

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.

and o	PRTANT: If the certificate holder is conditions of the policy, certain pour of such endorsement(s).	an A	ADDI [*] es ma	TIONAL INSURED, the polic y require an endorsement.	cy(ies) must be A statement on	endorsed. If SU this certificate	BROGATION IS WAIVED, s does not confer rights to th	subject to the terms ne certificate holder
K&K Insurance Group, Inc. 301 Commerce St #2370 Fort Worth, TX 76102					CONTACT NAME: Sports Division			
					PHONE: (800) 441-3994 FAX:			
					E-MAIL ADDRESS:			
					INSURERS A	FFORDING COV	ERAGE	NAIC #
Utah Youth Soccer Association 9159 S. State Street Sandy, UT 84070					Insurer A: National Casualty Company			11991
					Insurer B: Nationwide Life Insurance Company			66869
					Insurer C:			
					Insurer D:			
					Insurer E:			
					Insurer F:			
COVERAGES CERTIFICATE NUMBER: 1901440					02 REVISION NUMBER: 0			
INDIC CERT EXCL	IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY R TIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUC	REQU / PEI CH PC	IIREM RTAIN DLICIE	IENT, TERM OR CONDITION N, THE INSURANCE AFFORI ES. LIMITS SHOWN MAY HAV	OF ANY CONT DED BY THE PO E BEEN REDUC	RACT OR OTHEI DLICIES DESCRIE ED BY PAID CLAI	R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT T MS.	CT TO WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADD'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	X		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			KKO-81236-00	9/1/2019	9/1/2020	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	
	ALL OWNED AUTOS						BODILY INJURY (Per accident)	
-	SCHEDULED AUTOS						PROPERTY DAMAGE	
	X HIRED AUTOS						(Per accident)	
	NON-OWNED AUTOS							
A	UMBRELLA LIAB X OCCUR			XKO-81237-00	9/1/2019	9/1/2020	EACH OCCURRENCE	\$5,000,000
l F	X EXCESS LIAB CLAIMS-MADE			71110 01237 00	7/1/2017	7/1/2020	AGGREGATE	\$5,000,000
	DEDUCTIBLE						AOGREGATE	42,000,000
	RETENTION \$							
	WORKERS COMPENSATION						WC STATU- TORY LIMITS ER	
	AND EMPLOYERS' LIABILITY Y/N						E. L. EACH ACCIDENT	
1 1	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E. L. DISEASE - EA EMPLOYEE	
	If yes, describe under						E. L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT MEDICAL			BAX-309128-00	9/1/2019	9/1/2020	E. E. DISENSE SEIST EINIT	\$100,000
This oper endir	certificate is issued on behalf of ations of the Named Insured for any 5/31/2020. RTIFICATE HOLDER ed Park arfield City 0 N 1000 W arfield, UT 84015	f Uta	ah Y	outh Soccer Association &	& League 30. ssociation. Ce CANCELLA SHOULD ANY THE EXPIRAT	Certificate Holertificate valid of THE ABOVE ION DATE THERECULICY PROVISIONS	DESCRIBED POLICIES BE CA	ang 9/1/2019 and
1							1000 pullers	