CERTIFICATE OF LIABILITY INSURANCE

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

DOI OF	S CERTIFICATE IS ISSUED AS A MA ES NOT AFFIRMATIVELY OR NEGA INSURANCE DOES NOT CONSTITU E CERTIFICATE HOLDER.	TIVE	LY AI	MEND, EXTEND OR ALTER	THE COVERAG	E AFFORDED B	Y THE POLICIES BELOW.	THIS CERTIFICATE
IMPORTANT: If the certificate holder 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).								
PRO	DUCER K&K Insurance Gr	oup	. Inc		CONTACT NAME: Sports Division			
	301 Commerce St #				PHONE: (800) 441-3994 FAX:			
	Fort Worth, TX 76				E-MAIL ADDRESS:			
		102						
					INSURERS AFFORDING COVERAGE NAIC #			NAIC #
INSU	RED Utah Youth Soccer A	ssoc	ciati	on	Insurer A: National Casualty Company			11991
	9159 S. State Street	0000	iuur		Insurer B: Nationwide Life Insurance Company			66869
	Sandy, UT 84070				Insurer C:			
					Insurer D:			
					Insurer E:			
					Insurer F:			
СО	VERAGES CE	RTI	FIC/	ATE NUMBER: 191130	05	F	REVISION NUMBER:	0
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
INSR LTR	TYPE OF INSURANCE	ADD'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
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 person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	UNLIMITED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000
	POLICY PROJECT LOC						PARTICIPANT LEGAL LIABILITY	\$1,000,000
Α	AUTOMOBILE LIABILITY			KKO-81236-00	9/1/2019	9/1/2020	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ALL OWNED AUTOS						BODILY INJURY (Per person)	
	SCHEDULED AUTOS						BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
	X NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO-81237-00	9/1/2019	9/1/2020		\$5,000,000
л				AK0-01237-00	9/1/2019	9/1/2020	EACH OCCURRENCE	\$5,000,000
		1					AGGREGATE	\$5,000,000
	RETENTION \$							
		-					WC STATU- OTH-	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							
ANY PROPRIETOR/PARTNER/EXECUTIVE N/A						E. L. EACH ACCIDENT		
	(Mandatory in NH) If yes, describe under						E. L. DISEASE - EA EMPLOYEE	
D				PAV 200128 00	9/1/2019	0/1/2020	E. L. DISEASE - POLICY LIMIT	\$100,000
В	PARTICIPANT ACCIDENT MEDICAL			BAX-309128-00	9/1/2019	9/1/2020		\$100,000
DESC	CRIPTION 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 8/31/2020.

CERTIFICATE HOLDER	CANCELLATION
McGriff Park North Ogden 2950 N. 900 E.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
North Ogden, UT 84414	AUTHORIZED REPRESENTATIVE ACOTT Junit

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