

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/2/2018

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 have ADDITIONAL INSURED provisions or 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).

| this certificate does not comer rights to the certificate holder in t | neu or such endorsement(s). | |
|---|--|-------|
| PRODUCER Des Champs & Gregory, Inc. | CONTACT NAME: | |
| 1812 Manatee Ave., W. | PHONE (A/C, No. Ext): 941-748-1812 FAX (A/C, No.): | |
| Bradenton, FL 34205 | E-MAIL ADDRESS: | |
| | INSURER(S) AFFORDING COVERAGE | NAIC# |
| www.deschampsgregory.com | INSURER A: Scottsdale Insurance Co. | 41297 |
| INSURED | INSURER B: Nationwide Life Insurance Company | 66869 |
| Illinois State Soccer Association US Adult Soccer Association, Inc. | INSURER C: | |
| Its Member National Affiliates, Leagues & Teams | INSURER D: | |
| 7000 S. Harlem Ave Bridgeview JL 60455 | INSURER E: | |
| Dridgeview IL 00400 | INSURER F: | |
| COVEDACES CERTIFICATE NUMBER, 1400 | DEVICION 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.

| NSR TR | TYPE OF INSURANCE | ADDL INSD | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | rs |
|-----------|---|--------------|------------------|----------------------------|----------------------------|--|-------------|
| Α | ✓ COMMERCIAL GENERAL LIABILITY | | KRS0000007061700 | 1/1/2018 | 1/1/2019 | EACH OCCURRENCE | \$2,000,000 |
| | CLAIMS-MADE ✓ OCCUR | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$300,000 |
| | ✓ Participant Legal | | | | | MED EXP (Any one person) | \$5,000 |
| | | | | | | PERSONAL & ADV INJURY | \$2,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | = 1 | GENERAL AGGREGATE | \$ None |
| | POLICY PRO- JECT LOC | | | | | PRODUCTS - COMP/OP AGG | \$3,000,000 |
| | OTHER: | | | | | | \$ |
| | AUTOMOBILE LIABILITY | | KRS0000007061700 | 1/1/2018 | 1/1/2019 | COMBINED SINGLE LIMIT (Ea accident) | \$2,000,000 |
| | ANY AUTO | | | | | BODILY INJURY (Per person) | \$ |
| | OWNED SCHEDULED AUTOS | | | | | BODILY INJURY (Per accident) | \$ |
| | ✓ HIRED AUTOS ONLY ✓ NON-OWNED AUTOS ONLY | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | 50 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | | | | | \$ |
| | UMBRELLA LIAB OCCUR | | | | | EACH OCCURRENCE | \$ |
| | EXCESS LIAB CLAIMS-MADE | | | | | AGGREGATE | \$ |
| | DED RETENTION\$ | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | PER OTH- STATUTE ER | |
| | ANYPROPRIETOR/PARTNER/EXECUTIVE TIN | N/A | | | | E.L. EACH ACCIDENT | \$ |
| 10 | (Mandatory in NH) If yes, describe under | | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| _ | DESCRIPTION OF OPERATIONS below | | | | | E.L. DISEASE - POLICY LIMIT | \$ |
| 3 | Participant Accident | | SPX0000028370100 | 1/1/2018 | | 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)

All ISSA/USASA Affiliated Soccer Leagues/teams

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Certificate Holder is Additional Insured as pertains to sanctioned games/practices of the named insured

its Member National Affiliates, Leagues or Member Teams.

The effective date of coverage for the Affiliates, Leagues & Teams shown is the date they were accepted as a member of USASA.

| CERTIFICATE HOLDER | CANCELLATION |
|---|--|
| All ISSA/USASA Affiliated teams | |
| School District 152 Reiley School 1600 Lincoln Ave Harvey IL 60426 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| | AUTHORIZED REPRESENTATIVE |
| | Scott Lunsford |

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