

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/21/2019

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

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

	ns of the policy, certain pendorsement(s).	olicie	s ma	y require an endorsement.	A statement on	this certificate o	loes not confer rights to the	ne certificate holder
PRODUCER K&K Insurance Group, Inc.					CONTACT NAME: Sports Division			
301 Commerce St #2370				PHONE: (800) 441-3994 FAX:				
Fort Worth, TX 76102					E-MAIL ADDRESS:			
1010 1101011, 111 10102								
					INSURERS AFFORDING COVERAGE			NAIC #
INSURED Utah Youth Soccer Association					Insurer A: National Casualty Company			11991
9159 S. State Street					Insurer B: Nationwide Life Insurance Company			66869
Sandy, UT 84070					Insurer C:			
Sandy, CT 01070					Insurer D:			
					Insurer E:			
					Insurer F:			
COVERAGES CERTIFICATE NUMBER: 1911161								0
INDICATED. N CERTIFICATE EXCLUSIONS	OTWITHSTANDING ANY F MAY BE ISSUED OR MAY	REQU Y PEI CH PC	IREM RTAIN OLICIE	URANCE LISTED BELOW HA ENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAV	OF ANY CONTR DED BY THE PO E BEEN REDUCE	RACT OR OTHER LICIES DESCRIB ED BY PAID CLAI	R DOCUMENT WITH RESPE JED HEREIN IS SUBJECT T	ECT TO WHICH THIS
INSR LTR	R TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A GENERAL I	A GENERAL LIABILITY			KKO-81236-00	9/1/2019	9/1/2020	EACH OCCURRENCE	\$1,000,000
X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurance)	\$300,000
CLAIMS MADE X OCCUR							MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$1,000,000
POLICY PROJECT LOC							PARTICIPANT LEGAL LIABILITY	\$1,000,000
A AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS				KKO-81236-00	9/1/2019	9/1/2020	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
							BODILY INJURY (Per person)	
SCHEDULED AUTOS							BODILY INJURY (Per accident)	
X HIRED AUTOS							PROPERTY DAMAGE (Per accident)	
<u> </u>	WNED AUTOS						(Fer accident)	
A NON-O	WINED AUTOS							
A UMBRE	ELLA LIAB X OCCUR			XKO-81237-00	9/1/2019	9/1/2020	EACH OCCURRENCE	\$5,000,000
X EXCES	S LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
DEDUC	TIBLE							
RETEN'	TION \$							
WORKERS	COMPENSATION						WC STATU- TORY LIMITS OTH- ER	
ANIV DDODDIE	OYERS' LIABILITY Y/N ETOR/PARTNER/EXECUTIVE	N/A					E. L. EACH ACCIDENT	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E. L. DISEASE - EA EMPLOYEE	
If yes, describe	e under						E. L. DISEASE - POLICY LIMIT	
B PARTICIPANT ACCIDENT MEDICAL				BAX-309128-00	9/1/2019	9/1/2020		\$100,000
DESCRIPTION OF	OPERATIONS / LOCATIONS / VE	HICLE	S (A#0	ch ACORD 101, Additional Remarks S	chedule if more speci	is required)		
This certifica	ate is issued on behalf of the Named Insured for	of Uta	ah Yo	outh Soccer Association & ed activities of the state as	& L30. Certific	cate Holder is A		
CERTIFICATE HOLDER CANCELLATION								
						TION		
Hooper Park					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
Hooper City 6150 W 5600 S								

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Scott huntered

Hooper, UT 84314

AUTHORIZED REPRESENTATIVE