

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/31/2022

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on

If SUBROGATION IS WAIVED, subject this certificate does not confer rights to							require an endo	rsement.	A sta	atement on	
PRODUCER USI Insurance Services N	CONTAC NAME:		,-								
601 Union Street, Suite 1000					NAME: PHONE (A/C, No, Ext): 206-441-6300 (A/C, No):						
Seattle, WA 98101	(A/C, NO, EXI): 250 111 0000 (A/C, NO, EXI): (
					INSURER(S) AFFORDING COVERAGE NA						
					INSURER A: Everest National Insurance Company					10120	
INSURED					INSURER B: QBE Insurance Corporation					39217	
Michigan State Youth Soccer Association 9401 General Drive, Suite 120 Plymouth MI 48170					RC:	sarance corp	01000				
					INSURER D:						
r tythodii tvii 40170					INSURER E :						
					INSURER F:						
COVERAGES CER	REVISION NUMBER:										
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD											
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,											
EXCLUSIONS AND CONDITIONS OF SUCH								SECT 10	ALL I	HE TERIVIO,	
INSR LTR TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS			
A / COMMERCIAL GENERAL LIABILITY	√ ✓	WVD.	SI8GL01851-221		9/1/2022	9/1/2023	EACH OCCURRENC			00,000	
CLAIMS-MADE / OCCUR		•					DAMAGE TO RENTED PREMISES (Ea occurrence) \$\$1,000				
J OD WING HADE V GOODIN							MED EXP (Any one person) \$\$1,00				
							PERSONAL & ADV IN			00,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG			00,000	
POLICY PRO- LOC							PRODUCTS - COMP		s.\$1.00	00,000	
OTHER:							Participant Legal			0,000	
A AUTOMOBILE LIABILITY			SI8GL01851-221		9/1/2022	9/1/2023	COMBINED SINGLE (Ea accident)	1 15 51T		00,000	
ANY AUTO							BODILY INJURY (Pe		\$	3,000	
OWNED SCHEDULED							BODILY INJURY (Pe	(Per accident) \$			
AUTOS ONLY AUTOS NON-OWNED NON-OWNED							PROPERTY DAMAG (Per accident)	E :	\$		
AUTOS ONLY AUTOS ONLY							(r er accident)		\$		
UMBRELLA LIAB ✓ OCCUR			SI8EX01724-221		9/1/2022	9/1/2023	EACH OCCURRENC	Е .	\$ \$5.00	00,000	
✓ EXCESS LIAB CLAIMS-MADE							AGGREGATE			00,000	
DED RETENTION\$									\$		
WORKERS COMPENSATION							PER STATUTE	OTH- ER	·		
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDEN		s		
OFFICER/MEMBEREXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE \$				
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$				
DEGOTAL TIGHT OF EACHTIGHTO SOLOW								***************************************			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)				
This certificate is issued on behalf of Mich	igan '	State	Vouth Specar Association	R. Michi	aan laawara	FC.					
Certificate holder is Additional Insured as r	espe	cts th	e operations of the Named	Insure	d for sanction						
of the state association. Waiver of Subroga	ation	applie	es when required by writter	n contra	ict.						
2022 Jaguar United Spring Invitational - Ma	зу 6-с	3, 202									
CERTIFICATE HOLDER					CANCELLATION						
Jaguar United Spring Invitational 24404 Catherine Industrial							ESCRIBED POLICI EREOF, NOTICE				
							Y PROVISIONS.	**!LL 0	- NEI	TAFIVED III	
Suite 310											
Novi MI 48375					AUTHORIZED REPRESENTATIVE						
						ليو	fores D	Patt	era	21	

Gary Patterson

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