CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE 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. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16001279 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Anchor Bay School District
Attn: Athletic Department
6319 County Line Road
Fair Haven, MI 48023

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16003451 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Birmingham Community Education
Attn: Yvonne Curtis
2436 W. Lincoln Ave.
Birmingham, MI 48009

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16003452 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Birmingham Covington School
Attn: Yvonne Curtis
1525 Covington Rd.
Bloomfield Hills, MI 48301

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16003457 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Barnum Center
Attn: Yvonne Curtis
Pierce Street
Birmingham, MI 48009

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16003559 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Bishop Foley Catholic High School
32000 Campbell
Madison Heights, MI 48071

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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CERTIFICATE OF LIABILITY INSURANCE

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		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16004258 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

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

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE 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. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16004260 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

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

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16004788 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

BISHOP GALLAGHER SOCCER FIELDS
Attn: Yvonne Curtis
36301 Utica Road
STERLING HEIGHTS , MI 48312

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16005771 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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.

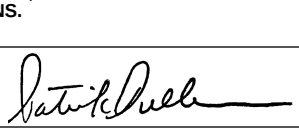
CERTIFICATE HOLDER

Alma Public Schools
Attn: Tom Curatti
600 E. Downey St
Alma , MI 48801

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16005380 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

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

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16005628 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

ALMONT HIGH SCHOOL
Attn: Steve Zott, Superintendent
401 CHURCH ST.
Almont, MI 48003

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16006127 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Ann Arbor Pioneer High School Soccer Field
601 W. Stadium Blvd
Ann Arbor, MI 48103

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16006371 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Burr Elementary School
Attn: Yvonne Curtis
41460 Ryan Road
Sterling Heights, MI 48314

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16007036 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

BARNARD ELEMENTARY SCHOOL
Attn: Yvonne Curtis
3601 FORGE
Troy, MI 48083

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16007037 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Beach Park
Attn: Yvonne Curtis
4695 Beach Road
Troy, MI 48085

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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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 #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A:	National Casualty Company — 11991
Insurer B:	Mutual of Omaha — 71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16007038 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Bemis Elementary School
Attn: Yvonne Curtis
3571 Northfield Pkwy
Troy, MI 48084

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A:	National Casualty Company — 11991
Insurer B:	Mutual of Omaha — 71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16007039 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Boulan Middle School
Attn: Yvonne Curtis
3570 Northfield Pkwy
Troy, MI 48084

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16007040 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Boulan Park East, Center and West
Attn: Yvonne Curtis
3671 Crooks Road
Troy, MI 48084

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16007041 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Brinston Park - East and West
Attn: Yvonne Curtis
2262 Brinston
Troy, MI 48083

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16006622 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Brandon Township Community Park
Soccer Field(s)
Attn: Yvonne Curtis
1414 N. Hadley Road
Ortonville, MI 48462

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16006630 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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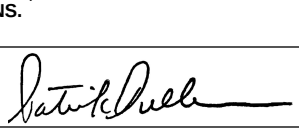
CERTIFICATE HOLDER

Atherton United Methodist Church
Attn: Tom Curatti
4010 Lippincott Blvd.
Burton, MI 49519

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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CERTIFICATE OF LIABILITY INSURANCE

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PHONE: (817) 738-6100 FAX: (817) 738-2993	
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PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16006733 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Administration Building
Outdoor Field
Attn: Yvonne Curtis
15115 Deefield
East Pointe, MI 48021

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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ACORD 25(2009/09) **The ACORD name and logo are registered marks of ACORD**

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16006835 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

Audobon Park - City of Lapeer
Attn: Ray Turczyn
880 S. Saginaw St.
Lapeer, MI 48446

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16006959 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Beaufait Farms (Soccer Field)
Attn: Yvonne Curtis
46138 Lookout Drive
Macomb, MI 48044

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER
Pullen Insurance Services, Inc.
2560 River Park Plaza, Suite 300
Fort Worth, TX 76116

CONTACT NAME: Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS: contact@pullenins.com
PRODUCER CUSTOMER ID#: 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:	

INSURED
Michigan State Youth Soccer Association
9401 General Drive, Suite 120
Plymouth, MI 48170

COVERAGES **CERTIFICATE NUMBER:** 16007292 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Bywood Soccer Field
Attn: Yvonne Curtis
Clawson City Park
Clawson, MI 48017

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16007298 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Berkley School District
Attn: Yvonne Curtis
3205 CATALPA
Berkley, MI 48072

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16007300 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

BEDFORD WOODS PARK
Attn: Yvonne Curtis
Lathrup Drive
Southfield, MI 48076

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16009126 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

Birch Run Park
13175 Maple Rd.
Birch Run, MI 48415

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16009939 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR [ ] _____ [ ] _____ GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS [ ]			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

BRANDON SCHOOLS ATHLETIC COMPLEX Soccer Fields
209 VARSITY DRIVE
Ortonville, MI 48462

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16011986 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

AMANDA MOORE ELEMENTARY
209 DICKENSON ST
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.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16011686 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

Bicentennial Park
Attn: Gary Yunge
1505 East Grand Blanc Rd
Grand Blanc, MI 48439

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16012183 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Berlin Township Memorial Park
740 CAPAC RD.
ALLENTON , MI 48002

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16012678 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Addams Elementary
2222 W Webster Rd.
Royal Oak, MI 48073

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16013134 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

CALVARY BAPTIST ACADEMY
6100 PERRINE RD
MIDLAND, MI 48640

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A:	National Casualty Company — 11991
Insurer B:	Mutual of Omaha — 71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16014323 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

AMBASSADOR PARK
600 EAST 13 MILE RD
MADISON HEIGHTS, MI 48071

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16015030 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

ANDERSON ELEMENTARY
5290 LEROY ST.
GRAND BLANC, MI 48439

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16016761 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Birmingham Public Schools
550 West Merrill
Birmingham, MI 48009

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16017185 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

AUBURN PARK
430 S AUBURN ST.
AUBURN HILLS, MI 48611

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16017530 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR [ ] _____ [ ] _____ GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS [ ]			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

BEDFORD HIGH SCHOOL
8486 DOUGLAS
TEMPERANCE, MI 48182

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A:	National Casualty Company — 11991
Insurer B:	Mutual of Omaha — 71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16017563 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

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

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16018089 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

Auburn City Park
435 Auburn Rd.
Auburn, MI 48506

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER
Pullen Insurance Services, Inc.
2560 River Park Plaza, Suite 300
Fort Worth, TX 76116

CONTACT NAME: Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS: contact@pullenins.com
PRODUCER CUSTOMER ID#: 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:	

INSURED
Michigan State Youth Soccer Association
9401 General Drive, Suite 120
Plymouth, MI 48170

COVERAGES **CERTIFICATE NUMBER:** 16019394 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

BAKER MIDDLE SCHOOL
1359 TORPEY DRIVE
TROY, MI 48083

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16020456 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

Alma Strikers Field
600 E. Downie St.
Alma, MI 48801

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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ACORD 25(2009/09) **The ACORD name and logo are registered marks of ACORD**

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A:	National Casualty Company — 11991
Insurer B:	Mutual of Omaha — 71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16020553 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

BUDD PARK
19000 CLINTON RIVER ROAD
CLINTON TWP., MI 48038

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16021787 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Boys and Girls Club of Troy
3670 John R. Road
Troy, MI 48071

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16022632 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Avondale High School
2800 Waukegan Street
Auburn Hills, MI 48326

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16022759 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Avondale High School Athletics
2800 Waukegan
Auburn Hills, MI 48236

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16024228 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Brinston Park
2262 Brinston Drive
Troy, MI 48083

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16024230 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

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

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16026767 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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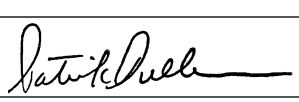
CERTIFICATE HOLDER

Atherton Elementary
3444 S. Genesee Rd
Burton, MI 48519

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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CERTIFICATE OF LIABILITY INSURANCE

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		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116645 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

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

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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CERTIFICATE OF LIABILITY INSURANCE

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		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116646 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Avondale Middle School
1445 West Auburn Road
Rochester Hills, MI 48309

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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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 #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116647 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Berkley Hurley Field
2211 Oakshire
Berkley, MI 48072

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A:	National Casualty Company — 11991
Insurer B:	Mutual of Omaha — 71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116648 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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

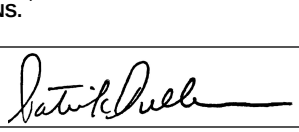
CERTIFICATE HOLDER

Berkley School District
2211 Oakshire
Berkley, MI 48072

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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ACORD 25(2009/09) **The ACORD name and logo are registered marks of ACORD**

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116649 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Bethesda Christian Church
27446 Huntington
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

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116651 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Birmingham Public Schools (Seaholm High School)
2436 West Lincoln
Birmingham, MI 48009

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116652 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Boys & Girls Club
14975 21 Mile Road
Shelby Township, MI 48315

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16116653 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Brandon Middle School
609 Ortonville Road
Ortonville, MI 48462

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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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 #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116654 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

BRW Department of Parks and Recreation
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.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16116829 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

Administration Building
522 N. McKinley Rd.
Flushing , MI 48433

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

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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. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116832 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

Alternate Field
140 Churchgrove
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

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16116833 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

Audubon Park
325 Parkway St
Lapeer, MI 48446

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116835 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

Broome Park
3201 Hammerberg Rd
Flint, MI 48507

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116836 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

Bryant School
925 Hampton St
Owosso, MI 48867

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16001101 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Clarkston Township
90 North Main Street
Clarkston, MI 48347

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16001102 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Clinton Township Parks & Rec
19000 Clinton River Road
Clinton Township, MI 48038

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16001209 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Davis Middle School
11311 Plumbrook Road
STERLING HEIGHTS, MI 48313

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16001280 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Clinton Township Parks & Rec (Civic Center Parks)
40700 Romeo Plank Road
Clinton Township, MI 48038

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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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 #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16001281 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

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

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16001284 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Chippewa Valley High School
Attention: Gerry Haggerty
18300 19 Mile Road
Clinton Township, MI 48038

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16002071 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR [ ] _____ [ ] _____ GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS [ ]			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

Clare Brookwood Park
660 Ann Arbor Trail
Clare, MI 48617

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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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. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16002385 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

City of Lapeer
Attn: Ray Turczyn
880 Saginaw Street
Lapeer, MI 48446

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A:	National Casualty Company — 11991
Insurer B:	Mutual of Omaha — 71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16003456 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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

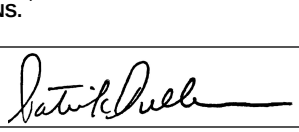
CERTIFICATE HOLDER

Crestview Park
Attn: Yvonne Curtis
Southfield Road
Birmingham, MI 48009

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16003461 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

City of Shelby
Attn: Yvonne Curtis
52700 Van Dyke
Shelby, MI 48316

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16004244 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

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

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16004264 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

COOK ELEMENTARY
Attn: YVONNE CURTIS
5500 PERRINE
MIDLAND , MI 48640

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16004271 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

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

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: / FAX:	(817) 738-6100 / (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16004314 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

Cook Elementry School
Attn: Tom Curatti
5500 Perrine Rd
Midland , MI 48650

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16004439 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

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

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: / FAX:	(817) 738-6100 / (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16004789 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

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

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16004940 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

Carmen Ainsworth Soccer Fields
Attn: Thomas Curatti
305 Henry Court
Flushing, MI 48433

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16005098 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

Central Middle School
Attn: Tom Curatti
395 E. Reardon
Midland , MI 48640

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16005783 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

Coutant Street Soccer Field
1425 Coutant Street
Flushing , MI 48433

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16005667 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Churchhill High School
8900 Newburgh Rd
Livonia, MI 48150

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16007042 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Costello Elementary
Attn: Yvonne Curtis
1333 Hamman
Troy, MI 48085

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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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 #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16007270 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Clawson Middle School
Attn: Yvonne Curtis
150 John M
Clawson, MI 48017

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16007271 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Clawson High School
Attn: Yvonne Curtis
101 John M
Clawson, MI 48017

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16007299 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

CATALPA OAKS COUNTY PARK
Attn: Yvonne Curtis
CATLPA DRIVE AND GREENFIELD RD
Southfield, MI 48076

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16009121 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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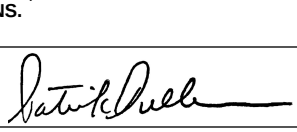
CERTIFICATE HOLDER

CENTRAL MIDDLE SCHOOL
200 32ND ST
PORT HURON , MI 48060

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16011983 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

DAKOTA HIGH SCHOOL
21051 TWENTY ONE MILE ROAD
MACOMB TOWNSHIP , MI 48044

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16011987 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

CROSSWELL ELEMENTARY
175 CROSSWELL ST.
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.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16011386 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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

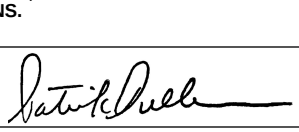
CERTIFICATE HOLDER

CITY OF WAYNE PARKS AND REC DEPARTMENT
4635 HOWE RD.
Wayne, MI 48184

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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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. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16012672 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

CERC Building
455 E Scripps Rd.
Lake Orion, MI 48360

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16013042 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Cherokee Elementary
42900 Rivergate Drive
Clinton Twp, MI 48038

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16013133 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

CENTRAL MIDDLE SCHOOL
305 REARDON STREET
MIDLAND, MI 48442

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16013816 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

Corunna High School
417 E King St.
Corunna, MI 48817

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16013818 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

CROSS OF GLORY LUTHERAN CHURCH
61095 CAMPGROUND ROAD
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 REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16013656 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

Cramer Junior High School
313 Pine St.
Essexville, MI 48732

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16013991 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

CHATFIELD ELEMENTARY SCHOOL
231 LAKE DRIVE
LAPEER, MI 48446

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16014197 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

CITY OF LAPEER OPTIMIST SOCCER FIELDS
880 SAGINAW ST.
LAPEER, MI 48446

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16014198 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

CITY OF LAPEER AUDUBON PARK
325 PARKWAY ST.
LAPEER, MI 48446

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16015085 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Clintonwood Park- Independence Township Parks and Recreation
6000 Clarkston Rd
Clarkston, MI 48348

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16015086 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Clarkston Community Schools -Springfield Plains Elementary
8650 Holcomb Rd
Clarkston, MI 48348

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16016236 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

CRYSTAL DIAMONDS
14713 33 MILE RD
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.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16016759 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Covinton Middle School
Attn: Birmingham Public Schools
550 W. Merril
Birmingham, MI 48009

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16016960 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

CREASEY BICENTENNIAL PARK
1505 E. GRAND BLANC RD
GRAND BLANC, MI 48439

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16017100 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

CREASEY BICENTENNIAL PARK
1505 E GRAND BLANC ROAD
GRAND BLANC, MI 48439

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16018137 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

CENTRAL MICHIGAN UNIVERSITY
201 INDOOR ATHLETIC COMPLEX
MT. PLEASANT, MI 48859

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16018138 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Crissman Elementary
53550 Wolf Drive
Shelby Township, MI 48316

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16020552 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

CIVIC CENTER PARK (CLINTON TWP)
40700 ROMEO PLANK
CLINTON TWP, MI 48038

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16022760 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Creek Center & Banquet Sports Complex
72025 North Ave
Armanda, MI 48005

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16024229 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Charter Township of Oakland/Marshview Park
4393 Collins Road
Rochester, MI 48306

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16116655 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Charter Township of Independence
90 North Main Street
Clarkston, MI 48347

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116656 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Charter Township of Orion
Friendship Park
2525 Joslyn Road
Orion, MI 48359

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116657 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Chesterfield Township/Pollard Park
Attn: Recreation Department- Rich
47275 Sugarbush
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

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16116658 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

City of Birmingham-Poppleton Park
2300 East Lincoln
Birmingham, MI 48009

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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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 #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116659 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

City of Grosse Pointe Farms
90 Kerby Road
Grosse Pointe Farms, MI 48236

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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CERTIFICATE OF LIABILITY INSURANCE

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PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116660 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

City of Rochester Hills
1000 Rochester Hills Drive
Rochester Hills, MI 48309

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116661 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

City of Rochester Hills Borden Park
Attention: Bert Hallewas
1400 E. Hamlin Road
Rochester Hills, MI 48309

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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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. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116662 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

City of Sterling Heights
38901 Dodge Park Road
Sterling Heights, MI 48312

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116663 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

City of Troy (Raintree Park)
Attention: Parks & Rec
500 West Big Beaver Road
Troy, MI 48084

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116664 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Clarkston Community Schools
6093 Flemings Lake Road
Clarkston, MI 48346

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A:	National Casualty Company — 11991
Insurer B:	Mutual of Omaha — 71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116665 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Clarkston Middle School
6595 Middle Lake Road
Clarkston, MI 48346

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116837 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

Capital City Baptist Church
5100 Willoughby Rd
Holt, MI 48842

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116838 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

Carmen Ainsworth Jr. High School
1409 W. Maple Ave.
Flint , MI 48507

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116840 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

Clio Youth Sports Complex
1445 W Hurd Rd
Clio, MI 48420

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A:	National Casualty Company — 11991
Insurer B:	Mutual of Omaha — 71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116841 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Davison Gates Elementry
2359 Irish Rd. Davison
Davison, MI 48423

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16028097 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Davisburg Elementary
12003 Davisburg Rd
Davisburg, MI 48350

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16001103 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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

CERTIFICATE HOLDER

First Baptist Church of Mt. Clemens
44000 North Avenue
Clinton Township, MI 48036

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16001104 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Flickenger Elementary
4540 Vanker
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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A:	National Casualty Company — 11991
Insurer B:	Mutual of Omaha — 71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16001105 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Fraser Public Schools
33466 Garfield
Fraser, MI 48026

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16001106 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Gator Star Park (Volpe-Vito, Inc.)
3000 Auburn Road
Utica, MI 48317

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16001244 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Detroit Country Day School
22305 W. 13 Mile Rd.
Beverly Hills, MI 48025

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16001287 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Eagle Creek
3739 Kern
Oakland Township, MI 48363

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16001441 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

East China Stadium
1585 Meisner Rd
East China, MI 48054

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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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. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16003560 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Fuhrman
Attn: Yvonne Curtis
5155 Fourteen Mile Road
Sterling Heights, MI 48312

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16003561 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Delia Park
Attn: Yvonne Curtis
3499 Eighteen Mile Road
Sterling Heights, MI 48314

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16004164 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

FRIENDSHIP PARK
3380 W. CLARKSTON RD
LAKE ORION , MI 48362

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16004247 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

EAST CHINA PARK
Attn: YVONNE CURTIS
701 RECOR ROAD
EAST CHINA , MI 48054

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

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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 #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16004259 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

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

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16004430 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

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

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16004431 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

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

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16004733 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

FRASER HIGH SCHOOL (TURF FIELD)
Attn: Yvonne Curtis
34270 GARFIELD ROAD
Fraser, MI 48026

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16004934 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

Frankenmuth Varsity Soccer Field
Attn: Terry Horstman
941 E. Genessee
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

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16005079 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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.

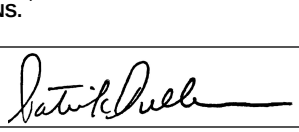
CERTIFICATE HOLDER

Eaton Rapids Public Schools, Eaton Rapids High School
Attn: Dan Raben
800 State St
Eaton Rapids, MI 48826

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16005081 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

East Lansing Public Schools, Donley Elementary School
Attn: Dan Raben
2961 E Lake Lansing Rd
East 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 REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16005082 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

East Lansing Public Schools, White Hills Elementary
Attn: Dan Raben
621 Pebblebrook Lane
East 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 REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16005099 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Dewitt Township Community Center
Attn: Tom Curatti
16101 Brook Rd.
Lansing, MI 48906

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16005381 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

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

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16005627 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

DRYDEN HIGH SCHOOL
Attn: Loren Dockens AD
3866 ROCHESTER ROAD
Dryden, MI 48428

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16007043 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Fire Station No. 2
Soccer Field(s)
Attn: Yvonne Curtis
5600 Livernois
Troy, MI 48098

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16007044 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Firefighter's Park Fields 1-9
Attn: Yvonne Curtis
1800 West Square Lake Road
Troy, MI 48098

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16006608 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

Faith Tabernacle Baptist Church
Attn: Tom Curatti
1225 S. Center Rd.
Burton, MI 48503

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16006952 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Francis A. Higgins Elementary School
Attn: Yvonne Curtis
29901 24 Mile Road
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

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16007579 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Davison High School
Attn: Tom Curatti
1250 N. Oak Rd.
Davison, MI 48423

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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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. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A:	National Casualty Company — 11991
Insurer B:	Mutual of Omaha — 71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16011993 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

DERBY MIDDLE SCHOOL
1300 DERBY RD
BIRMINGHAM , MI 48009

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16012663 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Elite Indoor Sports
Oakland Drive
Shelby Twp, MI 48315

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16013132 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

DELTA COLLEGE
1961 DELTA RD
MIDLAND, MI 48710

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16013728 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Flynn Middle School
2899 Fox Hill 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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16014256 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

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

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: / FAX:	(817) 738-6100 / (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16014500 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

GABRIEL RICHARD HIGH SCHOOL
4333 WHITE HALL RD
ANN ARBOR, MI 48105

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16015765 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

EAGLE CREEEK ACADEMY
3739 KERN ROAD
OAKLAND, MI 48362

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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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. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16015780 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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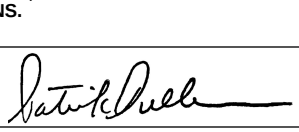
CERTIFICATE HOLDER

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

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16015841 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

EVOLUTION SPORTSPLEX
141 SOUTH OPDYDE
AUBURN HILLS, MI 48326

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16016881 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Evolution Sportsplex
141 SOUTH OPDYKE ROAD
AUBURN HILLS, MI 48326

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16016910 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

EVEREST COLLEGIATE ACADEMY
5935 CLARKSTON RD
CLARKSTON, MI 48348

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16017102 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

GARDENS ELEMENTARY
1076 6TH STREET
MARYSVILLE, MI 48040

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE 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. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16019174 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

Flint YMCA
5219 Pierson Road
Fowlerville, MI 48836

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16018608 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

First Baptist Church
208 E. 4th Street
Davison, MI 48423

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16018987 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

EMU
150 WESTVIEW ST.
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.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16020545 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

ELMER LANGE MEMORIAL PARK
4135 KOCHVILLE RD
SAGINAW, MI 48604

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16020551 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

DELTA COLLEGE
1961 DELTA RD
UNIVERSITY CENTER, MI 48710

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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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. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16021944 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Dean A Naldrett School Soccer Field
47800 Sugarbush Road
New Baltimore, MI 48047

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE 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.
2560 River Park Plaza, Suite 300
Fort Worth, TX 76116

CONTACT NAME: Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS: contact@pullenins.com
PRODUCER CUSTOMER ID#: 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:	

INSURED
Michigan State Youth Soccer Association
9401 General Drive, Suite 120
Plymouth, MI 48170

COVERAGES **CERTIFICATE NUMBER:** 16021949 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Dean A Naldrett School
47800 Sugarbush Road
New Baltimore, MI 48047

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16021967 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Dean A Naldrett School
47800 Sugarbush Road
New Baltimore, MI 48047

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A:	National Casualty Company — 11991
Insurer B:	Mutual of Omaha — 71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16022833 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

Davison Middle School
600 Dayton St
Davison, MI 48423

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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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 #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16023413 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Dearborn High School
19501 W. Outer Drive
Dearborn, MI 48124

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16023661 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

East Lansing Sports Complex
3636 Coleman Road
East 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 REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16025098 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

Gates Elementary Gymnasium
2359 S Irish Rd
Davison, MI 48423

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116842 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

Deer Run Soccer Complex
15349 S Linden Rd
Linden, MI 48451

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116843 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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.

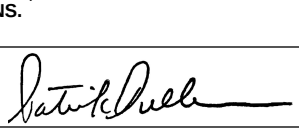
CERTIFICATE HOLDER

Durand H. S. Soccer Complex
9550 E. Lansing Rd.
Durand, MI 48429

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16116844 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

East Lansing Soccer Complex
3001 Abbott Rd
East 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 REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116845 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

Elsa Meyer School
100 N Hastings St
Corunna, MI 48817

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

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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. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116846 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

Flint Swim and Racquet Club
1126 N Elms
Flint Township, MI 48532

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116847 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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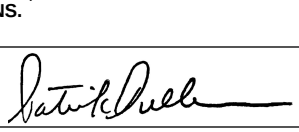
CERTIFICATE HOLDER

Flint YMCA
5219 W. Pierson Rd.
Flint , MI 48504

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16116848 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

Flushing Community Education
409 Chamberlin
Flushing, MI 48433

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116849 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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.

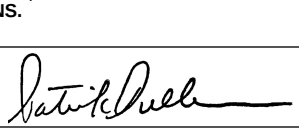
CERTIFICATE HOLDER

Flushing County Park
4417 N. Mckinley Rd.
Flushing, MI 48433

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116850 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

Flushing High School
521 N McKinley Road
Flushing, MI 48433

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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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. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116851 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR [ ] _____ [ ] _____ GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS [ ]			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

Freeland High School
8250 Webster Rd
Freeland, MI 48623

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116852 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

Gaines Area Lions Pinehill Park
12135 Ray Rd
Gaines, MI 48436

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116853 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

Gaylord Intermediate School Stadium
240 E 4th St
Gaylord, MI 49735

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16027477 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Dewitt Charter Township
1401 W Herbison Road
Dewitt , MI 48820

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Pullen Insurance Services, Inc.
2560 River Park Plaza, Suite 300
Fort Worth, TX 76116

CONTACT NAME: Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS: contact@pullenins.com
PRODUCER CUSTOMER ID#: 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:	

INSURED
Michigan State Youth Soccer Association
9401 General Drive, Suite 120
Plymouth, MI 48170

COVERAGES **CERTIFICATE NUMBER:** 16001107 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Grissom Middle School
35701 Ryan Road
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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16001108 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Groves High School
20500 West 13 Mile Road
Beverly Hills, MI 48025

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16001109 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Hart Middle School
6500 Sheldon Road
Rochester Hills, MI 48306

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16001110 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Indeoendence Township Parks & Recreation
90 North Main Street
Clarkston, MI 48346

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16001111 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Jennette Jr. High School
40400 Gulliver
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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

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CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16001247 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

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

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE 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. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16001285 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Kyiv Estates
10558 McNally Road
Whitmore Lake, MI 48189

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16003835 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Lake Orion Civic Center
Attn: Yvonne Curtis
2525 Joslyn Road
Lake Orion, MI 48360

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: / FAX:	(817) 738-6100 / (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16004248 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

IMMANUEL LUTHERAN CHURCH
Attn: YVONNE CURTIS
47120 ROMEO PLANK
MACOMB , MI 48044

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16004249 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16004256 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

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

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16005281 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

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

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16005772 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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.

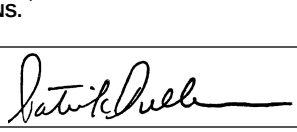
CERTIFICATE HOLDER

Genesee Christian School
Attn: Tom Curatti
1114 Genesee Rd.
Burton, MI 48509

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16005790 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

Kearsley Complex
4437 Muriel Drive
Flint , MI 48506

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16005668 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

John Miller Park
18401 Webster Ave
Southfield, MI 48076

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16007045 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Hamilton Elementary
Attn: Yvonne Curtis
5625 Livernois
Troy, MI 48098

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16007046 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

John R Park
Attn: Yvonne Curtis
3500 John R
Troy, MI 48083

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16007047 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Jaycee Park - Northeast, Southeast, and West
Attn: Yvonne Curtis
1773 E. Long Lake Road
Troy, MI 48085

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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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 #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16006730 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

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

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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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 #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16007656 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

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

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16007272 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Hunter Community Center
Attn: Yvonne Curtis
509 Fisher Court
Clawson, MI 48017

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A:	National Casualty Company — 11991
Insurer B:	Mutual of Omaha — 71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16007294 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Kenwood Elementary
Attn: Yvonne Curtis
240 NAHMA
Clawson, MI 48017

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16007297 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Hurley Field
Attn: Yvonne Curtis
3205 CATALPA
Berkley, MI 48072

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A:	National Casualty Company — 11991
Insurer B:	Mutual of Omaha — 71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16007525 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

Kearsley High School
Attn: Tom Curatti
4302 Underhill Dr.
Flint, MI 48506

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16007526 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

Keystone Soccer Complex
Attn: Tom Curatti
712 N Keystone Rd
Traverse City, MI 49686

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A:	National Casualty Company — 11991
Insurer B:	Mutual of Omaha — 71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16007782 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

Kearsley Park
Attn: Administrator
900-071 Kearsley Park Blvd.
Flint, MI 48503

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16009118 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

HERITAGE PARK
8399 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.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16011985 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

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 REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16011988 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

GILCHER PARK
6709 29 MILE ROAD
WASHINGTON , MI 48095

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16011685 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

Hartker Field
Attn: Gary Yunge
5202 E. Maple Rd.
Grand Blanc, MI 48439

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16012625 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Holmes Middle School
16200 Newburgh Road
Livonia, MI 48154

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16012674 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Keller Elementary
1505 Campbell Rd.
Royal Oak, MI 48067

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16013135 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

GENESEE FIELDHOUSE
7383 GRAND PARKWAY
GRAND BLANC TWP, MI 48639

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16013137 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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

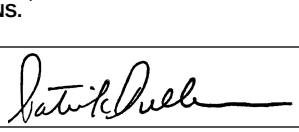
CERTIFICATE HOLDER

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

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16014200 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

HATHERLY ELEMENTARY WARREN CONS. SCHOOLS
35201 DAVISON
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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16014201 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

GRISSOM MIDDLE SCHOOL/WARREN CON SCHOOLS
35701 RYAN RD
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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16014204 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

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

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16015768 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

GREAT LAKES GOLF AND SPORTS COMPLEX
3951 JOSLYN RD
AUBURN HILLS, MI 48326

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16015773 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

GOODRICH AREA SCHOOL
7500 S GALE ROAD
GOODRICH, MI 48438

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16017034 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

JEFFERSON ELEMENTARY
22011 REPUBLIC AVE
OAK PARK, MI 48237

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16016958 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

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

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16017014 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

INVENTIVE SPORTS
7546 BARON
CANTON, MI 48187

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16017019 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

GEARING ELEMENTARY
200 NORTH CARNEY DRIVE
ST. CLAIR, MI 48079

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16017248 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

LAKEVIEW HIGH SCHOOL
21100 11 MILE ROAD
ST. CLAIR SHORES, MI 48081

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16018088 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

Holy Rosary Church
5191 Richfield Rd.
Flint, MI 48506

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16019398 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

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

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16019538 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Kochville Township
5851 MACKINAW ROAD
SAGINAW, MI 48604

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16019759 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

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

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16020125 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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

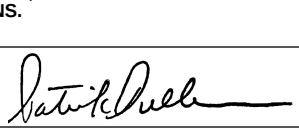
CERTIFICATE HOLDER

Japhet
31201 Dorchester
MADISON HEIGHTS, MI 48071

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16020544 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

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

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16020546 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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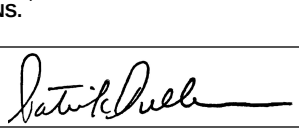
CERTIFICATE HOLDER

JAMES PARK
400 EAST LINCOLN STREET
BIRMINGHAM, MI 48009

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16020584 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

LADYWOOD HIGH SCHOOL
14680 NEWBURGH ROAD
LIVONIA, MI 48154

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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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 #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16021633 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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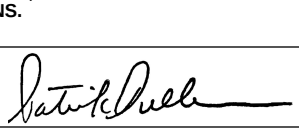
CERTIFICATE HOLDER

Grand Rapids Northview High School
4451 Hunsberger Ave NE
Grand Rapids, MI 49525

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16021788 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Issac Monfort Elementary School
6700 Montgomery Dr.
Shelby Township, MI 48316

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16021948 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Great Lakes Golf and Sports
3951 Joslyn Rd
Auburn Hills, MI 48326

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16022813 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

Genessee Fieldhouse
7383 Grand Parkway
Grand Blanc, MI 48439

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16027202 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Lamphere High School
610 W 13 Mile Road
Madison Heights, MI 48071

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116854 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Goodrich Oaktree Elementry
7500 Gale Rd.
Goodrich, MI 48438

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116855 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

Great Lakes Christian College
6211 W Willow Hwy
Lansing, MI 48917

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16116856 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

GSSC Complex
5202 Maple Rd.
Grand Blanc, MI 48439

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116857 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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.

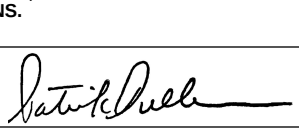
CERTIFICATE HOLDER

Hugh Parker Soccer Complex
1177 Farr Ave.
Owosso, MI 48867

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116858 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

Ithaca High School
710 N Union St
Ithaca, MI 48847

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16116859 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

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

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116860 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

Lakeville High School
12455 Wilson Rd
Lakeville, MI 48463

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16001112 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Lapeer Community Schools
1025 West Neppessing
Lapeer, MI 48441

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE 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. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16001113 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Lutheran High School Association
1100 Bagley
Rochester Hills, MI 48309

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE 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. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16001114 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Lutheran High School Northwest
1000 Bagley
Rochester Hills, MI 48309

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16001115 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Lutheran Social Services of Michigan
8131 East Jefferson
Detroit, MI 48214

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16001282 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Macomb County Parks & Rec (Macomb Corners & Town Center)
Attention: Jason Spiller
20699 Macomb Street
Macomb, MI 48042

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16001286 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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

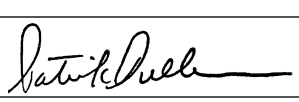
CERTIFICATE HOLDER

Lothrop Fields
6755 Lothrop Rd
Imlay CIty, MI 48444

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16001596 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

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

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16003463 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Midland Public Schools
Attn: Yvonne Curtis
600 E. Carpenter St.
Midland, MI 48640

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16004245 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

MARINE CITY MIDDLE SCHOOL
Attn: YVONNE CURTIS
6373 KING RD
MARINE CITY , MI 48039

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16004246 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

LIGHTFOOT FIELD
Attn: YVONNE CURTIS
3344 BEACH ROAD
PORT HURON , MI 48060

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16004936 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Larkin Soccer Field
3742 Vorhies Rd
Ann Arbor , MI 48105

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16005777 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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.

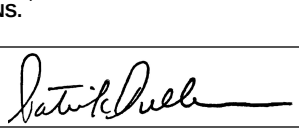
CERTIFICATE HOLDER

Mark Stevens' Soccer Field
Attn: Dan Raben
1835 Epley Rd
Williamston, MI 48895

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE 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. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16005414 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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

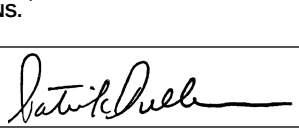
CERTIFICATE HOLDER

Lincoln High School Soccer Fields
7425 Willis Rd
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.

AUTHORIZED REPRESENTATIVE



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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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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 #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16005669 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Mohawk Elementary
48101 Romeo Plank Rd
Macomb, MI 48044

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16006372 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Messmore Elementary School
Attn: Yvonne Curtis
8742 Dill Drive
Sterling Heights, MI 48312

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16007048 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Larson Middle School
Attn: Yvonne Curtis
2222 E Long Lake Road
Troy, MI 48085

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A:	National Casualty Company 11991
Insurer B:	Mutual of Omaha 71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16007049 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Leonard Elementary School
Attn: Yvonne Curtis
4401 Tallman
Troy, MI 48085

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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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. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16007050 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Martell Elementary School
Attn: Yvonne Curtis
5666 Livernois Road
Troy, MI 48098

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16007051 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Morse Elementary School
Attn: Yvonne Curtis
475 Cherry
Troy, MI 48083

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16006834 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Lapeer Optimist Fields
880 S. Saginaw St.
Lapeer, MI 48446

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16009116 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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 INTERMEDIATE SCHOOLS/NORMAN ROCKWELL JR. HIGH
12225 MASONIC
WARREN , MI 48093

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16009397 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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

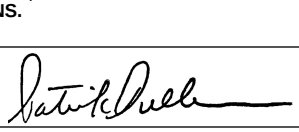
CERTIFICATE HOLDER

MIDVALE LEARNING CENTER
2121 MIDVALE STREET
BIRMINGHAM , MI 48009

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16012656 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Liberty Park of America
33600 Mound Rd.
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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16012665 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Meadows Upper Elementary School
1435 W Auburn Rd.
Rochester Hills, MI 48309

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16013727 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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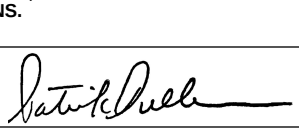
CERTIFICATE HOLDER

L'Anse Creuse High School North
23700 Twenty One Mile Road
Macomb, MI 48042

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16014199 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

LAPEER COMMUNITY SCHOOL SOCCER FIELD
250 2ND ST.
LAPEER, MI 48446

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16015031 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

MCGRATH ELEMENTARY
5288 TODD ST.
GRAND BLANC, MI 48439

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16015840 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

LUTHERAN HIGH SCHOOL NORTH
16824 24 MILE ROAD
MACOMB, MI 48042

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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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 #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16015942 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

MADONNA UNIVERSITY
36600 SCHOOLCRAFT RD
LIVONIA, MI 48150

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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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 #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16015954 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

MADONNA
36600 SCHOOLCRAFT RD
LIVONIA, MI 48150

CANCELLATION

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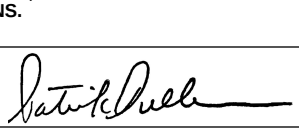
AUTHORIZED REPRESENTATIVE



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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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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 #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16016818 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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CERTIFICATE HOLDER

MACOMB TOWNSHIP
54111 BROUGHTON ROAD
MACOMB TOWNSHIP, MI 48042

CANCELLATION

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AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

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E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16016819 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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 TOWNSHIP
54111 BROUGHTON ROAD
MACOMB TOWNSHIP, MI 48042

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16017017 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

MARINE CITY HIGH SCHOOL
1085 WARD STREET
MARINE CITY, MI 48039

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16017018 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

MARINE CITY MIDDLE SCHOOL
6373 KING ROAD
MARINE CITY, MI 48039

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16017020 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

MADISON ACADEMY
6170 TORREY RD
FLINT TOWNSHIP, MI 48507

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16017071 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

MACOMB CHRISTIAN CHURCH
13845 22 MILE ROAD
SHELBY TWP, MI 48315

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16017099 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

MARSH VIEW PARK SOCCER FIELD
3100 CLARKSTON ROAD
OAKLAND TOWNSHIP, MI 48393

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16017164 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Madonna University
36600 Schoolcraft Road
Livonia, MI 48150

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16017249 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

LAPEER EAST NORTH FIELD
817 SOUTH SAGINAW ST.
LAPEER, MI 48446

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16019188 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

LYNCH ELEMENTARY SCHOOL
2035 ROOM LAKE ROAD
LAPEER, MI 48445

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16018985 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

LENOX TWP
63775 GRATIOT
LENOX, MI 48050

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16018986 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

MACOMB TOWNSHIP PARKS & RECREATION
20699 MACOMB ST
MACOMB, MI 48042

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16019399 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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

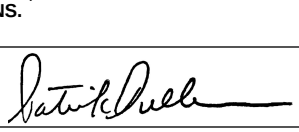
CERTIFICATE HOLDER

MARYSVILLE HIGH SCHOOL
1325 MICHIGAN
MARYSVILLE, MI 48040

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16019453 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

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

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16020124 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Lessenger Elementary School
30150 N. Campbell
MADISON HEIGHTS, MI 48071

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16020309 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR [ ] _____ [ ] _____ GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS [ ]			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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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

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16020548 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

MAPLE LANE ELEMENTARY
34600 DRYDEN
STERLING HEIGHTS, MI 48312

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16020585 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

MADONNA UNIVERSITY
36600 SCHOOLCRAFT RD
LIVONIA, MI 48150

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16020586 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

LIVONIA PUBLIC SCHOOL
15125 FARMINGTON ROAD
LIVONIA, MI 48154

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16021789 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Madison High School Gym
915 E. 11 Mile
Madison Heights, MI 48071

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16022812 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

Legacy Center
9299 Goble Drive
Brighton, MI 48116

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16026165 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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

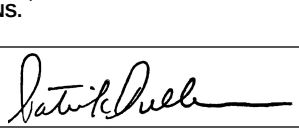
CERTIFICATE HOLDER

Michigan Revolution Training Center
42840 Merrill Road
Sterling Heights, MI 48314

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16027284 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Mark Twain Elementary School
30601 Calahan Rd
Roseville, MI 48066

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116666 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Lutheran Social Services of Michigan
464 E. Grand Blvd.
Detroit, MI 48207

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116667 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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 Community College Fraser Campus
32101 Caroline
Clinton Twp, MI 48035

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16116668 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR [ ] _____ [ ] _____ GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS [ ]			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Magahay Elementary
44700 Olander
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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A:	National Casualty Company 11991
Insurer B:	Mutual of Omaha 71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116669 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Michigan Youth Soccer League
269 Lothrop Rd
Grosse Pointe Farms, MI 48236

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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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 #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116862 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Lapeer East High School (11 v 11)
933 S. Saginaw St.
Lapeer, MI 48446

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116864 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

Lapeer West High School
170 Millville Rd.
Lapeer, MI 48446

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116865 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

McNabb Park
575 S. Elm St.
Ithaca, MI 48847

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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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 #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116866 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Midland Soccer Complex
6500 N. Jefferson Rd.
Midland, MI 48642

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16116867 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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.

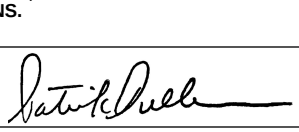
CERTIFICATE HOLDER

Montrose High School
300 Nanita Dr.
Montrose, MI 48457

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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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 #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116868 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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CERTIFICATE HOLDER

Morrish Rd
7154 Morish Rd.
Swartz Creek, MI 48473

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

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E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116869 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

Mt Pleasant High School Field
1800 E. Preston St.
Mount Pleasant, MI 48858

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Pullen Insurance Services, Inc.
2560 River Park Plaza, Suite 300
Fort Worth, TX 76116

CONTACT NAME: Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS: contact@pullenins.com
PRODUCER CUSTOMER ID#: 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:	

INSURED
Michigan State Youth Soccer Association
9401 General Drive, Suite 120
Plymouth, MI 48170

COVERAGES **CERTIFICATE NUMBER:** 16002725 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

RESA
Attention: Yvonne Curtis
499 Range Road
Marysville, MI 48040

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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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. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16003455 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Pembroke Elementary
955 ETON DRIVE
Troy, MI 48084

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16003458 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Rochester Adams High School
Attn: Yvonne Curtis
3200 Tienken Road
Rochester Hills, MI 48306

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16003462 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Northwood University
Attn: Yvonne Curtis
400 Whiting Dr.
Midland, MI 48640

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16003467 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Polish Army Veterans Assoc. Circuit VI, Wanda Park
Attn: Yvonne Curtis
13707 Clinton River Rd.
Sterling Heights, MI 48313

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16004266 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

PLYMOUTH PARK
Attn: YVONNE CURTIS
SWEDE & E. WHEELER RD
MIDLAND , MI 48640

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16005097 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Plymouth Park
Attn: Tom Curatti
1508 E. Wheeler St.
Midland , MI 48640

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16005100 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Mt. Pleasant Christian Academy
Attn: Tom Curatti
1802 E. High St.
Mt. Pleasant , MI 48858

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16005774 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Okemos Public Schools, Wardcliff Elementary School
Attn: Dan Raben
5150 Wardcliff Dr
East 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 REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16005776 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

PORT HURON TOWNSHIP PARK
Attn: YVONNE CURTIS
3344 BEACH ROAD
Port Huron, MI 48060

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16005629 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

PLYMOUTH CHRISTIAN ACADEMY
Attn: YVONNE CURTIS
43065 Joy Road
Canton, MI 48187

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A:	National Casualty Company — 11991
Insurer B:	Mutual of Omaha — 71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16005670 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Old Saline High School Soccer Fields
290 Woodland Dr
Saline, MI 48176

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16007052 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Niles Center
Attn: Yvonne Curtis
201 W. Square Lake Road
Troy, MI 48098

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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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 #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16007293 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Paul A Schalm Elementary
Attn: Yvonne Curtis
940 N SELFRIDGE
Clawson, MI 48017

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16009120 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

NEW LIFE CHRISTIAN ACADEMY
5515 GRISWOLD RD
SMITH CREEK , MI 48074

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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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 #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16009196 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

OAKLAND YARD
5328 HIGHLAND ROAD
WATERFORD , MI 48329

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: / FAX:	(817) 738-6100 / (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16009399 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

OUR LADY QUEEN OF MARTYRS CHURCH
32460 PIERCE STREET
BEVERLY HILLS , MI 48025

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16009401 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16010780 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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.

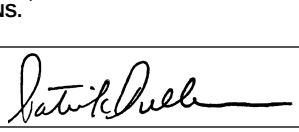
CERTIFICATE HOLDER

North Branch High School Soccer Fields
6598 Brush Street
North Branch, MI 48461

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16010903 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

ORCHARD COMMUNITY CHURCH - Fields
74903 MCKAY ROAD
BRUCE TWP , 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.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16011984 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

NEW LIFE CHRISTIAN ACADEMY
5515 GRISWOLD ROAD
KIMBALL , MI 48074

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16011143 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

Phoenix Soccer Field of Dreams
3383 West Thompson Road
Fenton, MI 48430

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE 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. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16011684 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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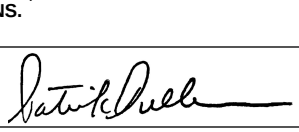
CERTIFICATE HOLDER

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

CANCELLATION

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

AUTHORIZED REPRESENTATIVE



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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16012626 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Novi Community School District
25345 Taft Road
Novi, MI 48374

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16012657 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Oakview Middle School
917 Lake George Rd.
Oakland Twp, MI 48363

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16012670 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Orion Oaks Elementary School
590 Pine Tree Rd.
Lake Orion , MI 48362

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16012671 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Pine Tree Elementary School
590 Pine Tree Rd.
Lake Orion, MI 48362

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE 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. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16012673 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Paint Creek Elementary School
2800 Indianwood Rd.
Orion Twp, MI 48362

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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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 #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16012675 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Oakridge Elementary
2415 Brockton Ave
Royal Oak, MI 48067

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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ACORD 25(2009/09) **The ACORD name and logo are registered marks of ACORD**

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16012677 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Oakridge Elementary
506 E 13 Mile Rd.
Royal Oak, MI 48073

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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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 #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16012679 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Northwood Elementary
926 W. 12 Mile Rd.
Royal Oak, MI 48073

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16012682 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Next Level Training Center
799 Dennison Ct.
Bloomfield Hills, MI 48302

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16013136 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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

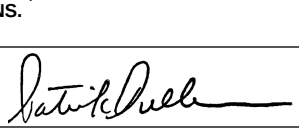
CERTIFICATE HOLDER

NORTHWOOD UNIVERSITY
4000 WHITING DRIVE
MIDLAND , MI 48640

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE 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. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16013138 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

REYNOLDS FIELD
2500 PARK LANE
HARBOR SPRINGS , MI 49840

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16013139 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

PETOSKEY RIVER ROAD SOCCER COMPLEX
2210 RIVER ROAD
PETOSKEY , MI 49770

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16013279 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR [ ] _____ [ ] _____ GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS [ ]			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Pembroke Park
2001 Buckingham Ave
Birmingham, MI 48009

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16014324 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

RED OAKS YOUTH SOCCER COMPLEX
29601 JOHN R ROAD
MADISON HEIGHTS, MI 48071

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16014196 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

OAKTREE ELEMENTARY
7500 S. GALE RD
GOODRICH, MI 48438

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16014981 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

OAKLAND UNIVERSITY SOCCER BUBBLE
2200 N. Squirrel Road
ROCHESTER, MI 48309

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: / FAX:	(817) 738-6100 / (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16015766 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

MT. CLEMENS HIGH
155 CASS AVE
MT. CLEMENS, MI 48043

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16015767 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

OAKLAND YARD
5328 HIGHLAND ROAD
WATERFORD, MI 48327

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16016762 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Pembroke Park
City of Birmingham
Attn: Connie J. Folk
2300 E. Lincoln
Birmingham, MI 48009

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16016959 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

OAKTREE ELEMENTARY
7500 GALE ROAD
GOODRICH, MI 48438

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16017098 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR [ ] _____ [ ] _____ GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS [ ]			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

NEW HAVE SCHOOL DISTRIC
57700 GRATIOT AVE
NEW HAVEN, MI 48048

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16017278 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

PERRY PARK
301 EDISON STREET
PONTIAC, MI 48342

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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CONTACT NAME:	Sports Division
PHONE: / FAX:	(817) 738-6100 / (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16018708 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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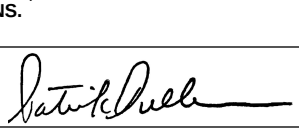
CERTIFICATE HOLDER

NORTH BRANCH WESLEYAN CHURCH
3164 NORTH BRANCH ROAD
NORTH BRANCH, MI 48461

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16019396 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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CERTIFICATE HOLDER

OAKBROOK ELEMENTARY
12060 GREENWAY
STERLING HEIGHTS, MI 48312

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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PRODUCER CUSTOMER ID#:	MI
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Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16020549 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

MUNSON PARK
2770 N CUSTER RD
MONROE, MI 48162

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16023091 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Oakland Christian
3075 Shimmons
Auburn Hills, MI 48326

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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ACORD 25(2009/09) **The ACORD name and logo are registered marks of ACORD**

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16024223 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

New Life Christian Academy
5517 Griswold Road
Kimball, MI 48024

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16025308 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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

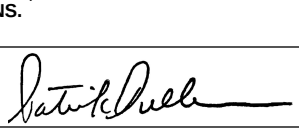
CERTIFICATE HOLDER

Premier Sports Center
14901 23 Mile Road
SHELBY TWP , MI 48315

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16027208 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

New Life Christian Fellowship
2337 Reid Rd.
Grand Blanc, MI 48439

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16116644 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Oakland University, Lower Fields
Athletic Department
Rochester, MI 48309

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116670 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Notre Dame Prep High School
1300 Giddings Rd
Pontiac, MI 48340

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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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. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16116671 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Oakland Christian
3075 Shimmons Rd
Auburn Hills, MI 48326

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116672 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Oakland Christian
3075 Shimmonds Rd
Auburn Hills, MI 48326

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116673 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Oakland Steiner
3976 S Livernois
Rochester Hills, MI 48309

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER
Pullen Insurance Services, Inc.
2560 River Park Plaza, Suite 300
Fort Worth, TX 76116

CONTACT NAME: Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS: contact@pullenins.com
PRODUCER CUSTOMER ID#: 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:	

INSURED
Michigan State Youth Soccer Association
9401 General Drive, Suite 120
Plymouth, MI 48170

COVERAGES **CERTIFICATE NUMBER:** 16116675 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ]						PERSONAL & ADV INJURY	$1,000,000
	[ ]						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Oakland University Upper Fields
Athletic Department
2220 N. Squirrel Road
Rochester, MI 48309

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116677 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Port Huron Area School District
1925 Lapeer Avenue
Port Huron, MI 48060

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116678 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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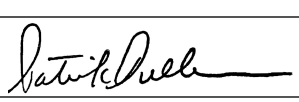
CERTIFICATE HOLDER

Raintree Park
500 W Big Beaver Rd
Troy, MI 48080

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116870 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Mt Pleasant W Intermediate School
440 S. Bradley St.
Mount Pleasant, MI 48858

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116871 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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.

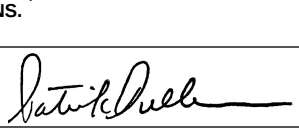
CERTIFICATE HOLDER

Owosso at Parker Fields
1177 Farr Ave.
Owosso, MI 48867

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16116872 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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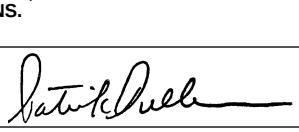
CERTIFICATE HOLDER

Owosso High School
765 E North St
Owosso, MI 48867

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

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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. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116873 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

Powers High School
G2040 W Carpenter Rd
Flint , MI 48504

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16001237 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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

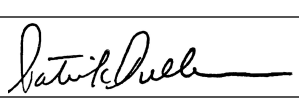
CERTIFICATE HOLDER

Springfield Township Parks & Rec (Ford Field)
52700 Van Dyke Ave
Shelby Township, MI 48316

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16001249 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Spencer Park
3701 John R. Road
Rochester Hills, MI 48309

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16001257 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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 Community Schools
316 North Main
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.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16001258 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Simpson Park
70199 Campground
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.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16001326 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

Seymour Elementary School
6088 S Seymour Rd
Flushing, MI 48433

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16001517 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Rodgers Elementary School
21601 L'Anse Street
ST CLAIR SHORES, MI 48081

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16002327 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Shelby Township Parks & Rec (Shelby Twp Ford Field)
Attention: Dave Moore, Parks & Rec
52700 Van Dyke Ave
Shelby Township, MI 48316

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16003454 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Seaholm High School
Attn: Yvonne Curtis
2436 W. Lincoln Ave.
Birmingham, MI 48009

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16003459 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Rochester High School
Attn: Yvonne Curtis
180 S. Livernois Road
Rochester Hills, MI 48307

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16003460 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Rochester Stoney Creek High School
Attn: Yvonne Curtis
575 E. Tienken Road
Rochester Hills, MI 48306

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16003584 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Schoolcraft College
Attn: Yvonne Curtis
18600 Haggerty Rd.
Livonia, MI 48152

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16003628 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Rotary Park
Attn: Yvonne Curtis
5485 Tubbs Rd.
Waterford, MI 48329

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16004387 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

ROCHESTER COMMUNITY SCHOOOLS
Attn: YVONNE CURTIS
501 WEST UNIVERSITY
ROCHESTER , MI 48307

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16005139 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

SOCCER FIELDS AT RIVER BENDS PARK
Attn: YVONNE CURTIS
5700 22 MILE ROAD
SHELBY TWP , MI 48317

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16005190 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

ROCKWELL JR. HIGH
Attn: YVONNE CURTIS
12225 MASONIC
WARREN , MI 48093

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16005782 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

SPORTS ACADEMY
Attn: YVONNE CURTIS
30845 23 MILE ROAD
CHESTERFIELD , MI 48047

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A:	National Casualty Company — 11991
Insurer B:	Mutual of Omaha — 71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16005844 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

SHERMAN MIDDLE SCHOOL
Attn: YVONNE CURTIS
14470 HOLLY ROAD
HOLLY, MI 48442

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16005415 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

St Paul's Lutheran Church
495 Earhart Rd
Ann Arbor, MI 48105

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16005416 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Saline High School Soccer Fields
1300 Campus Pkway
Saline, MI 48178

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16005671 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

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.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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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 #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16006219 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Spiritus Sanctus Academy
4101 E. Joy Rd.
Ann Arbor, MI 48105

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16006591 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

St. Clair County RESA
Attn: Yvonne Curtis
499 Range Rd
Marysville, MI 48040

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16006731 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Spindler Park
Attn: Yvonne Curtis
19400 Stephens Drive
East Pointe, MI 48021

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16006986 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Rochester College
including Board of Trustees & employees
Attn: Yvonne Curtis
800 W Avon Road
Rochester, MI 48307

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: / FAX:	(817) 738-6100 / (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16009122 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

SHELBY BIBLE CHURCH
47905 Hayes Rd.
SHELBY TWP , MI 48315

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16009398 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

ROEPER SCHOOL
41190 WOODWARD AVE
BLOOMFIELD HILLS, MI 48034

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16009400 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

ST ALAN CHURCH
3077 GLOUCHESTER DRIVE
TROY , MI 48084

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16009967 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

SOCCER FIELDS AT FORD HERITAGE PARK
8399 TEXTILE RD.
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.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16009968 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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

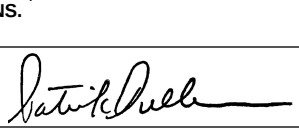
CERTIFICATE HOLDER

SOCCER FIELDS AT FORD LAKE PARK
9075 S. HURON RIVER 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.

AUTHORIZED REPRESENTATIVE



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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16009969 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

SOCCER FIELDS AT BRANDON HIGH SCHOOL
1025 S. ORTONVILLE RD
ORTONVILLE, MI 48462

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16009970 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR [ ] _____ [ ] _____ GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS [ ]			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

SOCCER FIELDS AT BRANDON SCHOOLS
ATHLETIC COMPLEX
209 VARSITY DRIVE
ORTONVILLE, MI 48462

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16009971 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR [ ] _____ [ ] _____ GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS [ ]			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

SOCCER FIELDS AT BRANDON FLETCHER INTERMEDIATE SCHOOL
300 SOUTH STREET
ORTONVILLE, MI 48462

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16009972 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

SOCCER FIELDS AT HARVEY SWANSON ELEMENTARY SCHOOL
209 VARSITY DRIVE
Ortonville, MI 48462

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16009973 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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

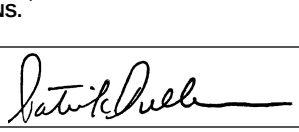
CERTIFICATE HOLDER

SOCCER FIELDS AT OAKWOOD ELEMENTARY SCHOOL
2839 OAKWOOD
ORTONVILLE, MI 48462

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16009974 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

SOCCER FIELDS AT DEER RUN SOCCER COMPLEX
16021 LINDEN ROAD
Linden, MI 48451

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER
Pullen Insurance Services, Inc.
2560 River Park Plaza, Suite 300
Fort Worth, TX 76116

CONTACT NAME: Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS: contact@pullenins.com
PRODUCER CUSTOMER ID#: 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:	

INSURED
Michigan State Youth Soccer Association
9401 General Drive, Suite 120
Plymouth, MI 48170

COVERAGES **CERTIFICATE NUMBER:** 16011989 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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CERTIFICATE HOLDER

SHELBY LIONS (Romeo Community Schools & other affiliates)
Romeo Washington Bruce Parks & Rec/Senior Centers
8699 RONDALE
SHELBY TWP , MI 48316

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

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E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A:	National Casualty Company 11991
Insurer B:	Mutual of Omaha 71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16011990 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

SHELBY JR. HIGH SCHOOL
51700 VAN DYKE DR.
SHELBY TWP , MI 48316

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16012661 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Silverdome & Minidome
1200 Featherstone Rd.
Pontiac, MI 48342

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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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. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16012668 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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

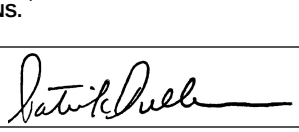
CERTIFICATE HOLDER

Scripps Middle School
385 E Scripps Rd.
Lake Orion, MI 48360

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16012680 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Royal Oak Middle School
Attn: 709 N. Washington
Royal Oak, MI 48067

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16012681 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

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

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16014325 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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

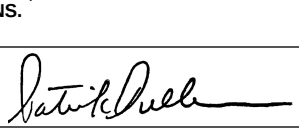
CERTIFICATE HOLDER

ROSIE'S PARK
1111 E. FARMUM
MADISON HEIGHTS, MI 48071

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE 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.
2560 River Park Plaza, Suite 300
Fort Worth, TX 76116

CONTACT NAME: Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS: contact@pullenins.com
PRODUCER CUSTOMER ID#: 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:	

INSURED
Michigan State Youth Soccer Association
9401 General Drive, Suite 120
Plymouth, MI 48170

COVERAGES **CERTIFICATE NUMBER:** 16014375 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ]						PERSONAL & ADV INJURY	$1,000,000
	[ ]						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

ROSEVILLE REC CENTER
18185 SYCAMORE ST
ROSEVILLE, MI 48066

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16015769 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR [ ] _____ [ ] _____ GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
							MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$1,000,000
							GENERAL AGGREGATE	UNLIMITED
							PRODUCTS - COMP/OP AGG	$1,000,000
							PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS [ ]			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
							AGGREGATE	$5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
							E. L. EACH ACCIDENT	
							E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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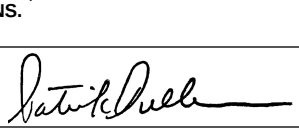
CERTIFICATE HOLDER

SPRINGFIELD PLAINS ELEMENTARY SCHOOL
8650 HOLCOMB RD
CLARKSTON, MI 48348

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16016269 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

ROMEO-WASHINGTON-BRUCE [ARLS AMD REC/
SENIOR CENTERS ROMEO CO
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.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16017090 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR [ ] _____ [ ] _____ GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS [ ]			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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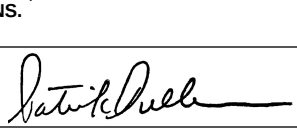
CERTIFICATE HOLDER

ROMEO WASHINGTON BRUCE PARK
& RECREATION /SHELBY LION PARK
8699 RONDALE
SHELBY TWP, MI 48316

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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		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16017091 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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 PARK & RECREATION
361 MORTON ST.
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.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16017553 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

SAGINAW VALLEY STATE UNIVERSITY
Attn: MICHAEL O'HEARN
7400 BAY ROAD
UNIVERSITY CENTER, MI 48710

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16018709 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

ST. CLAIR COUNTY RESA
499 RANGE ROAD
MARYSVILLE, MI 48040

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16019393 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16020134 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

SAGINAW VALLEY STATE UNIVERSITY SOCCER FIELD
7400 BAY ROAD
SAGINAW, MI 48603

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16020547 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

ROLLING HILLS PARK
7660 STONY CREEK RD.
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.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16020550 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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

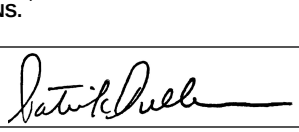
CERTIFICATE HOLDER

SAGINAW VALLEY STATE UNIVERSITY
7400 BAY RD
SAGINAW, MI 48602

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16021526 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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.

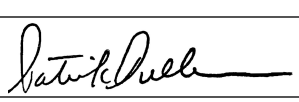
CERTIFICATE HOLDER

Seymour Elementary School
3088 N. Seymour Road
Flushing, MI 48433

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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CERTIFICATE OF LIABILITY INSURANCE

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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 #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16021866 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Rochester Avon Recreation
500 E. Second Street
Rochester, MI 48307

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16023666 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Saginaw Nouvel Catholic Church
25555 Wieneke Road
Saginaw, MI 48603

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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CERTIFICATE OF LIABILITY INSURANCE

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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 #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16024221 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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CERTIFICATE HOLDER

Seymour Elementary School
3088 N Seymour Road
Flushing, MI 48433

CANCELLATION

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AUTHORIZED REPRESENTATIVE

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16024231 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

RSC Field Complex
3200 Dutton Road
Auburn Hills, MI 48326

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16025745 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Schuchard Elementary School
2900 Holly 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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116679 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Rochester Hills Baptist Church
3300 Livernois
Rochester Hills, MI 48307

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116680 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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

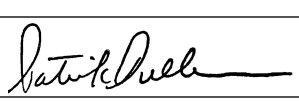
CERTIFICATE HOLDER

Springfield Township Parks and Recreation
12000 Davisburg Rd
Davisburg, MI 48350

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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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 #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116681 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

St Michaels Activity Center
40501 Hayes
Sterling Heights, MI 48013

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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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 #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116874 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR [ ] _____ [ ] _____ GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS [ ]			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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.

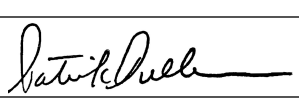
CERTIFICATE HOLDER

Saginaw Township Soccer Assoc.
3575 McCarty Rd.
Saginaw, MI 48603

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116875 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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.

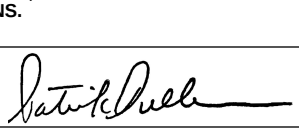
CERTIFICATE HOLDER

St Paul Lutheran School/Church
90 Millville Rd
Lapeer, MI 48446

CANCELLATION

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

AUTHORIZED REPRESENTATIVE



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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16001251 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

St. Paul Lutheran School
495 Earhart Road
Ann Arbor, MI 48105

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16001256 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Troy Parks & Rec (Beach Park)
500 W. Big Beaver
Troy, MI 48084

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: / FAX:	(817) 738-6100 / (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16001288 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
							MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$1,000,000
							GENERAL AGGREGATE	UNLIMITED
							PRODUCTS - COMP/OP AGG	$1,000,000
							PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
							AGGREGATE	$5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
							E. L. EACH ACCIDENT	
							E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Switzer Elementary School
53200 Shelby Road
Shelby Township, MI 48316

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16001325 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

Transportation Center-Clio Varsity Soccer Field
2242 E Vienna Rd
Clio, MI 48420

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16003464 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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

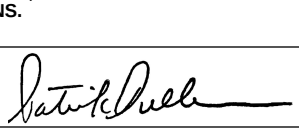
CERTIFICATE HOLDER

St. Peters Lutheran
Attn: Yvonne Curtis
67055 Gratiot Road
Richmond, MI 48062

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16003465 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

St. Peters Lutheran Church
Attn: Yvonne Curtis
52941 Romeo Plank Rd.
Macomb, MI 48042

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16003466 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

St. Peters Lutheran Church
Attn: Yvonne Curtis
37601 31 Mile Rd.
Richmond, MI 48062

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16004255 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

ST. PAUL ALBANIAN CHRUCH
Attn: YVONNE CURTIS
525 W. AUBURN RD
ROCHESTER HILLS, MI 48307

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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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 #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16004421 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

UNIVERSITY OF DETROIT
Attn: YVONNE CURTIS
4001 WEST MCNICHOLS ROAD
DETROIT , MI 48221

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16005080 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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.

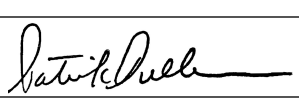
CERTIFICATE HOLDER

St. Thomas Aquinas Church
955 Alton Rd
East 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 REPRESENTATIVE



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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16005775 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

St. MATTHIAS CATHOLIC COMMUNITY
Attn: YVONNE CURTIS
12311 NINETEEN MILE ROAD
Sterling Heights, MI 48313

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16005630 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

St. Thomas Acquinas Church Soccer Fields and Most Reverend
Bishop Earl Boyea, Diocese of Lansing and St Thoma
955 Alton Road
East Lansing, MI 48823

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16006508 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Swan Valley High School
Soccer Field
Attn: Tom Curatti
8400 O'Hern
Saginaw, MI 48609

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16007053 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Troy Community Center
Attn: Yvonne Curtis
500 W. Big Beaver
Troy , MI 48083

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: / FAX:	(817) 738-6100 / (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16007054 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Troy Union Elementary School - East and West
Attn: Yvonne Curtis
1340 E. Square Lake Road
Troy, MI 48085

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16006632 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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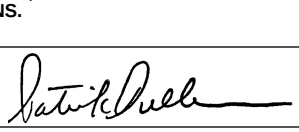
CERTIFICATE HOLDER

The Sports Academy Outdoor Field
Attn: Yvonne Curtis
52029 SIERRA DRIVE
Chesterfield Township, MI 48047

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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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 #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16006732 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Veterans Memorial Park
Attn: Parks And Rec Eastpointe and Roseville
27325 Barkman Road
Roseville, MI 48066

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16010957 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

ST. PAUL'S LUTHERAN CHURCH
42681 HAYES ROAD
STERLING HEIGHTS, MI 48313

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16012882 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Total Soccer Training Center
26083 Groesbeck Hwy
Warren, MI 48089

CANCELLATION

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AUTHORIZED REPRESENTATIVE

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E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16012658 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Total Soccer - Fraser
34300 Utica Rd.
Fraser, MI 48026

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16012659 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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

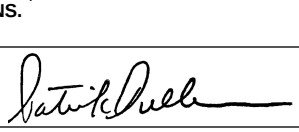
CERTIFICATE HOLDER

Total Soccer - Wixom
30990 S Wixom Rd.
Wixom, MI 48393

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16012660 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Total Soccer - Novi
41550 Grand River Ave
Novi, MI 48375

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16012662 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

The New Rink
50625 Van Dyke Ave
Shelby Twp, MI 48317

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16012664 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Ultimate Soccer Arena
867 South Blvd E
Pontiac , MI 48341

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16012666 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Total Soccer - Royal Oak
1319 Lexington Blvd
Royal Oak, MI 48073

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16012676 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Upton Elementary
4400 Mandalay
Royal Oak, MI 48073

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16013817 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

STEENLAND ELEMENTARY
16335 CHURCH
ROSEVILLE, MI 48066

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16013657 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

Verellen Elementary School
612 W. Borton Rd.
Essexville, MI 48732

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16014351 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Starr Jaycee Park
13 Mile (one block East of Crooks)
Royal Oak, MI 48068

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16017015 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

ST. CLAIR HIGH SCHOOL
2200 CLINTON AVENUE
ST. CLAIR, MI 48079

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16017016 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

ST. CLAIR MIDDLE SCHOOL
4335 YANKEE RD
ST. CLAIR, MI 48079

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16017143 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

ST. JOHNS HIGH SCHOOL
501 S SICKELS ST.
ST. JOHNS., MI 48879

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16017250 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

UTICIA COMMUNITY SCHOOLS/ COLLINS ELEMENTARY
12900 GRAND HAVEN
STERLING HEIGHTS, MI 48312

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16017251 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

UTICIA COMMUNITY SCHOOLS/ EBELING ELEMENTARY
15970 HAVERHILL
MACOMB, MI 48044

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16017252 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

UTICIA COMMUNITY SCHOOLS/ GIBBING ELEMENTARY
11303 GREENDALE DRIVE
STERLING HEIGHTS, MI 48312

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

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		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16017253 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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/ MAGAHAY ELEMENTARY
44700 OLEANDER DRIVE
STERLING HEIGHTS, MI 48313

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16017254 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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/ SCHWARZKOFF ELEMENTARY
8401 CONSTITUTION
STERLING HEIGHTS, MI 48313

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16017255 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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

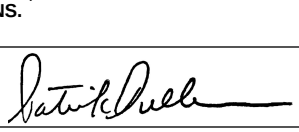
CERTIFICATE HOLDER

UTICIA COMMUNITY SCHOOLS/ SWITZER ELEMENTARY
53200 SHELBY ROAD
SHELBY TOWNSHIP, MI 48316

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16017256 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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

CERTIFICATE HOLDER

UTICIA COMMUNITY SCHOOLS/ WEST UTICA ELEMENTARY
5415 WEST UTICA ROAD
SHELBY TOWNSHIP, MI 48317

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16017257 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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/ HERITAGE JR. HIGH
37400 DODGE PARK ROAD
STERLING HEIGHTS, MI 48312

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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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. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16017258 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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/ 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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16017259 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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/ SHELBY JR. HIGH
51700 VAN DYKE
SHELBY TOWNSHIP, 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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16017260 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16017552 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

TROY ATENS HIGH SCHOOL
4333 JOHN R RD
TROY, MI 48085

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16019397 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

ST. JOHN VIANNEY CATHOLIC CHURCH
54045 SCHOENHERR ROAD
SHELBY TOWNSHIP, MI 48315

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16020077 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Sterling Heights (Warren Consolidated School)
12901 15 Mile Rd
Sterling Heights, MI 48312

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16021104 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Valley Lutheran High School
3560 McCarty Rd
Saginaw, MI 48603

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16022674 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

St. Johns Lutheran
16339 14 Mile Road
Fraser, MI 48026

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A:	National Casualty Company — 11991
Insurer B:	Mutual of Omaha — 71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16022811 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

Swan Valley High School
8400 OHern
Saginaw, MI 48609

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16025682 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

ST. EDWARD ON THE LAKE CHURCH
6945 Lakeshore Road
Lakeport, MI 48059

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16027047 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Utica High School
47255 Shelby
Utica, MI 48317

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16027048 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Tri City Sports Complex
5117 Garfield Rd
Auburn, MI 48611

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116682 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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

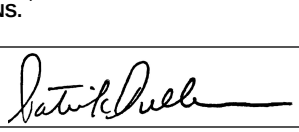
CERTIFICATE HOLDER

St. John Lutheran School
1011 W University
Rochester, MI 48307

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE 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. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16116683 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

St. Leonard's Port Maurice
14057 East 9 Mile
Warren, MI 48089

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116684 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Stoney Creek High School
575 E Tienker
Rochester Hills, MI 48306

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16116685 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Township of Shelby (Ford Field)
Attn: Dave Moore, Parks & Rec
52602 Van Dyke
Shelby Township, MI 48316

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116686 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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

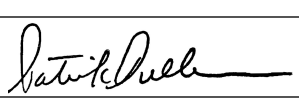
CERTIFICATE HOLDER

University Hills Elementary School
600 Croyden
Rochester, MI 48309

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116687 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Utica Community Schools
11303 Greendale St
Sterling Heights, MI 48312

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16116876 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

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

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116877 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

Sunnyside Park
1511 Elm St.
Mt Pleasant, MI 48858

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16116878 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

Swartz Creek Church of the Nazarene
7154 Morrish Rd
Swartz Creek, MI 48473

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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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 #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116879 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Swartz Creek Junior High School
8230 Crapo St.
Swartz Creek, MI 48473

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116880 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

Taymouth Township Park
2386 E. Burt Rd
Birch Run, MI 48415

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116881 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

United Methodist Church of Swartz Creek
7400 Miller Road
Swartz Creek, MI 48473

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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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 #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A:	National Casualty Company — 11991
Insurer B:	Mutual of Omaha — 71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16001230 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Warren Woods Christian School
14000 Thirteen Mile Rd
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

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A:	National Casualty Company — 11991
Insurer B:	Mutual of Omaha — 71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16003453 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

West Maple Elementary School
Attn: Yvonne Curtis
6275 Inkster
Birmingham, MI 48009

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16004263 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

WEST MIDDLE SCHOOL
Attn: YVONNE CURTIS
500 OLD PERCH
ROCHESTER HILLS , MI 48309

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

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		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16005413 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Washtenaw Intermediate School District
1819 S. Wagner Rd
Ann Arbor, MI 48106

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16007055 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Wass Elementary School
Attn: Yvonne Curtis
2340 Willard Road
Troy, MI 48085

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16008747 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Zion Christian Church Foundation
Zion Christian Church
3668 Livernois Rd.
Troy, MI 48083

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16009119 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

WARREN COMMUNITY CENTER
5460 ARDEN ROAD
WARREN , MI 48092

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16009197 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

WATERFORD TOWNSHIP
WATERFORD CIVIC CENTER
5200 CIVIC CENTER DRIVE
WATERFORD , MI 48329

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16009688 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

Woodland Park Academy
2083 Grand Blanc Rd.
Grand Blanc, MI 48439

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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ACORD 25(2009/09) **The ACORD name and logo are registered marks of ACORD**

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16011991 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

WHISPERING WOODS
11000 21 MILE RD.
SHELBY TWP , MI 48317

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16011387 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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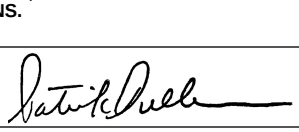
CERTIFICATE HOLDER

WAYNE WESTLAND COMMUNITY SCHOOL DISTRICT Soccer Fields
36455 MARQUETTE
Westland, MI 48185

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16012667 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

WINSTAR SPORTS FIELDS
1200 FEATHERSTONE RD.
Pontiac, MI 48342

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16012669 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Waldon Middle School
2509 Waldon Rd.
Lake Orion, MI 48360

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16014306 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

ZIOLKOWSKI SOCCER FIELD
5014 WALNUT CREED DR
ANN ARBOR, MI 48105

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16014322 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

WEST HILLS MIDDLE SCHOOL
2601 LONE PINE
WEST BLOOMFIELD, MI 48323

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16014195 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

WOODLAND PARK ACADEMY
2083 E. GRAND BLANC RD
GRAND BLANC, MI 48439

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16014202 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

WARREN CON ADMINSTRATION BLDG/WARRN CON SCHOOLS
31300 ANITA
WARREN, MI 48093

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16014203 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

WEST HILLS MIDDLE SCHOOLS
2601 LONE PINE RD.
WEST BLOOMFIELD, MI 48323

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16014501 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

ZIOLKOWSKI FIELD
5014 WALNUT CREEK DR.
ANN ARBOR, MI 48106

CANCELLATION

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AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16015955 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

WARREN FITZGARALD SENIOR HIGH SCHOOL
23200 RYAN RD.
WARREN, MI 48091

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16016237 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

WASHINGTON FIELDS
57900 VAN DYKE
WASHINGTON TWP, 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 REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE 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. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16016961 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

WOODLAND PARK ACADEMY
2083 E. GRAND BLANC RD.
GRAND BLANC, MI 48439

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16017101 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

WASHINGTON ELEMENTARY
905 16TH STREET
MARYSVILLE, MI 48040

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16017104 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

YMCA
5219 W PIERSON RD.
FLUSHING, MI 48433

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16017186 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

WILLIAMS TOWNSHIP PARK
1080 W. MIDLAND ROAD
AUBURN, MI 48611

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16017238 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

WILLIAMS TOWNSHIP PARK
1080 W. MIDLAND ROAD
AUBURN, MI 48611

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16019395 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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

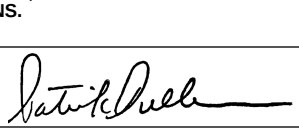
CERTIFICATE HOLDER

WALSH ELEMENTARY
39660 SPALDING DRIVE
STERLING HEIGHTS, MI 48313

CANCELLATION

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

AUTHORIZED REPRESENTATIVE



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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16020228 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / 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

YMCA Pierson Road
5219 W Pierson Road
Flushing, MI 48433

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE:	(817) 738-6100 FAX: (817) 738-2993
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16023385 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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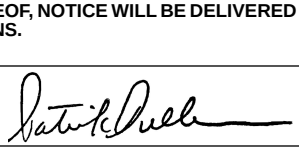
CERTIFICATE HOLDER

WATERFORD TOWNSHIP
ROTARY PARK
5489 TUBBS ROAD
WATERFORD, MI 48329

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16116688 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Warren Bank
30068 Schoenher Rd
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

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE 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. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116	CONTACT NAME: Sports Division	
		PHONE: (817) 738-6100 FAX: (817) 738-2993	
		E-MAIL ADDRESS: contact@pullenins.com	
		PRODUCER CUSTOMER ID#: MI	
		INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170	Insurer A: National Casualty Company	11991
		Insurer B: Mutual of Omaha	71412
		Insurer C:	
		Insurer D:	
		Insurer E:	
		Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116690 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & 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

Warren Consolidated Schools-Holden Elementary
37565 Calka Dr
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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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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. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116882 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Williams Township Fields
1080 W Midland Rd.
Auburn, MI 48611

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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PRODUCER	Pullen Insurance Services, Inc. 2560 River Park Plaza, Suite 300 Fort Worth, TX 76116
CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURERS AFFORDING COVERAGE	NAIC #
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170
Insurer A: National Casualty Company	11991
Insurer B: Mutual of Omaha	71412
Insurer C:	
Insurer D:	
Insurer E:	
Insurer F:	

COVERAGES **CERTIFICATE NUMBER:** 16116883 **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] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	X		KRO 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurance) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIABILITY	$1,000,000 $300,000 $5,000 $1,000,000 UNLIMITED $1,000,000 $1,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	[ ] **UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under	N/A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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CERTIFICATE HOLDER

Zemmer Jr. High School
1920 Oregon
Lapeer, MI 48446

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/29/2016

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CONTACT NAME:	Sports Division
PHONE: (817) 738-6100 FAX: (817) 738-2993	
E-MAIL ADDRESS:	contact@pullenins.com
PRODUCER CUSTOMER ID#:	MI
INSURED	Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth, MI 48170

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

COVERAGES **CERTIFICATE NUMBER:** 16116884 **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 6467500	9/1/2016	9/1/2017	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurance)	$300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$5,000
	[ ] _____						PERSONAL & ADV INJURY	$1,000,000
	[ ] _____						GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC						PARTICIPANT LEGAL LIABILITY	$1,000,000
A	**AUTOMOBILE LIABILITY**			KRO 6467500	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	[X] HIRED AUTOS							
	[X] NON-OWNED AUTOS							
	[ ]							
A	[ ] **UMBRELLA LIAB** [X] OCCUR			XKO 6467600	9/1/2016	9/1/2017	EACH OCCURRENCE	$5,000,000
	[X] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DEDUCTIBLE							
	[ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N/A					E. L. EACH ACCIDENT	
	If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
							E. L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT MEDICAL			SR2014MI-P-053256	9/1/2016	9/1/2017		$100,000

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

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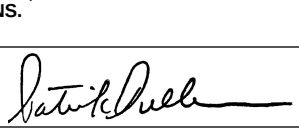
CERTIFICATE HOLDER

Zion Lutheran Church
1556 W Seidler
Auburn, MI 48611

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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