERS AFFORDING COVERAGE  Insurer A: National Casualty Company Insurer B: Mutual of Omaha Insurer C: Insurer D: Insurer E:

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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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000

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CERTIFICATE HOLDER	CANCELLATIO

UTICIA COMMUNITY SCHOOLS/ MAGAHAY ELEMENTARY 44700 OLEANDER DRIVE STERLING HEIGHTS, MI 48313

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	. ,		
PRODUCER	Pullen Insurance Services, Inc.	CONTACT NAME: Sports Division	
		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: Mutual of Omaha	71412
	Plymouth, MI 48170	Insurer C:	
	•	Insurer D:	
		Insurer E:	
		Insurer F:	
COVER	AGES CERTIFICATE NUMBER: 1501725	REVISION NUMBER: (	)

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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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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)					E. L. DISEASE - EA EMPLOYEE		
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000

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CERTIFICATE HOLDER	CANCELLATION

UTICIA COMMUNITY SCHOOLS/ SCHWARZKOFF ELEMENTARY 8401 CONSTITUTION 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) 8/26/2015

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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				
	1 510 11 51011					
		INSURERS AFFORDING COVERAGE	NAIC #			
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991			
	9401 General Drive, Suite 120	Insurer B: Mutual of Omaha	71412			
	*	Insurer C:				
		Insurer D:				
		Insurer E:				
		Insurer F:				
COVERA	AGES CERTIFICATE NUMBER: 1501725	SECTION SECTIO	)			

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	POLICY PROJECT LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000
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	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 5663400	9/1/2015	9/1/2016	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 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	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000

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CERTIFICATE HOLDER	CANCELLATIO

UTICIA COMMUNITY SCHOOLS/ SWITZER ELEMENTARY 53200 SHELBY ROAD SHELBY TOWNSHIP, MI 48316

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		Insurer E: Insurer F:				
		Insurer D:				
	Plymouth, MI 48170	Insurer C:				
		Insurer B: Mutual of Omaha	71412			
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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	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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/ 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) 8/26/2015

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, I	nc. CONTACT NAM	E: Sports Division				
2560 River Park Plaza, Suite		(817) 738-6100 FAX:	00 FAX: (817) 738-2993			
Fort Worth, TX 76116		E-MAIL ADDRESS: contact@pullenins.com				
	PRODUCER CU	PRODUCER CUSTOMER ID#: MI				
	INSURERS	INSURERS AFFORDING COVERAGE				
Michigan State Youth Soccer	Association Insurer A:	National Casualty Company	11991			
9401 General Drive, Suite 120		Mutual of Omaha	71412			
Plymouth, MI 48170	Insurer C:					
,	Insurer D:					
	Insurer E:					
	Insurer F:					
	TE NIIMBED: 15017257	DEVISION	NIIMRED: A			

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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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. 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.



DATE (MM/DD/YYYY) 8/26/2015

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).

COVEDAGES CEDTIFICATE NUMBER: 15017259 DEVISION NUMBER: (							
		Insurer F:					
		Insurer E:					
		Insurer D:					
	Plymouth, MI 48170	Insurer C:					
	9401 General Drive, Suite 120	Insurer B: Mutual of Omaha	71412				
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) 738-299	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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/ JEANNETTE JR. HIGH

4040 GULLIVER DRIVE STERLING HEIGHTS, MI 48310

#### **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) 8/26/2015

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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

	such endorsement(s).					
PRODUCER	Pullen Insurance Services	Inc.	CONTACT NAME:	Sports Divisi	ion	
	2560 River Park Plaza, Su	,	PHONE: (81	17) 738-6100	FAX: (817) 738-29	993
	Fort Worth, TX 76116		E-MAIL ADDRESS:	contact@pul	lenins.com	
			PRODUCER CUSTO	OMER ID#: MI		
			INSURERS AF	FORDING COVE	RAGE	NAIC #
INSURED	Michigan State Youth Socce	er Association	Insurer A: Na	tional Casualty	Company	11991
	9401 General Drive, Suite 1		Insurer B: Mu	utual of Omaha		71412
	Plymouth, MI 48170		Insurer C:			
	<b>.</b>		Insurer D:			
			Insurer E:			
			Insurer F:			
COVER	AGES CERTIFIC	CATE NUMBER: 1501725	59	R	EVISION NUMBER:	0
INDICATE	O CERTIFY THAT THE POLICIES OF IN D. NOTWITHSTANDING ANY REQUIRE ATE MAY BE ISSUED OR MAY PERTA	MENT, TERM OR CONDITION	OF ANY CONTR	ACT OR OTHER	DOCUMENT WITH RESPEC	CT TO WHICH THIS
	ONS AND CONDITIONS OF SUCH POLICE					O ALL THE TERMO,
INSR LTR	TYPE OF INSURANCE ADD'L SUE INSRD WY	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	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	
Α	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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 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	
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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.

C	E	₹Т	IFI	CAT	Έŀ	Ю	LDER	

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

Satik Dieli\_\_\_



DATE (MM/DD/YYYY) 8/26/2015

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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									
	1 510 11 51011, 111 7 51115	PRODUCER CUSTOMER ID#: MI									
		INSURERS AFFORDING COVERAGE	NAIC #								
INSURED	Michigan State Youth Soccer Association	Insurer A: National Casualty Company	11991								
		Insurer B: Mutual of Omaha	71412								
	Plymouth, MI 48170	Insurer C:									
	•	Insurer D:									
		Insurer E:									
		Insurer F:									
COVER	AGES CERTIFICATE NUMBER: 1501726	REVISION NUMBER: (	)								

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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/ 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

**CANCELLATION** 

Satik Dulli

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DATE (MM/DD/YYYY) 8/26/2015

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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.	A statement on	this certificate o	loes not confer rights to th	e certificate holder	
	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@pu	llenins.com		
	1 of t worth, 121 70	110			PRODUCER CUSTO				
					INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSU	Michigan State Youth	· Co	0001	Association		tional Casualty		11991	
	9401 General Drive, S					utual of Omaha		71412	
		ouiu	<del>2</del> 12	U	Insurer C:	utuai oi Oilialia	1	/1712	
	Plymouth, MI 48170				Insurer D:				
					Insurer E:				
$\sim$	VERAGES CE	DTI	EIC.	ATE NUMBER: 150175	Insurer F:		REVISION NUMBER:	0	
THIS INDI CER	S IS TO CERTIFY THAT THE POLICII ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MA	ES OI REQU / PEI	F INS IREM RTAIN	URANCE LISTED BELOW HA ENT, TERM OR CONDITION I, THE INSURANCE AFFORD	AVE BEEN ISSUE OF ANY CONTR DED BY THE PO	D TO THE INSUI RACT OR OTHER LICIES DESCRIB	RED NAMED ABOVE FOR TO R DOCUMENT WITH RESPE- BED HEREIN IS SUBJECT TO	HE POLICY PERIOD CT TO WHICH THIS	
	CLUSIONS AND CONDITIONS OF SUC		SUBR WVD		POLICY EFFECTIVE DATE (MM/DD/YY)				
INSR LTR			WVD			POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	\$1,000,000	
A	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	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	
							GENERAL AGGREGATE	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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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						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	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000	
ъ	PARTICIPANT ACCIDENT MEDICAL			SK2014WII-1 -033230	9/1/2013	9/1/2010		Ψ100,000	
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	ch ACORD 101, Additional Remarks S	Chedule, if more space	e is required)	1		
Thi Add	s certificate is issued on behalf o ditional Insured as respects the o	f Mi perat	chiga cions	an State Youth Soccer As of the Named Insured for	sociation & Mi sanctioned act	chigan Youth Sivities of the st	Soccer League. Certifica tate association.	te Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
TR 43	ROY ATENS HIGH SCHO 33 JOHN R RD ROY, MI 48085	OL			SHOULD ANY THE EXPIRATION	OF THE ABOVE I	DESCRIBED POLICIES BE CA PF, NOTICE WILL BE DELIVERE		
	•				AUTHORIZED REPI	RESENTATIVE	0 0		
							Vatile Pulling	_	



DATE (MM/DD/YYYY) 8/26/2015

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	eu of such endorsement(s).	UIIUIE	io IIId	y require an endorsement.	A Statement On	una ceruncale (	ioes not comer rights to th	e certificate fiolitier	
PRO	Pullen Insurance So	ervi	ces	Inc	CONTACT NAME:	Sports Divis	ion		
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76	,		<b>10</b> 500	E-MAIL ADDRESS: contact@pullenins.com				
	1010 (10111, 111 70	110			PRODUCER CUSTO	OMER ID#: MI			
					INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSU	Michigan State Youth	. So	ccer	Association	Insurer A: Na	ational Casualty	v Company	11991	
	9401 General Drive, S	Snite	e 12	0		utual of Omaha		71412	
	Plymouth, MI 48170	Juin	C 12	O	Insurer C:		•	,,,,,,,	
	Trymouth, wir 10170				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	ERTI	FICA	ATE NUMBER: 1501939	95	F	REVISION NUMBER:	0	
CEF EXC	S IS TO CERTIFY THAT THE POLICI CATED. NOTWITHSTANDING ANY F ITIFICATE 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 CLAI	R DOCUMENT WITH RESPE SED 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   COMMERCIAL GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	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	A AUTOMOBILE LIABILITY KRO 5663300				9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
**	X EXCESS LIAB CLAIMS-MADE			71110 3003 100	J/ 1/ 2015	7,1,2010	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
Thi Add	CRIPTION OF OPERATIONS / LOCATIONS / VE s certificate is issued on behalf of ditional Insured as respects the o  RTIFICATE HOLDER  ALSH ELEMENTARY	of Mi	chiga	an State Youth Soccer Ass	sociation & Mi	chigan Youth Stivities of the st		te Holder is	
39	660 SPALDING DRIVE	021	2		THE EXPIRATI	OF THE ABOVE I ON DATE THEREO LICY PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE D IN ACCORDANCE	

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STERLING HEIGHTS, MI 48313



DATE (MM/DD/YYYY) 8/26/2015

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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 of	loes not confer rights to th	e certificate holder	
PRODUCER Pullen Insurance Se	rvio	es 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@pu	` /		
1 of worth, 12 70	110		PRODUCER CUSTO				
			INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSURED Michigan State Youth	Soc	scer Association		tional Casualty		11991	
9401 General Drive, S				utual of Omaha		71412	
Plymouth, MI 48170	Juin	2 120	Insurer C:	atual of Official	•	71112	
1 Tymodin, 1vii 401 / 0			Insurer D:				
			Insurer E:				
			Insurer F:				
COVERAGES CE	RTI	FICATE NUMBER: 150200	-	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	ES OF REQUI Y PEF CH PO	FINSURANCE LISTED BELOW HAREMENT, TERM OR CONDITION REMENT, THE INSURANCE AFFORI LICIES. LIMITS SHOWN MAY HAV	AVE BEEN ISSUE I OF ANY CONTF DED BY THE PO /E BEEN REDUCE	D TO THE INSUI RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	RED NAMED ABOVE FOR TE 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 COMMERCIAL GENERAL LIABILITY	X	KRO 5663300	9/1/2015	9/1/2016	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 5663300	9/1/2015 9/1/2016	9/1/2016	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					(1 et accident)		
A UMBRELLA LIAB X OCCUR		XKO 5663400	9/1/2015	9/1/2016	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  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		SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VE	HICLES	LL S (Attach ACORD 101, Additional Remarks S	L Schedule, if more space	Ie is required)	1		
This certificate is issued on behalf of Additional Insured as respects the of	f Mio	chigan State Youth Soccer As	sociation & Mi	chigan Youth S		te Holder is	
CERTIFICATE HOLDER			CANCELLA	TION			
Sterling Heights (Warren Cor 12901 15 Mile Rd Sterling Heights, MI 48312	SHOULD ANY THE EXPIRATION	OF THE ABOVE I	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE ED IN ACCORDANCE			
			AUTHORIZED REPRESENTATIVE				

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DATE (MM/DD/YYYY) 8/26/2015

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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 th	e certificate holder		
PROI	Pullen Insurance S	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					
	Tort Wortin, 12 70	110			PRODUCER CUSTOMER ID#: MI					
					INSURERS AF	NAIC #				
INSU	RED Michigan State Ventl			Association	Insurer A: National Casualty Company 11991					
	Michigan State 1 out	1 20	- 12	Association		utual of Omaha		71412		
	9401 General Drive,	Sulu	e 12	U		utuai 01 Oilialia	1	/1412		
	Plymouth, MI 48170				Insurer C:					
					Insurer D:					
					Insurer E:					
~~	VED A OFC	- D. T.I		ATE NUMBER - 1500114	Insurer F:		DEVICION NUMBER			
				ATE NUMBER: 150211			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	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 RESPE BED 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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									
Α	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000		
ъ	PARTICIPANT ACCIDENT MEDICAL			5K2014WII-1-033230	J/1/2013	7/1/2010		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	of Mi	chiga	an State Youth Soccer Ass	sociation & Mi	chigan Youth	Soccer League. Certifica tate association.	te Holder is		
CF	RTIFICATE HOLDER				CANCELLA	TION				
Va 35	alley Lutheran High School 60 McCarty Rd ginaw, MI 48603				SHOULD ANY THE EXPIRATION	OF THE ABOVE I	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE			
					AUTHORIZED REPI	RESENTATIVE	$\cap$			
							Vatik beli	_		



DATE (MM/DD/YYYY) 8/26/2015

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in li	eu of such endorsement(s).								
PRO	Pullen Insurance Se	ervio	es.	Inc.	CONTACT NAME:	Sports Divis	ion		
	2560 River Park Pla				PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 761		~ ~~		E-MAIL ADDRESS:	contact@pu	llenins.com		
	1 011 ( ) 01111, 111 / 0				PRODUCER CUSTO	OMER ID#: MI			
					INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSU	RED Michigan State Youth	Soc	ccer	Association	Insurer A: Na	tional Casualt	y Company	11991	
	9401 General Drive, S	Snite	12	0		utual of Omaha		71412	
	Plymouth, MI 48170	Juin	. 12	O	Insurer C:				
	Trymoddi, wir 10170				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTI	FIC	ATE NUMBER: 150228		F	REVISION NUMBER:	0	
CEF EXC	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUC	EQU PEF H PC	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 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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		
	X Now SWILD No 166								
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
DE:						<u> </u>			
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 & Mi	d-Michigan Yo		tificate Holder is	
CF	RTIFICATE HOLDER				CANCELLA	TION			
	van Valley High School				CANCELLA	IIIOIN			
	00 OHern				SHOULD ANY	OF THE ABOVE	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE	
	ginaw, MI 48609					ICY PROVISIONS			



DATE (MM/DD/YYYY) 8/26/2015

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PRODUCER		Insurance S				CONTACT NAME:	Sports 21/15/01				
	2560 R	iver Park P	laza,	Sui	te 300	PHONE: (817) 738-6100 FAX: (817) 738-2993					
	Fort W	orth, TX 76	5116			E-MAIL ADDRESS: contact@pullenins.com					
						PRODUCER CUSTO					
							FORDING COVE		NAIC #		
INSURED					Association		tional Casualty		11991		
		eral Drive,		e 12	0		utual of Omaha		71412		
	Plymouth	, MI 48170				Insurer C:					
						Insurer D:					
						Insurer E:					
20\/ED	A 0.F.0	0	CDTI		ATE NUMBER: 15002	Insurer F:		EVICION NUMBER			
COVER					ATE NUMBER: 150034			REVISION NUMBER:			
INDICATED CERTIFICA	D. NOTWITHS' ATE MAY BE I	TANDING ANY SSUED OR MA	REQU Y PE CH PC	IREM RTAIN OLICIE	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	RED NAMED ABOVE FOR TO DOCUMENT WITH RESPECT ED HEREIN IS SUBJECT TO MS.	CT TO WHICH THIS		
INSR LTR	TYPE OF INS	JRANCE	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
X cc	MMERCIAL GENE	RAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
LL	CLAIMS MADE	XOCCUR						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		
	DLICY PRO		_					PARTICIPANT LEGAL LIABILITY	\$1,000,000		
^^ <del> </del>	<b>MOBILE LIABILITY</b> NY AUTO	•			KRO 5663300	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
AL	L OWNED AUTOS							BODILY INJURY (Per person)			
sc	HEDULED AUTOS	3						BODILY INJURY (Per accident)			
X HII	RED AUTOS							PROPERTY DAMAGE (Per accident)			
X	ON-OWNED AUTO	S									
· • —	H-	OCCUR			XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
	CESS LIAB	CLAIMS-MADE	4					AGGREGATE	\$5,000,000		
$\vdash$	DUCTIBLE										
	ETENTION \$	rion						WC STATU- TORY LIMITS ER			
AND E	MPLOYERS' LIAB OPRIETOR/PARTNER	ILITY Y/N	NI/A					E. L. EACH ACCIDENT			
OFFICE	R/MEMBER EXCLUDE tory in NH)	ED?	N/A					E. L. DISEASE - EA EMPLOYEE			
	escribe under							E. L. DISEASE - POLICY LIMIT			
B PART	ICIPANT ACCI	DENT MEDICAL	_		SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000		
	N 05 055 4=:2:	IO / LOOATIONS ***			1 400DD 404 A 188	1					
					ch ACORD 101, Additional Remarks			Contifica	ta Haldania		
					of the Named Insured fo			Soccer League. Certifica ate association.	ie moidel is		
. 1001110111	a. modica as	100poots inc (	Poru		or are realised insured to	- sanctioned det	2.11105 Of the St	and apportunion.			

West Maple Elementary School

Attn: Yvonne Curtis

6275 Inkster

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.



DATE (MM/DD/YYYY) 8/26/2015

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and conditions of the policy, certain pin lieu of such endorsement(s).	oolicie	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 Divis	sion			
2560 River Park P				PHONE: (817) 738-6100 FAX: (817) 738-2993					
Fort Worth, TX 76		, Dui	ic 500	E-MAIL ADDRESS: contact@pullenins.com					
Tort Worth, 124 /	,110			PRODUCER CUSTO					
				INSURERS AF	FORDING COVI	ERAGE	NAIC #		
INSURED Michigan State Yout	h So	ccer	Association	Insurer A: Na	tional Casualty	y Company	11991		
9401 General Drive,				Insurer B: M	utual of Omaha	ì	71412		
Plymouth, MI 48170				Insurer C:					
, , , , , , , , , , , , , , , , , , , ,				Insurer D:					
				Insurer E:					
				Insurer F:					
COVERAGES C	ERTI	FIC/	ATE NUMBER: 150042	63	F	REVISION NUMBER:	0		
THIS IS TO CERTIFY THAT THE POLICION INDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR MATERICAL EXCLUSIONS AND CONDITIONS OF SU	REQU Y PE CH PC	IIREM RTAIN OLICIE	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 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 GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
						PERSONAL & ADV INJURY	\$1,000,000		
						GENERAL AGGREGATE	UNLIMITED		
GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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?	N/A					E. L. EACH ACCIDENT			
(Mandatory in NH)						E. L. DISEASE - EA EMPLOYEE			
If yes, describe under				0/1/2017	0/4/2044	E. L. DISEASE - POLICY LIMIT	Ф100.000		
B PARTICIPANT ACCIDENT MEDICAL	_		SR2014MI-P-053256	9/1/2015	9/1/2016		\$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	chigan Youth		te Holder is		
CERTIFICATE HOLDER				CANCELLA	TION				
WEST MIDDLE SCHOOL				SHOTH D WAY	OF THE ABOVE I	DESCRIPED BOLICIES DE CA	NCELLED BEFORE		

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.

ALITHODIZED DEDDESCRITATIVE



DATE (MM/DD/YYYY) 8/26/2015

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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.	A statement on	this certificate of	loes not confer rights to th	e certificate holder		
PROI	Pullen Insurance Se	rvi	ces	Inc	CONTACT NAME: Sports Division					
	2560 River Park Pl				PHONE: (81	17) 738-6100	FAX: (817) 738-29	993		
	Fort Worth, TX 76		, Dui	.ic 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	RED Michigan State Vouth	. 50	0001	Association		tional Casualty		11991		
	Michigan State Youth 9401 General Drive, S					71412				
		Suru	E 12	U	Insurer C:	utual of Omaha		/1712		
	Plymouth, MI 48170									
					Insurer D:					
					Insurer E:					
~~	VEDACES OF	DTI		ATE NUMBER: 150007	Insurer F:		DEVICION NUMBER.			
				ATE NUMBER: 1500874			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	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	ACT OR OTHER LICIES DESCRIB D 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000		
Ъ	PARTICIPANT ACCIDENT MEDICAL			3K2014WII-I -033230	9/1/2013	9/1/2010		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 ditional Insured as respects the o	f Mi	chig	an State Youth Soccer Ass	sociation & Mi	chigan Youth		te Holder is		
	RTIFICATE HOLDER				CANCELLA	TION				
Zio 36	on Christian Church Found on Christian Church 68 Livernois Rd. oy, MI 48083	atio	n		THE EXPIRATION	ON DATE THEREO	0 0			
	<b>3</b> ,				AUTHORIZED REPI	CESCINIATIVE	Vatik Pull	-		



DATE (MM/DD/YYYY) 8/26/2015

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PRODUCER F	Pullen Insurance Services, Inc.	CONTACT NAME	: Sports Division	
	2560 River Park Plaza, Suite 300	PHONE: (	817) 738-6100 FAX: (817) 738-2	.993
		E-MAIL ADDRESS	s: contact@pullenins.com	
-		PRODUCER CUS	TOMER ID#: MI	
		INSURERS A	AFFORDING COVERAGE	NAIC #
INSURED Mic	chigan State Youth Soccer Association	Insurer A: N	National Casualty Company	11991
		Insurer B: N	Mutual of Omaha	71412
	,	Insurer C:		
3	·	Insurer D:		
		Insurer E:		
		Insurer F:		
COVEDAGE	CEPTIFICATE NUMBED: 1500010	7	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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

WATERFORD TOWNSHIP 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.



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	eu of such endorsement(s).	DICIES	may require an endorsement.	A Statement on	triis certificate (	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				
	Fort Worth, TX 762	,	Julie 300	E-MAIL ADDRESS:	contact@pu	llenins.com		
	Toft Worth, 12 70	110		PRODUCER CUSTO				
					FORDING COV	FRAGE	NAIC #	
INSU	IRED Michigan State Voyeth	Coo	nam Association	_	ational Casualt		11991	
	Michigan State 1 Outil				utual of Omah		71412	
	9401 General Drive, S	sune	120		utuai oi Oilialia	a	/1412	
	Plymouth, MI 48170			Insurer C:				
				Insurer D:				
				Insurer E:				
~~	VEDACES OF	DTIE	ICATE NUMBER: 15000	Insurer F:		DEVICION NUMBER.		
			ICATE NUMBER: 150096			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 POL	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 OTHEF 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 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR					MED EXP (Any one person)	\$5,000	
						PERSONAL & ADV INJURY	\$1,000,000	
						GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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?	N/A				E. L. DISEASE - EA EMPLOYEE		
	If yes, describe under					E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL		SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLES (	Attach ACORD 101, Additional Remarks	Schedule, if more space	e is required)			
	s certificate is issued on behalf o ditional Insured as respects the op-						tificate Holder is	
	RTIFICATE HOLDER			CANCELLA	TION			
20	oodland Park Academy 83 Grand Blanc Rd. and Blanc, MI 48439			THE EXPIRATI	OF THE ABOVE ON DATE THEREC LICY PROVISIONS	DESCRIBED POLICIES BE CA PF, NOTICE WILL BE DELIVERE S.	NCELLED BEFORE DINACCORDANCE	
				AUTHORIZED REP	RESENTATIVE	Patik Dull	-	



DATE (MM/DD/YYYY) 8/26/2015

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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 01111, 111 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: Mutual of Omaha 71412
Plymouth, MI 48170	Insurer C:
•	Insurer D:
	Insurer E:
	Insurer F:
COVERAGES CERTIFICATE NUMBER: 150113	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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)	
	71						(Per accident)	
	X NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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.

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.



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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 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 76	,	Dui	ne 300	E-MAIL ADDRESS: contact@pullenins.com					
	Tort Worth, 124 70	110			PRODUCER CUSTOMER ID#: MI					
						FORDING COVE	FRAGE	NAIC #		
INSU	IRED Mishimor Ctata Variation	Co		. A association		tional Casualty		11991		
	Michigan State 1 out					utual of Omaha		71412		
	9401 General Drive, S	Suite	e 12	U		utuai oi Oilialia	1	/1412		
	Plymouth, MI 48170				Insurer C:					
					Insurer D:					
					Insurer E:					
	VED 4 0 5 0	- N T I		ATE NUMBER 150110	Insurer F:		NEW JOINED TO THE PROPERTY OF			
				ATE NUMBER: 150119			REVISION NUMBER:			
IND CEF EXC	S IS TO CERTIFY THAT THE POLICII 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 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
	X EXCESS LIAB CLAIMS-MADE				77 -7 - 2 - 2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AGGREGATE	\$5,000,000		
	DEDUCTIBLE	1					THOUSE THE STATE OF THE STATE O	1-,,		
	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					E. L. DISEASE - EA EMPLOYEE			
	(Mandatory in NH) If yes, describe under									
В	DA DEIGIDA NE A CCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000		
Ь	PARTICIPANT ACCIDENT MEDICAL			SK2014MI-P-033230	9/1/2013	9/1/2010		\$100,000		
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (A#2	ch ACOPD 101 Additional Pamarks S	chadula if mara space	is required)				
	s certificate is issued on behalf o						Soccer League Certifica	te Holder is		
	ditional Insured as respects the or							ate Holder is		
	1	L								
<u> </u>	DTICIOATE HOLDED				CANCELLA	TION				
	RTIFICATE HOLDER				CANCELLA	IION				
	HISPERING WOODS				SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA	NCELLED BEFORE		
	000 21 MILE RD.				THE EXPIRATION		F, NOTICE WILL BE DELIVERE			
SF	HELBY TWP, MI 48317				Williams	I KOVISIONS	•			
					AUTHORIZED REPR	RESENTATIVE	0 0			
							Jatik Culling	_		
							your is we			

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DATE (MM/DD/YYYY) 8/26/2015

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 th	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 CUSTOMER ID#: MI				
						FORDING COVI	=PAGE	NAIC #	
INSU	RED 3.4.1.1. Ct. 4.37. 41	-		<b>.</b>	-			_	
IIVOU	Michigan State 1 out					tional Casualty		11991	
	9401 General Drive, S	Suite	e 12	0		utual of Omaha	1	71412	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
					Insurer F:				
<u>co</u>	VERAGES CE	RTI	FIC/	ATE NUMBER: 150126	67	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 RESPE SED 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000	
• •	X EXCESS LIAB CLAIMS-MADE			7110 3003 100	7/1/2013	7,1,2010	AGGREGATE	\$5,000,000	
	DEDUCTIBLE	1					AGOREGATE	ψε,σσσ,σσσ	
	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				CD2014M D 052256	9/1/2015	9/1/2016	E. L. DISEASE - POLICY LIMIT	\$100,000	
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	L ch ACORD 101 Additional Remarks S	L chedule if more space	l is required)			
	s certificate is issued on behalf o						Soccer League Certifica	te Holder is	
	ditional Insured as respects the o							ite Holder 15	
	•	•							
<u>~</u>	DTIFICATE HOLDED				CANCELLA	TION			
	RTIFICATE HOLDER				CANCELLA	IION			
	INSTAR SPORTS FIELDS				SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA	NCELLED BEFORE	
	00 FEATHERSTONE RD.				THE EXPIRATION		F, NOTICE WILL BE DELIVERE		
Po	ntiac, MI 48342				WITH THE POL	LICT FROVISIONS	•		
					AUTHORIZED REPR	RESENTATIVE	0 0		
							Vatik Pull	_	



DATE (MM/DD/YYYY) 8/26/2015

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)

	conditions of the policy, certain p eu of such endorsement(s).	olicies m	ay require an endorsement.	A statement on	this certificate d	oes not confer rights to t	he certificate holder	
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 76116				lenins.com		
	1 310 11 31011, 111 7 3							
				INSURERS AFFORDING COVERAGE NAIC #				
INSUF	Michigan State Youth	h Socce	er Association	Insurer A: Na	tional Casualty	Company	11991	
	9401 General Drive,		Insurer B: Mutual of Omaha			71412		
	Plymouth, MI 48170			Insurer C:				
	,		Insurer D:					
				Insurer E:				
				Insurer F:				
CO	VERAGES CE	ERTIFIC	ATE NUMBER: 150141	95	F	EVISION NUMBER:	0	
INDIO	IS TO CERTIFY THAT THE POLICI CATED. NOTWITHSTANDING ANY I TIFICATE MAY BE ISSUED OR MA LUSIONS 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 RESPI ED HEREIN IS SUBJECT	ECT 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		
Α	GENERAL LIABILITY	X	KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
ĺ	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED	\$300,000	

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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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	
	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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 Satisfulli



DATE (MM/DD/YYYY) 8/26/2015

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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) 738-299	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: Mutual of Omaha	71412				
	Plymouth, MI 48170	Insurer C:					
	•	Insurer D:					
		Insurer E:					
		Insurer F:					
COVER	AGES CERTIFICATE NUMBER: 1501420	REVISION NUMBER: 0	1				
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 AFFORD WAS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAV	OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECTED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO	T TO WHICH THIS				
INSR	TYPE OF INSURANCE ADD'L SUBR POLICY NUMBER	POLICY EFFECTIVE POLICY EXPIRATION LIMITS					

GENERAL LIABILITY KRO 5663300 \$1,000,000 X 9/1/2015 Α 9/1/2016 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 5663300 9/1/2015 9/1/2016 COMBINED SINGLE LIMIT (Ea accident) ANY AUTO BODILY INJURY (Per person) ALL OWNED AUTOS **BODILY INJURY (Per accident)** SCHEDULED AUTOS PROPERTY DAMAGE (Per accident) HIRED AUTOS NON-OWNED AUTOS \$5,000,000 UMBRELLA LIAB X OCCUR XKO 5663400 9/1/2015 9/1/2016 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 9/1/2015 9/1/2016 \$100,000 SR2014MI-P-053256 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
WEST HILLS MIDDLE SCHOOLS 2601 LONE PINE RD. 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 Satisfull



DATE (MM/DD/YYYY) 8/26/2015

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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 t	this certificate of	does not confer rights to th	e certificate holder	
PROI	Pullen Insurance So	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	ic 300	E-MAIL ADDRESS: contact@pullenins.com				
	Fort Worth, 1A /6	110			PRODUCER CUSTOMER ID#: MI				
							FDACE	NAIC #	
					1	FORDING COVI		NAIC #	
INSU	RED Michigan State Youth	ı So	ccer	Association	Insurer A: Na	tional Casualty	y Company	11991	
	9401 General Drive, S	Suit	e 12	0	Insurer B: Mu	utual of Omaha	a	71412	
	Plymouth, MI 48170				Insurer C:				
	<b>5</b>				Insurer D:				
					Insurer E:				
					Insurer F:				
	VERAGES CE	PTI	FIC	ATE NUMBER: 1501450			REVISION NUMBER:	0	
THIS INDI CER EXC	S IS TO CERTIFY THAT THE POLICI ICATED. 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 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	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & 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 5663300	9/1/2015	9/1/2016	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						,		
	A								
Λ.	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016		\$5,000,000	
A	$\vdash$			AKU 3003400	9/1/2013	9/1/2010	EACH OCCURRENCE	\$5,000,000	
	71	1					AGGREGATE	\$3,000,000	
	DEDUCTIBLE								
	RETENTION \$						WO STATU		
	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
DESC	L 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 of						Soccer League Certifica	te Holder is	
	ditional Insured as respects the o								
CE	RTIFICATE HOLDER				CANCELLA	TION			
	OLKOWSKI FIELD								
50	14 WALNUT CREEK DR NN ARBOR, MI 48106	•			THE EXPIRATION		DESCRIBED POLICIES BE CA DF, NOTICE WILL BE DELIVERE 		
					AUTHORIZED REPR	RESENTATIVE	0 0		
							Vatik Pull	_	



DATE (MM/DD/YYYY) 8/26/2015

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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 t	this certificate of	does not confer rights to th	e certificate holder	
PROI	Pullen Insurance So	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	iic 300	E-MAIL ADDRESS: contact@pullenins.com				
	FOR WORLD, 1A /0	110			PRODUCER CUSTOMER ID#: MI				
							FDACE	NIAIO #	
					1	FORDING COVI		NAIC #	
INSU	RED Michigan State Youth	ı So	ccer	Association	Insurer A: Na	tional Casualty	y Company	11991	
	9401 General Drive, S	Suit	e 12	0	Insurer B: Mu	utual of Omaha	a	71412	
	Plymouth, MI 48170				Insurer C:				
	<b>5</b>				Insurer D:				
					Insurer E:				
					Insurer F:				
	VERAGES CE	PTI	FIC	ATE NUMBER: 150143			REVISION NUMBER:	0	
THIS INDI CER EXC	S IS TO CERTIFY THAT THE POLICI ICATED. NOTWITHSTANDING ANY F ITIFICATE 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 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 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	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & 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 5663300	9/1/2015	9/1/2016	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						,		
	A non omizono se								
Α.	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016		\$5,000,000	
A	$\vdash$			AKU 3003400	9/1/2013	9/1/2010	EACH OCCURRENCE	\$5,000,000	
	71	1					AGGREGATE	\$3,000,000	
	DEDUCTIBLE								
	RETENTION \$						WO STATU		
	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)	14/7					E. L. DISEASE - EA EMPLOYEE		
	If yes, describe under						E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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 Certifica	te Holder is	
	ditional Insured as respects the o							10	
CF	RTIFICATE HOLDER				CANCELLA	TION			
ZI 50	OLKOWSKI SOCCER FII 14 WALNUT CREED DR NN ARBOR, MI 48105		)		SHOULD ANY THE EXPIRATION	OF THE ABOVE	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE		
	,				ALITHODIZED BEST	DECENTATIVE	^ -		
					AUTHORIZED REP	KESENTATIVE	Vatik Oull	_	



DATE (MM/DD/YYYY) 8/26/2015

\$5,000,000

\$5,000,000

\$100,000

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and	ORTANT: If the certificate holder is conditions of the policy, certain per of such endorsement(s).	s an A olicie	NDDI7 s ma	FIONAL INSURED, the polic y require an endorsement.	y(ies) must be of A statement on	endorsed. If SUI this certificate o	BROGATION IS WAIVED, s loes not confer rights to th	subject to the terms ne certificate holder	
PROD	Pullen Insurance So	ervio	ces,	Inc.	CONTACT NAME: Sports Division				
	2560 River Park Pl	aza,	Sui	te 300	PHONE: (8)	17) 738-6100	FAX: (817) 738-2	993	
	Fort Worth, TX 76	116			E-MAIL ADDRESS: contact@pullenins.com				
					PRODUCER CUSTO				
					INSURERS AF	FORDING COVE	ERAGE	NAIC #	
INSU	RED Michigan State Youth	ı So	ccer	· Association	Insurer A: Na	tional Casualty	Company	11991	
	9401 General Drive, S	Suite	e 12	0	Insurer B: M	utual of Omaha	l	71412	
	Plymouth, MI 48170				Insurer C:				
	•				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES CE	RTI	FIC	ATE NUMBER: 150143	22	F	REVISION NUMBER:	0	
INDI	I IS TO CERTIFY THAT THE POLICI CATED. NOTWITHSTANDING ANY F TIFICATE MAY BE ISSUED OR MA' LUSIONS AND CONDITIONS OF SUC	REQU Y PEF	IREM RTAIN	ENT, 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	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400

SR2014MI-P-053256

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.

9/1/2015

9/1/2015

9/1/2016

9/1/2016

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 Jatik Pull

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) 8/26/2015

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in li	eu of such endorsement(s).								
PROI	Pullen Insurance S	ervi	ces,	Inc.	CONTACT NAME: Sports Division				
	2560 River Park P	laza,	Sui	te 300	PHONE: (817) 738-6100 FAX: (817) 738-2993				
	Fort Worth, TX 76	5116			E-MAIL ADDRESS: contact@pullenins.com				
	,				PRODUCER CUSTOMER ID#: MI				
					INSURERS AF	FORDING COVI	ERAGE	NAIC #	
INSU	RED Michigan State Yout	h So	ccer	Association	Insurer A: Na	tional Casualty	Company	11991	
	9401 General Drive,				Insurer B: M	utual of Omaha	1	71412	
	Plymouth, MI 48170				Insurer C:				
	11/11104411, 1/11 1/01/0				Insurer D:				
					Insurer E:				
					Insurer F:				
CO	VERAGES C	FRTI	FIC	ATE NUMBER: 150169		F	REVISION NUMBER:	0	
INDI CER EXC	S IS TO CERTIFY THAT THE POLIC CATED. NOTWITHSTANDING ANY TIFICATE MAY BE ISSUED OR MA LUSIONS AND CONDITIONS OF SU	REQU Y PE CH PC	IREM RTAIN DLICIE	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 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		
Α	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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								
								<b>**</b> 000 000	
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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 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	-		SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
Thi	RIPTION OF OPERATIONS / LOCATIONS / V s certificate is issued on behalf of litional Insured as respects the of	of Mi	chiga	an State Youth Soccer As	sociation & Mi	chigan Youth		ate Holder is	
CF	RTIFICATE HOLDER				CANCELLA	TION			
W	OODLAND PARK ACAI		Y				DESCRIBED POLICIES BE CA	ANCELLED REFORE	
20	83 E. GRAND BLANC R	D.			THE EXPIRATI	ON DATE THEREO	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	DINACCORDANCE	

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GRAND BLANC, MI 48439

WITH THE POLICY PROVISIONS.



DATE (MM/DD/YYYY) 8/26/2015

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	eu of such endorsement(s).	olicies	ma	y require an endorsement.	A Statement on	ınıs certificatê (	ioes not conter rights to th	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				
,					E-MAIL ADDRESS: contact@pullenins.com				
	Toft Worth, 124 70	110			PRODUCER CUSTO				
					INSURERS AFFORDING COVERAGE NAIC #				
INSU	JRED Michigan State Vouth	Coo		Association		tional Casualt		11991	
	Michigan State 1 Outil					utual of Omaha		71412	
	9401 General Drive, S	sune	12	U		utuai 01 Omana	1	/1412	
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
~~	VED 4 OF C	DTIE	-10	ATE MUMDED: 151150	Insurer F:		DEVICION NUMBER		
				ATE NUMBER: 151168			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 Y PER CH 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 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		
A	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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?	N/A					E. L. DISEASE - EA EMPLOYEE		
	If yes, describe under						E. L. DISEASE - POLICY LIMIT		
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLES	(Atta	ch ACORD 101, Additional Remarks S	chedule, if more space	e is required)			
Thi	s certificate is issued on behalf o ditional Insured as respects the op-	f Mic	higa	an State Youth Soccer Ass	sociation & Mi	d-Michigan Yo		tificate Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
10	illiams Township Fields 80 W Midland Rd. ıburn, MI 48611				THE EXPIRATION	OF THE ABOVE I ON DATE THEREC LICY PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE DINACCORDANCE	
					AUTHORIZED REPRESENTATIVE Jatik Pulli				



DATE (MM/DD/YYYY) 8/26/2015

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	eu of such endorsement(s).		Oa	y roquiro un onuoroomonar	, cuatomont on		iooo not oomoi rigino to tii			
PROD	Pullen Insurance Se	ervio	ces.	Inc.	CONTACT NAME:	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					
	Tott Worth, 111 Vo.				PRODUCER CUSTOMER ID#: MI					
					INSURERS AF	FORDING COVI	ERAGE	NAIC #		
INSU	Michigan State Youth	So	ccer	Association	Insurer A: Na	ational Casualty	v Company	11991		
	9401 General Drive, S	Snite	12	1 1330C1at1011		utual of Omaha		71412		
	Plymouth, MI 48170	Juin	- 12	U	Insurer C:	aradi of official	•	71112		
	1 Tymoum, WH 40170				Insurer D:					
					Insurer E:					
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CO	VERAGES CE	RTI	FIC	ATE NUMBER: 151168	-	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 / PEF :H 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 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
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							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	UNLIMITED		
	GEN'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 5663300	9/1/2015	9/1/2016	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> </u>									
Α	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	EACH OCCURRENCE	\$5,000,000		
• •	X EXCESS LIAB CLAIMS-MADE			71110 3003 100	7,1,2015	7/1/2010	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?	N/A					E. L. DISEASE - EA EMPLOYEE			
	(Mandatory in NH) If yes, describe under						E. L. DISEASE - POLICY LIMIT			
В	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2015	9/1/2016	E. E. DIOLAGE - I' OLIO I LIIVII I	\$100,000		
ע	THETE THE TREE DENT WEDICAL			51(2017))11 1 -033230	7/1/2013	7,1,2010		Ψ100,000		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VE	L HICLE:	LS (Atta	l ch ACORD 101. Additional Remarks S	L schedule, if more space	e is required)				
This	s certificate is issued on behalf o litional Insured as respects the op	f Mi	chiga	an State Youth Soccer As	sociation & Mi	id-Michigan Yo		ificate Holder is		
CE	DTIEICATE HO! DED				CANCELLA	TION				
	RTIFICATE HOLDER				CANCELLA	IION		1		
192	mmer Jr. High School 20 Oregon peer, MI 48446				THE EXPIRATI	OF THE ABOVE I ON DATE THEREC LICY PROVISIONS	DESCRIBED POLICIES BE CAI F, NOTICE WILL BE DELIVEREI	NCELLED BEFORE DINACCORDANCE		
	_				AUTHORIZED REPRESENTATIVE 0					



DATE (MM/DD/YYYY) 8/26/2015

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	eu of such endorsement(s).	Olicie	5 IIIa	y require an endorsement.	A Statement on	inis certificate c	loes not comer rights to th	le certificate floider	
PRODUCER Pullen Insurance Services, Inc.					CONTACT NAME:	CONTACT NAME: Sports Division			
2560 River Park Plaza, Suite 300					PHONE: (81	7) 738-6100	FAX: (817) 738-29	993	
					E-MAIL ADDRESS: contact@pullenins.com				
	1 010 11 01011, 111 10	110			PRODUCER CUSTO	MER ID#: MI			
					INSURERS AF	FORDING COVE	ERAGE	NAIC #	
INSU	Michigan State Youth	1 Soc	cer	Association	Insurer A: Na	tional Casualty	/ Company	11991	
	9401 General Drive,					itual of Omaha		71412	
	Plymouth, MI 48170	Juite	12	O .	Insurer C:		•	, , , , , ,	
	1 1ymoum, 1vii 401 / 0				Insurer D:				
					Insurer E:				
					Insurer F:				
	VERAGES CE	PTII	FIC /	ATE NUMBER: 151168	1		REVISION NUMBER:	0	
THIS IND CER EXC	S IS TO CERTIFY THAT THE POLICI CATED. NOTWITHSTANDING ANY I RTIFICATE MAY BE ISSUED OR MA LUSIONS AND CONDITIONS OF SUC	ES OF REQUI Y PER CH PO	INS REM RTAIN LICIE	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 ACT OR OTHER LICIES DESCRIB D BY PAID CLAII	RED NAMED ABOVE FOR T DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	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		
A	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
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							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016	E. E. BIOLAGE - I GLIGI LIWIT	\$100,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VE	HICI E	S (Δ#ο-	ch ACORD 101 Additional Pamarks S	chedule if more space	is required)			
Thi	s certificate is issued on behalf of ditional Insured as respects the o	of Mic	chiga	an State Youth Soccer Ass	sociation & Mi	d-Michigan Yo		tificate Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
Zi 15	on Lutheran Church 56 W Seidler aburn, MI 48611				SHOULD ANY THE EXPIRATION	OF THE ABOVE I ON DATE THEREO ICY PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE		
·					AUTHORIZED REPRESENTATIVE				



DATE (MM/DD/YYYY) 8/26/2015

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	may	require an endorsement.	A Statement on t	mis certificate 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				
,					E-MAIL ADDRESS: contact@pullenins.com				
	Toft Worth, 12 70	110			PRODUCER CUSTO				
					INSURERS AFFORDING COVERAGE NAIC #				
INSU	JRED Michigan State Voyeth	Coo		Association		tional Casualty		11991	
	Michigan State 1 Outil					-			
	9401 General Drive, S	Sune	120	)	Insurer B: Mutual of Omaha 71412				
	Plymouth, MI 48170				Insurer C:				
					Insurer D:				
					Insurer E:				
~~	VED 4 OF C	DTIE	104	TE NUMBER: 150171	Insurer F:		SEVICION NUMBER	0	
				TE NUMBER: 1501710			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	REME 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000	
Thi	CRIPTION OF OPERATIONS/LOCATIONS/VE s certificate is issued on behalf or ditional Insured as respects the operations.	f Mic	higa	n State Youth Soccer Ass	sociation & Mi	chigan Youth S	Soccer League. Certificate association.	te Holder is	
CE	RTIFICATE HOLDER				CANCELLA	TION			
52	MCA 19 W PIERSON RD. JUSHING, MI 48433				THE EXPIRATION	OF THE ABOVE I ON DATE THEREC LICY PROVISIONS	DESCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVERE	NCELLED BEFORE D IN ACCORDANCE	
					AUTHORIZED REPRESENTATIVE Jatik Dull				



DATE (MM/DD/YYYY) 8/26/2015

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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).	olicie	s ma	y require an endorsement.	A statement on			le certificate noider
PROI	Pullen Insurance Se	ervi	ces.	Inc.	CONTACT NAME:	Sports Divis		
	2560 River Park Pl				PHONE: (817) 738-6100 FAX: (817) 738-2993			
	Fort Worth, TX 76				E-MAIL ADDRESS:	contact@pu	llenins.com	
	1 310 (1 31011, 111 7 3				PRODUCER CUST	OMER ID#: MI		
					INSURERS AF	FORDING COVI	ERAGE	NAIC #
INSU	RED Michigan State Youth	So	ccer	Association	Insurer A: Na	ational Casualt	y Company	11991
	9401 General Drive, S	Snite	= 12	0		utual of Omaha		71412
	Plymouth, MI 48170	Juit	J 1 <u>2</u>	O .	Insurer C:			
	11/11/04/11, 1/11 1/01/10				Insurer D:			
					Insurer E:			
					Insurer F:			
СО	VERAGES CE	RTI	FICA	ATE NUMBER: 150171	86	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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'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 5663300	9/1/2015	9/1/2016	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)	
	NON-OWNED ACTES							
A	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$100,000
_								,,,,,,,
DESC	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 o	f Mi	chiga	an State Youth Soccer As	sociation & Mi	chigan Youth	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
WILLIAMS TOWNSHIP PARK	CHOILD ANY OF THE ABOVE DE
1000 W MIDLAND DOAD	SHOULD ANY OF THE ABOVE DE

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.



DATE (MM/DD/YYYY) 8/26/2015

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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	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: Mutual of Omaha	71412			
	Plymouth, MI 48170	Insurer C:				
	•	Insurer D:				
		Insurer E:				
		Insurer F:				
COVER	AGES CERTIFICATE NUMBER: 1501723	REVISION NUMBER: (	)			
INDICATEI CERTIFICA EXCLUSIO	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 HAV	OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPEC IED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO E BEEN REDUCED BY PAID CLAIMS.	T TO WHICH THIS			
INICD	ADDI SURP	DOLICY EFFECTIVE   DOLICY EYDIDATION				

LIMITS INSRD WVD DATE (MM/DD/YY) LTR DATE (MM/DD/YY) \$1,000,000 GENERAL LIABILITY X 9/1/2015 9/1/2016 A KRO 5663300 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 5663300 9/1/2015 9/1/2016 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 5663400 9/1/2015 9/1/2016 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 9/1/2015 9/1/2016 \$100,000 SR2014MI-P-053256 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
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 Satik Pull



DATE (MM/DD/YYYY) 8/26/2015

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	eu of such endorsement(s).	UIICIE	53 IIId	y require an endorsement.	A Statement On	iins cerimoale (	ioes not comer rights to th	ie certificate fioliter		
PRO	Pullen Insurance S	ervi	ces.	Inc	CONTACT NAME:	CONTACT NAME: Sports Division				
	2560 River Park Pl	laza.	Sui	ite 300	PHONE: (817) 738-6100 FAX: (817) 738-2993					
					E-MAIL ADDRESS: contact@pullenins.com					
					PRODUCER CUSTOMER ID#: MI					
					INSURERS AF	FORDING COVE	ERAGE	NAIC #		
INSU	Michigan State Youth	2 50	CCEI	· Association	Insurer A: Na	tional Casualty	v Company	11991		
	9401 General Drive,	I SU Cuit	_ 12			utual of Omaha		71412		
	Plymouth, MI 48170	Suit	C 12	U	Insurer C:	atual of Official	•	71112		
	1 lyllloutii, Wii 481 /0				Insurer D:					
					Insurer E:					
					Insurer F:					
$\Box$	VERAGES CE	ERTI	FIC	ATE NUMBER: 1502022			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	THE POLICY PERIOD ECT 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 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000		
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	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 5663300	9/1/2015	9/1/2016	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 doddeni)			
	Non Switz heres									
Α	UMBRELLA LIAB X OCCUR			XKO 5663400	9/1/2015	9/1/2016	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	1					E. L. EACH ACCIDENT			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E. L. DISEASE - EA EMPLOYEE			
	(Mandatory in NH) If yes, describe under						E. L. DISEASE - POLICY LIMIT			
В	PARTICIPANT ACCIDENT MEDICAL	+		SR2014MI-P-053256	9/1/2015	9/1/2016	E. E. DIOLAGE - I GLIGI LIWIT	\$100,000		
"	TAKTICH ANY ACCIDENT MEDICAL			5R2014WI 1 033230	<i>3</i> / 1/2013	7/1/2010		Ψ100,000		
DES	I CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	uch ACORD 101, Additional Remarks S	chedule, if more space	is required)	1			
Thi	s certificate is issued on behalf of	of Mi	chig	an State Youth Soccer Ass	sociation & Mi	d-Michigan Yo	outh Soccer League. Cer	rtificate Holder is		
Ado	litional Insured as respects the o	pera	tions	of the Named Insured for	sanctioned act	ivities of the st	tate association.			
CE	RTIFICATE HOLDER				CANCELLA	TION				
	MCA Pierson Road									
	19 W Pierson Road				SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CA OF, NOTICE WILL BE DELIVERE	ANCELLED BEFORE		
ı	ushing, MI 48433					ICY PROVISIONS		- D IN ACCONDANCE		
1 1	, wii 40433									
					AUTHORIZED REP	RESENTATIVE	$()$ $ , \alpha \cap \alpha$			
						Satikbell-				



DATE (MM/DD/YYYY) 8/26/2015

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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)

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: Mutual of Omaha	71412						
	Plymouth, MI 48170	Insurer C:							
		Insurer D:							
		Insurer E:							
	Insurer F:								
COVER	AGES CERTIFICATE NUMBER: 1502338	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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	X		KRO 5663300	9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000	
	CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	UNLIMITED	
	GEN'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 5663300	9/1/2015	9/1/2016	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 5663400	9/1/2015	9/1/2016	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			SR2014MI-P-053256	9/1/2015	9/1/2016		\$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 TOWNSHIP ROTARY PARK 5489 TUBBER NA 40220	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
WATERFORD, MI 48329	AUTHORIZED REPRESENTATIVE Jatik Pull