



La Esperanza F.C.

4/30/2014

Dear Dr. Nohlety,

We the directors of La Esperanza Soccer Club would like to reassure Harvey Public School District 152 that we take full responsibility for the security of the school grounds during the use by our teams during practices and games. We have organized a team in charge of just that and we have support from the City of Harvey to provide off duty police officers when requested, due to us being a nonprofit club. Contact information for the members in charge of security and any concerns regarding this matter are as follows:

Jose Carbajal- 708-774-3834

Joel Carbajal- 708-552-6753

Rafhael Moreno- 847-322-9698

Bruno Farfan- 708-420-1585

Fernando Vallejo- 708-359-1749

We also take full responsibility for maintenance of the field by providing garbage reciprocals and a dumpster and as we have always done in the past, a portable toilet will also be supplied. We wish to thank Harvey Public School District 152 for always allowing the use of the field and we hope that we could still continue the support of such a great school district.

Sincerely,

Jose P. Carbajal-Team President

APR 30 14 2:19 PM



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/24/2014

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 in lieu of such endorsement(s).

PRODUCER Des Champs, Gregory and Hayes, Inc 1812 Manatee Ave., W. Bradenton, FL 34205 www.deschampsgregory.com	CONTACT NAME: PHONE (A/C, No, Ext): 941-748-1812 FAX (A/C, No): E-MAIL ADDRESS: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : National Casualty Company</td> <td></td> </tr> <tr> <td>INSURER B : Hartford Life & Accident Ins.</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : National Casualty Company		INSURER B : Hartford Life & Accident Ins.		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURED Illinois State Soccer Association US Adult Soccer Association, Inc. Its Affiliates, Leagues & Member Teams 7000 S. Harlem Ave Bridgeview IL 60455															

COVERAGES

CERTIFICATE NUMBER: 19941086

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 POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			6LKRO000003704700	9/1/2013	9/1/2014	EACH OCCURRENCE	\$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Per occurrence)	\$ 300,000
	<input checked="" type="checkbox"/> Participant Legal						MED EXP (Any one person)	\$ 5,000
GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY	\$ 2,000,000
<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC							GENERAL AGGREGATE	\$ None
OTHER:							PRODUCTS - COMP/OP AGG	\$ 3,000,000
A	AUTOMOBILE LIABILITY			6LKRO000003704700	9/1/2013	9/1/2014	COMBINED SINGLE LIMIT (Ca accident)	\$ 2,000,000
<input type="checkbox"/> ANY AUTO							BODILY INJURY (Per person)	\$
<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$
<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$
A	UMBRELLA LIAB			6LXKO000003704800	9/1/2013	9/1/2014	EACH OCCURRENCE	\$ 3,000,000
<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE							AGGREGATE	\$ 3,000,000
<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$								\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							<input type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. EACH ACCIDENT	\$
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
B	Participant Accident			36-SB-204969	9/1/2013	9/1/2014	Participant \$5,000 max	
							Accident \$400 ded.	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

League: Clasa
 Team: La Esperanza
 Certificate Holder is Additional Insured as pertains to sanctioned games/practices of the named insured its affiliates, Leagues or Member Teams
 The effective date of coverage for the team/league shown is the date they were accepted as a member of USASA.

CERTIFICATE HOLDER

CANCELLATION

La Esperanza Reiley School - School District #152 Attn: Sport Coordinator Fac: Reiley School 1600 Lincoln Ave Harvey IL 60426	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <hr/> AUTHORIZED REPRESENTATIVE <div style="text-align: right; margin-right: 50px;"> </div> Scott Lunsford
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ACORD 25 (2014/01)

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