CERTIFICATE OF LIABILITY INSURANCE

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

DOE OF	S CERTIFICATE IS ISSUED AS A MA S NOT AFFIRMATIVELY OR NEGA NSURANCE DOES NOT CONSTITU CERTIFICATE HOLDER.	TIVE	LYA	MEND, EXTEND OR ALTER	THE COVERAG	E AFFORDED B	Y THE POLICIES BE	ELOW. 1	THIS CERTIFICATE
and	ORTANT: If the certificate holder is conditions of the policy, certain po eu of such endorsement(s).	an A Slicie	ADDI s ma	FIONAL INSURED, the polic y require an endorsement.	y(ies) must be A statement on	endorsed. If SUI this certificate c	BROGATION IS WAI	IVED, so Its to th	ubject to the terms e certificate holder
PRO	NUCER K&K Insurance Gr	. Inc		CONTACT NAME: Sports Division					
	301 Commerce St #		· •	PHONE: (800) 441-3994 FAX:					
	Fort Worth, TX 76			E-MAIL ADDRESS:					
				INSURERS AFFORDING COVERAGE			NAIC #		
INSU	^{RED} Utah Youth Soccer A	ciatio	on	Insurer A: National Casualty Company			11991		
	9159 S. State Street			Insurer B: Nationwide Life Insurance Company			66869		
	Sandy, UT 84070			Insurer C:					
					Insurer D:				
				Insurer E:					
					Insurer F:				
CO	VERAGES CE	RTI	FIC	ATE NUMBER: 1902049	92	F	REVISION NUME	BER:	0
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR LTR	TYPE OF INSURANCE	ADD'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)		LIMITS	
А	GENERAL LIABILITY	X		KKO-81236-00	9/1/2019	9/1/2020	EACH OCCURRENCE		\$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurance)		\$300,000
							MED EXP (Any one perso	on)	\$5,000
							PERSONAL & ADV INJUR	RY	\$1,000,000
							GENERAL AGGREGATE		UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP	AGG	\$1,000,000
	POLICY PROJECT LOC						PARTICIPANT LEGAL LIA	ABILITY	\$1,000,000
А	AUTOMOBILE LIABILITY			KKO-81236-00	9/1/2019	9/1/2020	COMBINED SINGLE LIMIT \$1 (Ea accident) BODILY INJURY (Per person)		\$1,000,000
	ALL OWNED AUTOS								
	SCHEDULED AUTOS						BODILY INJURY (Per acc	cident)	
	X HIRED AUTOS						PROPERTY DAMAGE (Per accident)		
	X NON-OWNED AUTOS								
Α	UMBRELLA LIAB X OCCUR	-		XKO-81237-00	9/1/2019	9/1/2020	EACH OCCURRENCE		\$5,000,000
11	X EXCESS LIAB CLAIMS-MADE			ARO 01257 00)/1/2019	7/1/2020	AGGREGATE		\$5,000,000
	DEDUCTIBLE	1					AGGREGATE		\$5,000,000
	RETENTION \$								
		-					WC STATU-	OTH-	
	AND EMPLOYERS' LIABILITY Y/N						E. L. EACH ACCIDENT	ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E. L. DISEASE - EA EMPI		
	(Mandatory in NH) If yes, describe under						E. L. DISEASE - EA EMPI		
В	PARTICIPANT ACCIDENT MEDICAL			BAX-309128-00	9/1/2019	9/1/2020	L. L. DISEASE - PULICY		\$100,000
DESC	RIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (Atta	ch ACORD 101, Additional Remarks S	chedule, if more space	e is required)			

This certificate is issued on behalf of Utah Youth Soccer Association & League 30. 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 beginning 9/1/2019 and ending 5/31/2020.

CERTIFICATE HOLDER	CANCELLATION
Kent Smith Morgan City 5457 W Old Hwy Rd	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Morgan, UT 84050	AUTHORIZED REPRESENTATIVE Acott hundred

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