Certificates of Insurance

September 1, 2023 – August 31, 2024

To best find the location you need, use the Control F function and type in the name of the venue.

If you do not find the correct location, please contact your club registrar or president.



DATE (MM/DD/YYYY)

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).

9		(-)-			
PRODUCER	CONTACT NAME:				
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.co	m		
,		VERAGE	NAIC #		
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B : Ur	nited States Fire Insurance	Company	21113	
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C :				
Plymouth MI 48170	INSURER D :				
,	INSURER E :				
	INSURER F:	·			
		55146			

COVERAGES CERTIFICATE NUMBER: 76122632 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.

SR TR		TYPE OF INSURANCE	ADDL INSD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
4	✓ COMI	MERCIAL GENERAL LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE / OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
							MED EXP (Any one person)	\$\$1,000
							PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGO	GREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLIC	CY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHE	ER:					Participant Legal Liabi	\$\$1,000,000
	AUTOMOB	BILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		AUTO					BODILY INJURY (Per person)	\$
	OWN	ED SCHEDULED OS ONLY AUTOS					BODILY INJURY (Per accident)	\$
	✓ HIRE	D NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
								\$
	UMB	RELLA LIAB OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCE	SS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED	RETENTION \$						\$
		COMPENSATION OYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPR	RIETOR/PARTNER/EXECUTIVE IEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory	in NH)	14,7,4				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, desc DESCRIPTI	ribe under ION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
	Accident	Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	tible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
12th St. Elementary 6501 S 12th St Portage MI 49024	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
	Gary D. Patterson
	Gary Patterson



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied or st		11(0)1			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,		INSURER(S) AFFORDING COVERAG	E	NAIC#	
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B : Unite	ed States Fire Insurance Comp	any	21113	
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D :				
	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122633 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.

NSR LTR	TYPE OF INSURANCE	ADDL SU	BR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	1
A	✓ COMMERCIAL GENERAL LIABILITY CLAIMS-MADE ✓ OCCUR	INSD W	SI8GL01851-231	9/1/2023	9/1/2024	DAMAGE TO RENTED	\$\$1,000,000 \$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:						\$\$1,000,000
4	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO						\$
Ī	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
Ī	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduct	ible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

	AUTHORIZED REPRESENTATIVE ###################################
2nd Reformed Church 2323 Stadium Drive Kalamazoo MI 49008	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
CERTIFICATE HOLDER	CANCELLATION



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied or st		11(0)1			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,		INSURER(S) AFFORDING COVERAG	E	NAIC#	
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B : Unite	ed States Fire Insurance Comp	any	21113	
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D :				
	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122634 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	NSR ADDLISUBRI POLICY EFF POLICY EXP								
LTR		TYPE OF INSURANCE		WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	'S
Α	<	COMMERCIAL GENERAL LIABILITY	1	1	SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
								MED EXP (Any one person)	\$\$1,000
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:						Participant Legal Liabi	\$\$1,000,000
Α	AUT	TOMOBILE LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$
	/	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB ✓ OCCUR	1	1	SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
		DED RETENTION \$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANYI	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Man	ndatory in NH)	,,					E.L. DISEASE - EA EMPLOYEE	\$
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Acc	ident Medical Expense			US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	ctible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

	AUTHORIZED REPRESENTATIVE ###################################
6th Street Park 6321 6th Street Kalamazoo MI 49009	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
CERTIFICATE HOLDER	CANCELLATION



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied or st		11(0)1			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,		INSURER(S) AFFORDING COVERAG	E	NAIC#	
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B : Unite	ed States Fire Insurance Comp	any	21113	
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D :				
	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122635 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.

NSR LTR	TYPE OF INSURANCE	ADDL SU	BR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	1
A	✓ COMMERCIAL GENERAL LIABILITY CLAIMS-MADE ✓ OCCUR	INSD W	SI8GL01851-231	9/1/2023	9/1/2024	DAMAGE TO RENTED	\$\$1,000,000 \$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:						\$\$1,000,000
4	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO						\$
Ī	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
Ī	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduct	ible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
8th Street Soccer Complex 381 8th St Plainwell MI 49090	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
	Gary D. Patterson
	Gary Patterson
	ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY)

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).

PRODUCER CONTACT NAME: Heidi Palme	⊃r
	٠١
USI Insurance Services NW 601 Union Street, Suite 1000 PHONE (AC, No, Ext): 206-577-59	PAX (A/C, No):
	er@usi.com
·	FORDING COVERAGE NAIC #
INSURER A: Everest National In	nsurance Company 10120
INSURED INSURER B: United States Fire	Insurance Company 21113
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	
Plymouth MI 48170	
INSURER E:	
INSURER F:	

COVERAGES CERTIFICATE NUMBER: 76122636 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.

NSR LTR		ADDL SUBI		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	✓ COMMERCIAL GENERAL LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR					PREMISES (Ea occurrence)	\$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:					Participant Legal Liabi	\$\$1,000,000
4	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
Ī	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	.,,,				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	tible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Alamo Elementary School 8184 N. 6th St. Kalamazoo MI 49009	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 Say D. Patterson
	Gary Patterson



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied of sach chaorsement(s).						
PRODUCER	CONTACT NAME:	Heidi Palmer				
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):			
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com				
,		INSURER(S) AFFORDING COVERAG	E	NAIC#		
	INSURER A: Everest National Insurance Company					
INSURED	INSURER B: United States Fire Insurance Company 21113					
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:					
Plymouth MI 48170	INSURER D :					
	INSURER E :					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: 76122637 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.

NSR LTR		ADDL SUBI		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	✓ COMMERCIAL GENERAL LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR					PREMISES (Ea occurrence)	\$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:					Participant Legal Liabi	\$\$1,000,000
4	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
Ī	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	.,,,				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	tible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Amberly Elementary 6637 Amberly Street Portage MI 49024	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
	Gary D. Putterson
	Gary Patterson
	AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied of such endorsement(s).							
PRODUCER	CONTACT NAME:	Heidi Palmer					
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):				
Seattle, WA 98101	E-MAIL ADDRESS:						
,		INSURER(S) AFFORDING COVE	RAGE	NAIC#			
	INSURER A: Everest National Insurance Company						
INSURED	INSURER B: United States Fire Insurance Company 21113						
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:						
Plymouth MI 48170	INSURER D :						
•	INSURER E :						
	INSURER F:						

COVERAGES CERTIFICATE NUMBER: 76122638 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 SU	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	1	COMMERCIAL GENERAL LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
							MED EXP (Any one person)	\$\$1,000
							PERSONAL & ADV INJURY	\$\$1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:					Participant Legal Liabi	\$\$1,000,000
Α	AUT	OMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO					BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	1	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
								\$
		UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
		DED RETENTION \$						\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYF	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$
	(Man	idatory in NH)	11,7				E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Acc	ident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess	C1-1-
							\$500 per Accident Deduc	ctible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Angling Elementary 5340 Angling Road Portage MI 49024	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
	Gary D. Patterson
	Gary Patterson



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied of sach chaorsement(s).						
PRODUCER	CONTACT NAME:	Heidi Palmer				
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):			
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com				
,		INSURER(S) AFFORDING COVERAG	E	NAIC#		
	INSURER A: Everest National Insurance Company					
INSURED	INSURER B: United States Fire Insurance Company 21113					
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:					
Plymouth MI 48170	INSURER D :					
	INSURER E :					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: 76122639 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.

NSR LTR	TYPE OF INSURANCE	ADDL S	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
A	✓ COMMERCIAL GENERAL LIABILITY CLAIMS-MADE ✓ OCCUR	√	<u>₩VD</u>	SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000 \$\$1,000,000
							MED EXP (Any one person)	\$\$1,000
							PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:						Participant Legal Liabi	\$\$1,000,000
A	AUTOMOBILE LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
Ī	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A					E.L. EACH ACCIDENT	\$
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Accident Medical Expense			US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	tible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Armstrong Park 1607 N Main Street Three Rivers MI 49093	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
	Gary Patterson



DATE (MM/DD/YYYY)

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).

tins certificate does not comer rights to the certificate notice in fled of s	ucii enuorseine	ιι(ა <i>)</i> .			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS: Heidi.Palmer@usi.com				
,	INSURER(S) AFFORDING COVERAGE				
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B: United States Fire Insurance Company 21113				
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D:				
•	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122640 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.

NSR LTR	TYPE OF INSURANCE	ADDL S	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COCCUR			SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000 \$\$1,000,000
							MED EXP (Any one person)	\$\$1,000
							PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:						Participant Legal Liabi	\$\$1,000,000
١.	AUTOMOBILE LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	HIRED AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A					E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	11,74					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
3	Accident Medical Expense			US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	etible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Baroda Township Park 640 W Lemon Creek Drive Baroda MI 49101	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 Say D. Patterson
	Gary Patterson



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied of sach chaof sement(s).							
PRODUCER	CONTACT NAME:	Heidi Palmer					
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):				
Seattle, WA 98101	E-MAIL ADDRESS: Heidi.Palmer@usi.com						
,	INSURER(S) AFFORDING COVERAGE						
	INSURER A: Everest National Insurance Company						
INSURED	INSURER B: United States Fire Insurance Company 2111						
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:						
Plymouth MI 48170	INSURER D :						
	INSURER E :						
	INSURER F:						

COVERAGES CERTIFICATE NUMBER: 76122641 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.

NSR LTR	TYPE OF INSURANCE	ADDL SU	BR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	1
A	✓ COMMERCIAL GENERAL LIABILITY CLAIMS-MADE ✓ OCCUR	INSD W	SI8GL01851-231	9/1/2023	9/1/2024	DAMAGE TO RENTED	\$\$1,000,000 \$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:						\$\$1,000,000
4	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO						\$
Ī	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
Ī	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduct	ible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Battle Creek Public Schools 3 W. Van Buren St. Battle Creek MI 49015	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
	Gary Patterson
	Cary i aucison



DATE (MM/DD/YYYY)

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).

PRODUCER CONTACT NAME: Heidi Palme	⊃r
	٠١
USI Insurance Services NW 601 Union Street, Suite 1000 PHONE (AC, No, Ext): 206-577-59	PAX (A/C, No):
	er@usi.com
·	FORDING COVERAGE NAIC #
INSURER A: Everest National In	nsurance Company 10120
INSURED INSURER B: United States Fire	Insurance Company 21113
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	
Plymouth MI 48170	
INSURER E:	
INSURER F:	

COVERAGES CERTIFICATE NUMBER: 76122642 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.

TYPE OF INSURANCE DIMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR AGGREGATE LIMIT APPLIES PER:	ADDL SUBFINSD WVD		POLICY EFF (MM/DD/YYYY) 9/1/2023	POLICY EXP (MM/DD/YYYY) 9/1/2024	LIMIT EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$1,000,000 \$\$1,000,000
CLAIMS-MADE / OCCUR		SI8GL01851-231	9/1/2023	9/1/2024	DAMAGE TO RENTED	, ,
						\$ \$1,000,000
AGGREGATE LIMIT APPLIES PER:						ΨΨ1,000,000
AGGREGATE LIMIT APPLIES PER:					MED EXP (Any one person)	\$\$1,000
AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY	\$\$1,000,000
					GENERAL AGGREGATE	\$\$5,000,000
OLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
THER:					Participant Legal Liabi	\$\$1,000,000
MOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
NY AUTO					BODILY INJURY (Per person)	\$
WNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
RED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
						\$
MBRELLA LIAB OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
CLAIMS-MADE					AGGREGATE	\$\$5,000,000
ED RETENTION\$						\$
RS COMPENSATION IPLOYERS' LIABILITY					PER OTH- STATUTE ER	
OPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$
D/MEMBEDEVOLLIDED3					E.L. DISEASE - EA EMPLOYEE	\$
R/MEMBER EXCLUDED?					E.L. DISEASE - POLICY LIMIT	\$
	rin NH)	rin NH) ribe under	ribe under	rin NH) ribe under ION OF OPERATIONS below	rin NH) ribe under ION OF OPERATIONS below	rin NH) E.L. DISEASE - EA EMPLOYEE ribe under

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

	AUTHORIZED REPRESENTATIVE ###################################
Benton Charter Township 1725 Territorial Road Benton Harbor MI 49022	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
CERTIFICATE HOLDER	CANCELLATION



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied of sach chaof sement(s).							
PRODUCER	CONTACT NAME:	Heidi Palmer					
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):				
Seattle, WA 98101	E-MAIL ADDRESS: Heidi.Palmer@usi.com						
,	INSURER(S) AFFORDING COVERAGE						
	INSURER A: Everest National Insurance Company						
INSURED	INSURER B: United States Fire Insurance Company 2111						
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:						
Plymouth MI 48170	INSURER D :						
	INSURER E :						
	INSURER F:						

COVERAGES CERTIFICATE NUMBER: 76122643 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	_	JSIONS AND CONDITIONS OF SUCH	ADDL			POLICY EFF			
LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
								MED EXP (Any one person)	\$\$1,000
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:						Participant Legal Liabi	\$\$1,000,000
Α	AUT	OMOBILE LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	1	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
		DED RETENTION\$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANYF	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Man	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Acc	ident Medical Expense			US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	ctible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER CANCELLATION	
Blue Roof Church THE EXPIRATION	THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE N DATE THEREOF, NOTICE WILL BE DELIVERED IN ITH THE POLICY PROVISIONS.
AUTHORIZED REPRESE	ENTATIVE
	Gary D. Patterson
Gary Patterson	<i>"</i> " '



DATE (MM/DD/YYYY)

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).

PRODUCER CONTACT NAME: Heidi Palme	⊃r
	٠١
USI Insurance Services NW 601 Union Street, Suite 1000 PHONE (AC, No, Ext): 206-577-59	PAX (A/C, No):
	er@usi.com
·	FORDING COVERAGE NAIC #
INSURER A: Everest National In	nsurance Company 10120
INSURED INSURER B: United States Fire	Insurance Company 21113
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	
Plymouth MI 48170	
INSURER E:	
INSURER F:	

COVERAGES CERTIFICATE NUMBER: 76122644 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	_	JSIONS AND CONDITIONS OF SUCH	ADDL			POLICY EFF			
LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
								MED EXP (Any one person)	\$\$1,000
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:						Participant Legal Liabi	\$\$1,000,000
Α	AUT	OMOBILE LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	1	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
		DED RETENTION\$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANYF	PROPRIETOR/PARTNER/EXECUTIVE T N	N/A					E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Acc	ident Medical Expense			US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	ctible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Borgess Health Fitness 3025 Gull Rd. Kalamazoo MI 49048	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
	gary D. Patterson
	Gary Patterson



DATE (MM/DD/YYYY)

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).

PRODUCER CONTACT NAME: Heidi Palme	⊃r
	٠١
USI Insurance Services NW 601 Union Street, Suite 1000 PHONE (AC, No, Ext): 206-577-59	PAX (A/C, No):
	er@usi.com
·	FORDING COVERAGE NAIC #
INSURER A: Everest National In	nsurance Company 10120
INSURED INSURER B: United States Fire	Insurance Company 21113
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	
Plymouth MI 48170	
INSURER E:	
INSURER F:	

COVERAGES CERTIFICATE NUMBER: 76122645 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.

				-	LIMITS SHOWN MAY HAVE BEEN I				
INSR LTR				SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
								MED EXP (Any one person)	\$\$1,000
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:						Participant Legal Liabi	\$\$1,000,000
Α	AUT	OMOBILE LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$
	1	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
		DED RETENTION \$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANYF	PROPRIETOR/PARTNER/EXECUTIVE TITIE	N/A					E.L. EACH ACCIDENT	\$
	(Man	ndatory in NH)	, ,					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Acc	ident Medical Expense			US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	ctible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Bridgman Lake Township 3220 Shawnee Rd. Bridgman MI 49106	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 AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE
	Gary Patterson



DATE (MM/DD/YYYY) 9/5/2023

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).

9		(-)-			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.co	m		
,	INSURER(S) AFFORDING COVERAGE				
	INSURER A : EV	verest National Insurance (Company	10120	
INSURED	INSURER B: United States Fire Insurance Company				
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C :				
Plymouth MI 48170	INSURER D :				
,	INSURER E :				
	INSURER F:	·			
		55146			

COVERAGES CERTIFICATE NUMBER: 76122646 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED 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 SU	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	1	COMMERCIAL GENERAL LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
							MED EXP (Any one person)	\$\$1,000
							PERSONAL & ADV INJURY	\$\$1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:					Participant Legal Liabi	\$\$1,000,000
Α	AUT	OMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO					BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	1	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
								\$
		UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
		DED RETENTION \$						\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYF	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$
	(Man	idatory in NH)	11,7				E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Accident Medical Expense			US2065966	9/1/2023	9/1/2024	\$100,000 Excess	C1-1-
							\$500 per Accident Deduc	ctible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE	TE HOLDER	CANCELLATION
Bridgman Public Schools 9964 Gast Rd Bridgman MI 49106 THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	st 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.
AUTHORIZED REPRESENTATIVE		
Gary D. Patterson		Gary D. Patterson
Gary Patterson		Gary Patterson



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied of such endorsement(s).						
PRODUCER	CONTACT NAME:	Heidi Palmer				
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):			
Seattle, WA 98101	E-MAIL ADDRESS: Heidi.Palmer@usi.com					
,		INSURER(S) AFFORDING COVE	RAGE	NAIC#		
	INSURER A: Everest National Insurance Company					
INSURED	INSURER B: United States Fire Insurance Company					
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:					
Plymouth MI 48170	INSURER D : INSURER E :					
•						
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: 76122647 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.

NSR LTR		ADDL SUBI		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	✓ COMMERCIAL GENERAL LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR					PREMISES (Ea occurrence)	\$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:					Participant Legal Liabi	\$\$1,000,000
4	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
Ī	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	.,,,				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	tible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Brown Elementary 2831 Garden Lane Saint Joseph MI 49085	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 Hary D. Patterson
1	Gary Patterson



DATE (MM/DD/YYYY)

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).

9		(-)-			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.co	m		
,		INSURER(S) AFFORDING CO	VERAGE	NAIC #	
	INSURER A : EV	verest National Insurance (Company	10120	
INSURED	INSURER B: United States Fire Insurance Company 211				
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C :				
Plymouth MI 48170	INSURER D :				
,	INSURER E :				
	INSURER F:	·			
		55146			

COVERAGES CERTIFICATE NUMBER: 76122648 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		DSIONS AND CONDITIONS OF SUCH		SUBR		POLICY EFF	POLICY EXP		
LTR		TYPE OF INSURANCE		WVD	POLICY NUMBER	(MM/DD/YYYY)		LIMIT	'S
Α	<	COMMERCIAL GENERAL LIABILITY	1	1	SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
								MED EXP (Any one person)	\$\$1,000
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:						Participant Legal Liabi	\$\$1,000,000
Α	AUT	TOMOBILE LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$
	/	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB ✓ OCCUR	1	1	SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
		DED RETENTION \$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANYI	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Man	ndatory in NH)	,,					E.L. DISEASE - EA EMPLOYEE	\$
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Acc	ident Medical Expense			US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	ctible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Burma Center 765 Upton Avenue Springfield MI 49027	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
	Gary D. Patterson
	Gary Patterson
	AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY)

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).

tins certificate does not comer rights to the certificate notice in fled of s	ucii enuorseine	ιι(ა <i>)</i> .			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,		INSURER(S) AFFORDING COVE	RAGE	NAIC#	
	INSURER A: Eve	rest National Insurance Co	mpany	10120	
INSURED	INSURER B : Unit	ed States Fire Insurance C	ompany	21113	
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D :				
•	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122649 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 EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	1	COMMERCIAL GENERAL LIABILITY	1	1	SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
								MED EXP (Any one person)	\$\$1,000
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:						Participant Legal Liabi	\$\$1,000,000
Α	AUT	TOMOBILE LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	1	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB ✓ OCCUR	1	1	SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
		DED RETENTION \$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
		PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Mar	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Acc	ident Medical Expense			US2065966	9/1/2023	9/1/2024	\$100,000 Excess	4:1-1-
								\$500 per Accident Deduc	CTIDIE

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

1	AUTHORIZED REPRESENTATIVE ###################################
Calhoun Christian School 20 Woodrow Avenue Marshall MI 49015	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
CERTIFICATE HOLDER	CANCELLATION



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied or st		11(0)			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,	INSURER(S) AFFORDING COVERAGE				
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B : Unite	ed States Fire Insurance Comp	any	21113	
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D :				
	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122650 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	_	JSIONS AND CONDITIONS OF SUCH	ADDL			POLICY EFF			
LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
								MED EXP (Any one person)	\$\$1,000
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:						Participant Legal Liabi	\$\$1,000,000
Α	AUT	OMOBILE LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	1	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
		DED RETENTION\$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANYF	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Man	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Acc	ident Medical Expense			US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	ctible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE	TIFICATE HOLDER	CANCELLATION
Calvary Bible Church 855 S Drake Road Kalamazoo MI 49009 THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		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		
Gary D. Patterson		Gary D. Patterson
Gary Patterson		Gary Patterson



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied or st		11(0)			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,	INSURER(S) AFFORDING COVERAGE				
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B : Unite	ed States Fire Insurance Comp	any	21113	
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D :				
	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122651 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.

COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COCCUR N'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- OTHER: COMMERCIAL GENERAL LIABILITY	INSD ✓	SUBR WVD	POLICY NUMBER SI8GL01851-231	POLICY EFF (MM/DD/YYYY) 9/1/2023	POLICY EXP (MM/DD/YYYY) 9/1/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000 \$\$1,000,000
CLAIMS-MADE OCCUR VL AGGREGATE LIMIT APPLIES PER: POLICY PRO- DICT LOC OTHER:	✓	1	SI8GL01851-231	9/1/2023	9/1/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
NL AGGREGATE LIMIT APPLIES PER: POLICY PRODUCT LOC OTHER:						PREMISES (Ea occurrence)	, , , , , , , , , , , , , , , , , , , ,
POLICY PROJECT LOC OTHER:						MED EVD (4	1
POLICY PROJECT LOC OTHER:					I	MED EXP (Any one person)	\$\$1,000
POLICY PROJECT LOC OTHER:						PERSONAL & ADV INJURY	\$\$1,000,000
OTHER:						GENERAL AGGREGATE	\$\$5,000,000
						PRODUCTS - COMP/OP AGG	\$\$1,000,000
TOMORII E I IARII ITY						Participant Legal Liabi	\$\$1,000,000
			SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
ANY AUTO						BODILY INJURY (Per person)	\$
OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
							\$
UMBRELLA LIAB ✓ OCCUR			SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
EXCESS LIAB CLAIMS-MADI						AGGREGATE	\$\$5,000,000
DED RETENTION \$							\$
RKERS COMPENSATION						PER OTH- STATUTE ER	
DEMPLOTERS LIABILITY	N/A					E.L. EACH ACCIDENT	\$
PROPRIETOR/PARTNER/EXECUTIVE	, A					E.L. DISEASE - EA EMPLOYEE	\$
PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?						E.L. DISEASE - POLICY LIMIT	\$
PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?			US2065966	9/1/2023	9/1/2024	\$100,000 Excess	atible.
	ROPRIETOR/PARTNER/EXECUTIVE ER/MEMBER EXCLUDED?	ROPRIETOR/PARTNER/EXECUTIVE ER/MEMBER EXCLUDED? atory in NH) describe under RIPTION OF OPERATIONS below	ROPRIETOR/PARTNER/EXECUTIVE FY N N / A atory in NH) describe under	ROPRIETOR/PARTNER/EXECUTIVE FRAME N/A atory in NH) describe under RIPTION OF OPERATIONS below	ROPRIETOR/PARTNER/EXECUTIVE ER/MEMBER EXCLUDED? adorty in NH) describe under RIPTION OF OPERATIONS below	ROPRIETOR/PARTNER/EXECUTIVE TYN N/A atory in NH) atory in NH) A describe under RIPTION OF OPERATIONS below	OPRIETOR/PARTINER/EXECUTIVE ER.MEMBER EXCLUDED? EL. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE ER.MINTON OF OPERATIONS below E.L. DISEASE - POLICY LIMIT

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

	AUTHORIZED REPRESENTATIVE ###################################
Centerpoint Church 2595 North 10th Street Kalamazoo MI 49009	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
CERTIFICATE HOLDER	CANCELLATION



DATE (MM/DD/YYYY)

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).

9		(-)-			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.co	m		
,		INSURER(S) AFFORDING CO	VERAGE	NAIC #	
	INSURER A : EV	verest National Insurance (Company	10120	
INSURED	INSURER B : Ur	nited States Fire Insurance	Company	21113	
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C :				
Plymouth MI 48170	INSURER D :				
,	INSURER E :				
	INSURER F:	·			
		55146			

COVERAGES CERTIFICATE NUMBER: 76122652 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.

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
INSR LTR				SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
								MED EXP (Any one person)	\$\$1,000
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:						Participant Legal Liabi	\$\$1,000,000
Α	AUT	OMOBILE LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$
	1	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
		DED RETENTION \$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANYF	PROPRIETOR/PARTNER/EXECUTIVE TITIE	N/A					E.L. EACH ACCIDENT	\$
	(Man	ndatory in NH)	, ,					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Acc	ident Medical Expense			US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	ctible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Central Elementary 8422 S. Westnedge Ave Portage MI 49002	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
	Gary Patterson



DATE (MM/DD/YYYY)

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).

PRODUCER CONTACT NAME: Heidi Palme	⊃r
	٠١
USI Insurance Services NW 601 Union Street, Suite 1000 PHONE (AC, No, Ext): 206-577-59	PAX (A/C, No):
	er@usi.com
·	FORDING COVERAGE NAIC #
INSURER A: Everest National In	nsurance Company 10120
INSURED INSURER B: United States Fire	Insurance Company 21113
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	
Plymouth MI 48170	
INSURER E:	
INSURER F:	

COVERAGES CERTIFICATE NUMBER: 76122653 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.

NSR LTR		ADDL SUBI		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	✓ COMMERCIAL GENERAL LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR					PREMISES (Ea occurrence)	\$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:					Participant Legal Liabi	\$\$1,000,000
4	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
Ī	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	.,,,				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	tible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Charter Township of Lake Orion 1335 Joslyn Road Lake Orion MI 48309	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
	Gary D. Patterson
	Gary Patterson



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied or st		11(0)				
PRODUCER	CONTACT NAME:	Heidi Palmer				
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):			
Seattle, WA 98101	E-MAIL ADDRESS: Heidi.Palmer@usi.com					
,	INSURER(S) AFFORDING COVERAGE					
	INSURER A: Everest National Insurance Company					
INSURED	INSURER B: United States Fire Insurance Company 21113					
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:					
Plymouth MI 48170	INSURER D:					
	INSURER E :					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: 76122654 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.

TYPE OF INSURANCE DIMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR AGGREGATE LIMIT APPLIES PER:	ADDL SUBFINSD WVD		POLICY EFF (MM/DD/YYYY) 9/1/2023	POLICY EXP (MM/DD/YYYY) 9/1/2024	LIMIT EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$1,000,000 \$\$1,000,000
CLAIMS-MADE / OCCUR		SI8GL01851-231	9/1/2023	9/1/2024	DAMAGE TO RENTED	, ,
						\$ \$1,000,000
AGGREGATE LIMIT APPLIES PER:						ΨΨ1,000,000
AGGREGATE LIMIT APPLIES PER:					MED EXP (Any one person)	\$\$1,000
AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY	\$\$1,000,000
					GENERAL AGGREGATE	\$\$5,000,000
OLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
THER:					Participant Legal Liabi	\$\$1,000,000
MOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
NY AUTO					BODILY INJURY (Per person)	\$
WNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
RED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
						\$
MBRELLA LIAB OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
CLAIMS-MADE					AGGREGATE	\$\$5,000,000
ED RETENTION\$						\$
RS COMPENSATION IPLOYERS' LIABILITY					PER OTH- STATUTE ER	
OPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$
D/MEMBEDEVOLLIDED3					E.L. DISEASE - EA EMPLOYEE	\$
R/MEMBER EXCLUDED?					E.L. DISEASE - POLICY LIMIT	\$
	rin NH)	rin NH) ribe under	ribe under	rin NH) ribe under ION OF OPERATIONS below	rin NH) ribe under ION OF OPERATIONS below	rin NH) E.L. DISEASE - EA EMPLOYEE ribe under

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
City of Plainwell Force Soccer Complex 616 N 10th St. Plainwell MI 49080	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
	Gary Patterson
	Cary i alloroon



DATE (MM/DD/YYYY)

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).

tins certificate does not comer rights to the certificate notice in fled of s	ucii enuorseine	ιι(ა <i>)</i> .				
PRODUCER	CONTACT NAME:	Heidi Palmer				
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):			
Seattle, WA 98101	E-MAIL ADDRESS: Heidi.Palmer@usi.com					
,	INSURER(S) AFFORDING COVERAGE					
	INSURER A: Everest National Insurance Company					
INSURED	INSURER B: United States Fire Insurance Company 21113					
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:					
Plymouth MI 48170	INSURER D:					
•	INSURER E:					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: 76122655 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	T TO THE CONDITIONS OF SCOTT	ADDL SU		POLICY EFF	POLICY EXP		
LTR	TYPE OF INSURANCE	INSD W	VD POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	✓ COMMERCIAL GENERAL LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:					Participant Legal Liabi	\$\$1,000,000
Α	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	✓ HIRED AUTOS ONLY ✓ NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION\$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	ctible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
City of Portage, Oakland Drive Park 7650 Oakland Dr Portage MI 49002	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
1	Gary Patterson
	Gary Patterson



DATE (MM/DD/YYYY)

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 confer rights to the certificate notice in fied of such chaofsement(s).					
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,	INSURER(S) AFFORDING COVERAGE				
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B: United States Fire Insurance Company 21113				
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D :				
	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122656 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.

NSR LTR		ADDL SUBI		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	✓ COMMERCIAL GENERAL LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR					PREMISES (Ea occurrence)	\$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:					Participant Legal Liabi	\$\$1,000,000
4	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
Ī	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	.,,,				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	tible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

	AUTHORIZED REPRESENTATIVE ###################################
City of Portage, Ramona Park 8600 S Sprinkle Rd Portage MI 49002	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
CERTIFICATE HOLDER	CANCELLATION



DATE (MM/DD/YYYY)

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).

PRODUCER	CONTACT NAME:	Heidi Palmer		
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):	
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.co	m	
,		INSURER(S) AFFORDING CO	VERAGE	NAIC#
	INSURER A : E	Company	10120	
INSURED	INSURER B : U	nited States Fire Insurance	Company	21113
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C :			
Plymouth MI 48170	INSURER D :			
	INSURER E :			
	INSURER F:			
		DE1/10		

COVERAGES CERTIFICATE NUMBER: 76122657 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.

NSR LTR		ADDL SUBI		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	✓ COMMERCIAL GENERAL LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR					PREMISES (Ea occurrence)	\$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:					Participant Legal Liabi	\$\$1,000,000
4	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
Ī	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	.,,,				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	tible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

	AUTHORIZED REPRESENTATIVE ### D. Patterson Gary Patterson
City of Portage, Westfield Park 4500 W Milham Portage MI 49002	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
CERTIFICATE HOLDER	CANCELLATION



DATE (MM/DD/YYYY)

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 confer rights to the certificate notice in fied of such chaofsement(s).					
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,	INSURER(S) AFFORDING COVERAGE				
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B: United States Fire Insurance Company 21113				
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D :				
	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122658 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	_	JSIONS AND CONDITIONS OF SUCH	ADDL			POLICY EFF			
LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
								MED EXP (Any one person)	\$\$1,000
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:						Participant Legal Liabi	\$\$1,000,000
Α	AUT	OMOBILE LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	1	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
		DED RETENTION\$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANYF	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Man	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Acc	ident Medical Expense			US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	ctible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
City of Sturgis, Franks Park 1551 S Lakeview Sturgis MI 49091	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
	Gary D. Patterson
	Gary Patterson



DATE (MM/DD/YYYY)

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).

PRODUCER CONTACT NAME: Heidi Palme	⊃r
	٠١
USI Insurance Services NW 601 Union Street, Suite 1000 PHONE (AC, No, Ext): 206-577-59	PAX (A/C, No):
	er@usi.com
·	FORDING COVERAGE NAIC #
INSURER A: Everest National In	nsurance Company 10120
INSURED INSURER B: United States Fire	Insurance Company 21113
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	
Plymouth MI 48170	
INSURER E:	
INSURER F:	

COVERAGES CERTIFICATE NUMBER: 76122659 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.

L				5. LIMITS SHOWN WAT HAVE BEEN				
INSR LTR		TYPE OF INSURANCE	ADDL SUE	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	1	COMMERCIAL GENERAL LIABILITY	1 1	SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
							MED EXP (Any one person)	\$\$1,000
							PERSONAL & ADV INJURY	\$\$1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:					Participant Legal Liabi	\$\$1,000,000
Α	AUT	TOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO					BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	1	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
								\$
		UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
		DED RETENTION\$						\$
		RKERS COMPENSATION DEMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$
	(Mar	ndatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Acc	ident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	ctible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Coldwater High School 275 North Fremoond Road Coldwater MI 49036	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
	Gary Patterson



DATE (MM/DD/YYYY)

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).

tins certificate does not comer rights to the certificate notice in fled of s	ucii enuorseine	ιι(ა <i>)</i> .			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,		INSURER(S) AFFORDING COVE	RAGE	NAIC#	
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B: United States Fire Insurance Company 21113				
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D :				
•	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122660 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	_	JSIONS AND CONDITIONS OF SUCH	ADDL			POLICY EFF			
LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
								MED EXP (Any one person)	\$\$1,000
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:						Participant Legal Liabi	\$\$1,000,000
Α	AUT	OMOBILE LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	1	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
		DED RETENTION\$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANYF	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Man	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Acc	ident Medical Expense			US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	ctible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Comstock High School 2107 N 26th KALAMAZOO MI 49048	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
	Gary D. Patterson
	Gary Patterson
1	Gary D. Putterson



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied of such endorsement(s).							
PRODUCER	CONTACT NAME:	Heidi Palmer					
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):				
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com					
,	INSURER(S) AFFORDING COVERAGE						
	INSURER A: Everest National Insurance Company						
INSURED	INSURER B: United States Fire Insurance Company 21113						
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:						
Plymouth MI 48170	INSURER D :						
	INSURER E :						
	INSURER F:						

COVERAGES CERTIFICATE NUMBER: 76122661 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.

NSR LTR		ADDL SUBI		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	✓ COMMERCIAL GENERAL LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR					PREMISES (Ea occurrence)	\$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:					Participant Legal Liabi	\$\$1,000,000
4	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
Ī	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	.,,,				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	tible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

Comstock Public Schools 3010 Gull Rd KALAMAZOO MI 49048 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	CERTIFICATE HOLDER	CANCELLATION
	3010 Gull Rd	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN
Lane D Pitterdon		AUTHORIZED REPRESENTATIVE
		Gary D. Patterson
Gary Patterson		Gary Patterson



DATE (MM/DD/YYYY)

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).

9		(-)-			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.co	m		
,		INSURER(S) AFFORDING CO	VERAGE	NAIC #	
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B : Ur	nited States Fire Insurance	Company	21113	
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C :				
Plymouth MI 48170	INSURER D :				
,	INSURER E :				
	INSURER F:	·			
		55146			

COVERAGES CERTIFICATE NUMBER: 76122662 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	_	JSIONS AND CONDITIONS OF SUCH	ADDL			POLICY EFF			
LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
								MED EXP (Any one person)	\$\$1,000
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:						Participant Legal Liabi	\$\$1,000,000
Α	AUT	OMOBILE LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	1	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
		DED RETENTION\$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANYF	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Man	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Acc	ident Medical Expense			US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	ctible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Crown Point Soccer Complexq 1313 E North Street Crown Point IN 46307	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
I	Gary Patterson



DATE (MM/DD/YYYY)

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).

tins certificate does not comer rights to the certificate notice in fled of s	ucii enuorseine	ιι(ა <i>)</i> .			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,		INSURER(S) AFFORDING COVE	RAGE	NAIC#	
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B: United States Fire Insurance Company 21113				
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D :				
•	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122663 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.

NSR LTR		ADDL SUBI		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	✓ COMMERCIAL GENERAL LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR					PREMISES (Ea occurrence)	\$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:					Participant Legal Liabi	\$\$1,000,000
4	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
Ī	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	.,,,				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	tible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

Div Ct. Flomontoni Cohool	CERTIFICATE HOLDER	CANCELLATION
503 Dix St. Otsego MI 49078 ACCORDANCE WITH THE POLICY PROVISIONS.		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		AUTHORIZED REPRESENTATIVE
Gary D. Patterson		
Gary Patterson		Gary Patterson



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied of such endorsement(s).								
PRODUCER	CONTACT NAME:	Heidi Palmer						
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):					
Seattle, WA 98101	E-MAIL ADDRESS: Heidi.Palmer@usi.com							
,		RAGE	NAIC #					
	INSURER A : Eve	npany	10120					
INSURED	INSURER B: United States Fire Insurance Company 21113							
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C :							
Plymouth MI 48170	INSURER D :							
•	INSURER E :							
	INSURER F:							

COVERAGES CERTIFICATE NUMBER: 76122664 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	ISR ADDL SUBR POLICY ESF P								
LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
								MED EXP (Any one person)	\$\$1,000
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:						Participant Legal Liabi	\$\$1,000,000
Α	AUT	OMOBILE LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	1	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
		DED RETENTION\$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANYF	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Man	idatory in NH)	ιτ, Α					E.L. DISEASE - EA EMPLOYEE	\$
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Acc	ident Medical Expense			US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	ctible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
E P Clarke Elementary 515 E Glenlord Rd St Joseph MI 49085	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
1	Gary Patterson



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied of such endorsement(s).								
PRODUCER	CONTACT NAME:	Heidi Palmer						
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):					
Seattle, WA 98101	E-MAIL ADDRESS: Heidi.Palmer@usi.com							
,		RAGE	NAIC #					
	INSURER A : Eve	npany	10120					
INSURED	INSURER B: United States Fire Insurance Company 21113							
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C :							
Plymouth MI 48170	INSURER D :							
•	INSURER E :							
	INSURER F:							

COVERAGES CERTIFICATE NUMBER: 76122665 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.

NSR LTR		ADDL SUBI		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	✓ COMMERCIAL GENERAL LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR					PREMISES (Ea occurrence)	\$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:					Participant Legal Liabi	\$\$1,000,000
4 [AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
Ī	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	✓ HIRED AUTOS ONLY ✓ NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	.,,,				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	tible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
El Sol Elementary School 604 W Vine St. Kalamazoo MI 49008	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 Say D. Pulluson
	Gary Patterson



DATE (MM/DD/YYYY)

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).

tins certificate does not comer rights to the certificate notice in fled of s	ucii enuoraenie	ιι(ა <i>)</i> .				
PRODUCER	CONTACT NAME:	Heidi Palmer				
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):			
Seattle, WA 98101	E-MAIL ADDRESS: Heidi.Palmer@usi.com					
		RAGE	NAIC#			
	INSURER A: Eve	10120				
INSURED	INSURER B: United States Fire Insurance Company 21113					
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:					
Plymouth MI 48170	INSURER D:					
•	INSURER E :					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: 76122666 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	ISR ADDL SUBR POLICY ESF P								
LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
								MED EXP (Any one person)	\$\$1,000
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:						Participant Legal Liabi	\$\$1,000,000
Α	AUT	OMOBILE LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	1	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
		DED RETENTION\$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANYF	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Man	idatory in NH)	ιτ, Α					E.L. DISEASE - EA EMPLOYEE	\$
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Acc	ident Medical Expense			US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	ctible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE	
Fort Miami Crossfit 3905 M-139 #101 St. Joseph MI 49085 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	
Gary D. Patterson	
Gary Patterson	



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied or st		11(0)			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,		E	NAIC#		
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B: United States Fire Insurance Company				
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D:				
	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122667 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 S	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
A	✓ COMMERCIAL GENERAL LIABILITY CLAIMS-MADE ✓ OCCUR	√	<u>₩VD</u>	SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000 \$\$1,000,000
							MED EXP (Any one person)	\$\$1,000
							PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:						Participant Legal Liabi	\$\$1,000,000
Α	AUTOMOBILE LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
Ī	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB ✓ OCCUR	1	/	SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A					E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
	Accident Medical Expense			US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	tible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Fremont Elementary 115 East Emmett Street Battle Creek MI 49017	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
ı	Gary Patterson



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied or st		11(0)			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,		E	NAIC#		
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B: United States Fire Insurance Company				
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D:				
	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122668 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		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	
A	1	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR	√	1	SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE \$\$1,000,000 DAMAGE TO RENTED PREMISES (Fa occurrence) \$\$1,000,000 \$\$1,000,000	
		CLAIMS-MADE 7 OCCUR						PREMISES (Ea occurrence) \$\$1,000,000 MED EXP (Any one person) \$\$1,000	
								PERSONAL & ADV INJURY \$\$1,000,000	
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$\$5,000,000	
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG \$\$1,000,000	
		OTHER:						Participant Legal Liabi \$\$1,000,000	
Α	AUT	OMOBILE LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000	
		ANY AUTO						BODILY INJURY (Per person) \$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident) \$	
	1	AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$	
								\$	
		UMBRELLA LIAB ✓ OCCUR	1	1	SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE \$\$5,000,000	
	✓	EXCESS LIAB CLAIMS-MADE						AGGREGATE \$\$5,000,000	
		DED RETENTION \$						\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANYF	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT \$	
	(Man	idatory in NH)	,,					E.L. DISEASE - EA EMPLOYEE \$	
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$	
В	Acc	ident Medical Expense			US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deductible	

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Full Blast 35 W Hamblin Avenue Battle Creek MI 49017	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1	AUTHORIZED REPRESENTATIVE ###################################



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied or st		11(0)			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,		E	NAIC#		
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B: United States Fire Insurance Company				
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D:				
	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122669 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	EXCLOSIONS AND CONDITIONS OF SOCH POLICIES. LIMITS SHOWN MAT HAVE BEEN REDUCED BY PAID CLAIMS. IN POLICY EFF POLICY EXP								
LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
								MED EXP (Any one person)	\$\$1,000
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:						Participant Legal Liabi	\$\$1,000,000
Α	AUT	OMOBILE LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	1	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
		DED RETENTION\$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANYF	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Man	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Acc	ident Medical Expense			US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	ctible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Gilkey Elementary School 707 S. Woodhams Plainwell MI 49080	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
	Gary D. Patterson
	Gary Patterson



DATE (MM/DD/YYYY)

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).

tins certificate does not comer rights to the certificate notice in fled of s	ucii enuorseine	ιι(ა <i>)</i> .			
PRODUCER	CONTACT NAME:				
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,		NAIC#			
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B: United States Fire Insurance Company 21				
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D :				
•	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122670 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	EXCLOSIONS AND CONDITIONS OF SOCH POLICIES. LIMITS SHOWN MAT HAVE BEEN REDUCED BY PAID CLAIMS. IN POLICY EFF POLICY EXP								
LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
								MED EXP (Any one person)	\$\$1,000
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:						Participant Legal Liabi	\$\$1,000,000
Α	AUT	OMOBILE LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	1	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
		DED RETENTION\$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANYF	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Man	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Acc	ident Medical Expense			US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	ctible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

LICIES BE CANCELLED BEFORE CE WILL BE DELIVERED IN
Patterson
:E



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied or st		11(0)			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,		INSURER(S) AFFORDING COVERAG	E	NAIC#	
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B: United States Fire Insurance Company 211				
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D:				
	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122671 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	_	JSIONS AND CONDITIONS OF SUCH	ADDL			POLICY EFF			
LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
								MED EXP (Any one person)	\$\$1,000
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:						Participant Legal Liabi	\$\$1,000,000
Α	AUT	OMOBILE LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	1	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
		DED RETENTION\$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANYF	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Man	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Acc	ident Medical Expense			US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	ctible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Grace Lutheran School 404 E Glenlord Rd St Joseph MI 49085	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
	Gary D. Putterson
	Gary Patterson
1	



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied or st		11(0)			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,		INSURER(S) AFFORDING COVERAG	E	NAIC#	
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B: United States Fire Insurance Company 211				
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D:				
	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122672 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.

NSR LTR		ADDL SU INSD W		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	✓ COMMERCIAL GENERAL LIABILITY	✓ v	SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR					PREMISES (Ea occurrence)	\$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:						\$\$1,000,000
4 [AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
Ī	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	tible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE N DATE THEREOF, NOTICE WILL BE DELIVERED IN ITH THE POLICY PROVISIONS.
NTATIVE
Gary D. Pitterson
T N IT



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied or st		11(0)			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,		INSURER(S) AFFORDING COVERAG	E	NAIC#	
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B: United States Fire Insurance Company 211				
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D:				
	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122673 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	_	JSIONS AND CONDITIONS OF SUCH	ADDL			POLICY EFF			
LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
								MED EXP (Any one person)	\$\$1,000
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:						Participant Legal Liabi	\$\$1,000,000
Α	AUT	OMOBILE LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	1	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
		DED RETENTION\$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANYF	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Man	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Acc	ident Medical Expense			US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	ctible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Gun Plain Township, Kenyon Park 929 Lincoln Pkwy Plainwell MI 49080	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 Say D. Patterson
	Gary Patterson



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied or st		11(0)			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,		INSURER(S) AFFORDING COVERAG	E	NAIC#	
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B: United States Fire Insurance Company 211				
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D:				
	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122674 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.

NSR LTR		ADDL SU INSD W		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	✓ COMMERCIAL GENERAL LIABILITY	✓ v	SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR					PREMISES (Ea occurrence)	\$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:						\$\$1,000,000
4 [AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
Ī	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	,				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	tible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Hackett Catholic Prep High School 1000 W Kilgore Kalamazoo MI 49008	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
	Gary Patterson



DATE (MM/DD/YYYY)

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).

PRODUCER CONTACT NAME: Heidi Palme	⊃r
	٠١
USI Insurance Services NW 601 Union Street, Suite 1000 PHONE (AC, No, Ext): 206-577-59	PAX (A/C, No):
	er@usi.com
·	FORDING COVERAGE NAIC #
INSURER A: Everest National In	nsurance Company 10120
INSURED INSURER B: United States Fire	Insurance Company 21113
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	
Plymouth MI 48170	
INSURER E:	
INSURER F:	

COVERAGES CERTIFICATE NUMBER: 76122675 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.

NSR LTR			SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
		_					MED EXP (Any one person)	\$\$1,000
		_					PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:						Participant Legal Liabi	\$\$1,000,000
١	AUTOMOBILE LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MAD	E					AGGREGATE	\$\$5,000,000
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)]					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Accident Medical Expense			US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	tible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Harbors West Park 3458 Summersong Path Portage MI 49024	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
	Gary Patterson
	Gary Fatterson



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied of sach chaofsement(s).						
PRODUCER	CONTACT NAME:	Heidi Palmer				
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):			
Seattle, WA 98101	E-MAIL ADDRESS: Heidi.Palmer@usi.com					
,		INSURER(S) AFFORDING COVERAG	E	NAIC#		
	INSURER A: Everest National Insurance Company					
INSURED	INSURER B: United States Fire Insurance Company 211					
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:					
Plymouth MI 48170	INSURER D :					
	INSURER E :					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: 76122676 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.

NSR LTR	TYPE OF INSURANCE	ADDL SU	BR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	1
A	✓ COMMERCIAL GENERAL LIABILITY CLAIMS-MADE ✓ OCCUR	INSD W	SI8GL01851-231	9/1/2023	9/1/2024	DAMAGE TO RENTED	\$\$1,000,000 \$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:						\$\$1,000,000
4	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO						\$
Ī	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduct	ible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Harper Creek High School 12677 Beadle Lake Road Battle Creek MI 49014	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 Gary Patterson



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied of sach chaofsement(s).						
PRODUCER	CONTACT NAME:	Heidi Palmer				
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):			
Seattle, WA 98101	E-MAIL ADDRESS: Heidi.Palmer@usi.com					
,		INSURER(S) AFFORDING COVERAG	E	NAIC#		
	INSURER A: Everest National Insurance Company					
INSURED	INSURER B: United States Fire Insurance Company 211					
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:					
Plymouth MI 48170	INSURER D :					
	INSURER E :					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: 76122677 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.

NSR LTR		ADDL SU INSD W		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	\$
Α	✓ COMMERCIAL GENERAL LIABILITY	√ √	SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR					PREMISES (Ea occurrence)	\$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:						\$\$1,000,000
Α	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY AUTOS					BODILY INJURY (Per accident)	\$
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB OCCUR	1 1	SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE 1	N/A				E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	tible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

	AUTHORIZED REPRESENTATIVE ###################################
Harper Creek Middle School 7290 B Drive N Battle Creek MI 49014	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
CERTIFICATE HOLDER	CANCELLATION



DATE (MM/DD/YYYY)

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).

tins certificate does not confer rights to the certificate notice in fied of such endorsement(s).						
PRODUCER	CONTACT NAME:	Heidi Palmer				
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):			
Seattle, WA 98101	E-MAIL ADDRESS:					
,		INSURER(S) AFFORDING COVERAGE				
	INSURER A: Everest National Insurance Company					
INSURED	INSURER B: United States Fire Insurance Company 21					
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:					
Plymouth MI 48170	INSURER D :					
•	INSURER E :					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: 76122678 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	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	1	COMMERCIAL GENERAL LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
							MED EXP (Any one person)	\$\$1,000
							PERSONAL & ADV INJURY	\$\$1,000,000
	GEN	L'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:					Participant Legal Liabi	\$\$1,000,000
Α	AUT	OMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO					BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS AUTOS					BODILY INJURY (Per accident)	\$
	1	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
								\$
		UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
		DED RETENTION \$						\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
		PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$
	(Man	ndatory in NH)	,,,				E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Acci	ident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess	Ch.L.
							\$500 per Accident Deduc	etible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

	AUTHORIZED REPRESENTATIVE ### D. Patterson Gary Patterson
Hicks Gym 311 East Plainwell St. Plainwell MI 49090	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
CERTIFICATE HOLDER	CANCELLATION



DATE (MM/DD/YYYY)

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).

9		(-)-			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.co	m		
,	INSURER(S) AFFORDING COVERAGE				
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B : Ur	nited States Fire Insurance	Company	21113	
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C :				
Plymouth MI 48170	INSURER D :				
,	INSURER E :				
	INSURER F:	·			
		55146			

COVERAGES CERTIFICATE NUMBER: 76122679 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 SU		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS
Α	/	COMMERCIAL GENERAL LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE \$\$1,000,000
		CLAIMS-MADE ✓ OCCUR					PREMISES (Ea occurrence) \$\$1,000,000
							MED EXP (Any one person) \$\$1,000
							PERSONAL & ADV INJURY \$\$1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$\$5,000,000
		POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG \$\$1,000,000
		OTHER:					Participant Legal Liabi \$\$1,000,000
Α	AUT	OMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
		ANY AUTO					BODILY INJURY (Per person) \$
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident) \$
	/	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$
							\$
		UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE \$\$5,000,000
	✓	EXCESS LIAB CLAIMS-MADE					AGGREGATE \$\$5,000,000
		DED RETENTION \$					\$
		KERS COMPENSATION EMPLOYERS' LIABILITY					PER OTH- STATUTE ER
	ANYF	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT \$
	(Man	idatory in NH)	,				E.L. DISEASE - EA EMPLOYEE \$
	If yes	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$
В	Acci	ident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deductible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER CANCELLA	IION
Highes School THE EXPI	NY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE RATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ICE WITH THE POLICY PROVISIONS.
AUTHORIZED R	PRESENTATIVE
	Gary D. Putterson
Gary Patters	on The state of th



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied or st		11(0)			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,		INSURER(S) AFFORDING COVERAG	E	NAIC#	
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B: United States Fire Insurance Company 21113				
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D:				
	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122680 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.

NSR LTR		ADDL SUBI		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	✓ COMMERCIAL GENERAL LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR					PREMISES (Ea occurrence)	\$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:					Participant Legal Liabi	\$\$1,000,000
4	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
Ī	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	.,,,				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	tible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

E DESCRIBED POLICIES BE CANCELLED BEFORE THEREOF, NOTICE WILL BE DELIVERED IN DLICY PROVISIONS.
Gary D. Patterson

7



DATE (MM/DD/YYYY)

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).

tine continuate december rights to the continuate rights of	don ondercom	10111(0)1			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-577-5985 FAX (A/C, No):				
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.co	om		
,	INSURER(S) AFFORDING COVERAGE				
	INSURER A: Everest National Insurance Company				
INSURED A	INSURER B : Ur	nited States Fire Insurance	e Company	21113	
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D:				
	INSURER E :				
	INSURER F:		·		
OOVED A OFO		DE)//C	NON NUMBER		

COVERAGES CERTIFICATE NUMBER: 76122681 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.

				-	LIMITS SHOWN MAY HAVE BEEN I				
INSR LTR				SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
								MED EXP (Any one person)	\$\$1,000
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:						Participant Legal Liabi	\$\$1,000,000
Α	AUT	OMOBILE LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$
	1	✓ HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
		DED RETENTION \$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANYF	PROPRIETOR/PARTNER/EXECUTIVE TITIE	N/A					E.L. EACH ACCIDENT	\$
	(Man	ndatory in NH)	, ,					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Acc	ident Medical Expense			US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	ctible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Indian Prairie School 3546 Grand Prairie Kalamazoo MI 49008	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
	gary D. Putterson
	Gary Patterson



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied or st		11(0)			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,		INSURER(S) AFFORDING COVERAG	E	NAIC#	
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B: United States Fire Insurance Company 21113				
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D:				
	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122682 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.

NSR LTR		ADDL SU INSD W		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	✓ COMMERCIAL GENERAL LIABILITY	✓ v	SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR					PREMISES (Ea occurrence)	\$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:						\$\$1,000,000
4 [AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
Ī	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	,				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	tible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

	AUTHORIZED REPRESENTATIVE ### D. Pullusion Gary Patterson
Jaycee Park N Fremont Street Coldwater MI 49036	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
CERTIFICATE HOLDER	CANCELLATION



DATE (MM/DD/YYYY)

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).

tins certificate does not comer rights to the certificate notice in fled of s	ucii enuorseine	ιι(ა <i>)</i> .			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,		INSURER(S) AFFORDING COVE	RAGE	NAIC#	
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B: United States Fire Insurance Company 21113				
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D :				
•	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122683 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)	LIMIT	s
Α	1	COMMERCIAL GENERAL LIABILITY	1	1	SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
								MED EXP (Any one person)	\$\$1,000
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEN	L'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:						Participant Legal Liabi	\$\$1,000,000
Α	AUT	OMOBILE LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	1	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
		DED RETENTION \$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Mar	ndatory in NH)	Ι, Α					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Acc	ident Medical Expense			US2065966	9/1/2023	9/1/2024	\$100,000 Excess	
								\$500 per Accident Deduc	ctible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

	Gary Patterson
JDI 1515 N Edwards Street Kalamazoo MI 49007	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
CERTIFICATE HOLDER	CANCELLATION



DATE (MM/DD/YYYY)

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 come rights to the certificate notice in fied of sach endorsement(s).					
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,		INSURER(S) AFFORDING COVERAG	E	NAIC#	
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B: United States Fire Insurance Company 21113				
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D:				
	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122684 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.

NSR LTR	TYPE OF INSURANCE	ADDL SU	BR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	1
A	✓ COMMERCIAL GENERAL LIABILITY CLAIMS-MADE ✓ OCCUR	INSD W	SI8GL01851-231	9/1/2023	9/1/2024	DAMAGE TO RENTED	\$\$1,000,000 \$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:						\$\$1,000,000
4	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO						\$
Ī	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
Ī	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduct	ible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

1	AUTHORIZED REPRESENTATIVE ###################################
Kalamazoo Central High School 2432 N Drake Kalamazoo MI 49008	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
CERTIFICATE HOLDER	CANCELLATION



DATE (MM/DD/YYYY)

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 come rights to the certificate notice in fied of sach endorsement(s).					
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,		INSURER(S) AFFORDING COVERAG	E	NAIC#	
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B: United States Fire Insurance Company 21113				
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D:				
	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122685 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.

NSR LTR	TYPE OF INSURANCE	ADDL SU	BR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	1
A	✓ COMMERCIAL GENERAL LIABILITY CLAIMS-MADE ✓ OCCUR	INSD W	SI8GL01851-231	9/1/2023	9/1/2024	DAMAGE TO RENTED	\$\$1,000,000 \$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:						\$\$1,000,000
4	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO						\$
Ī	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
Ī	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduct	ible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

1	AUTHORIZED REPRESENTATIVE Gary Patterson
Kalamazoo Christian High School 2121 Stadium Drive Kalamazoo MI 49008	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
CERTIFICATE HOLDER	CANCELLATION



DATE (MM/DD/YYYY)

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).

tins certificate does not comer rights to the certificate notice in fled of s	ucii enuorseine	ιι(ა <i>)</i> .			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,		INSURER(S) AFFORDING COVE	RAGE	NAIC#	
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B: United States Fire Insurance Company 21113				
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D :				
•	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122686 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.

NSR LTR		ADDL SUBI		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	✓ COMMERCIAL GENERAL LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR					PREMISES (Ea occurrence)	\$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:					Participant Legal Liabi	\$\$1,000,000
4	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
Ī	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	.,,,				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	tible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

	AUTHORIZED REPRESENTATIVE ### D. Patterson Gary Patterson
Kalamazoo Christian Middle School 3800 S 12th Street Kalamazoo MI 49009	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
CERTIFICATE HOLDER	CANCELLATION



DATE (MM/DD/YYYY)

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).

tins certificate does not comer rights to the certificate notice in fled of s	ucii enuorseine	ιι(ა <i>)</i> .			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,	INSURER(S) AFFORDING COVERAGE				
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B: United States Fire Insurance Company 21113				
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D:				
•	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122687 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.

TYPE OF INSURANCE DIMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR AGGREGATE LIMIT APPLIES PER:	ADDL SUBFINSD WVD		POLICY EFF (MM/DD/YYYY) 9/1/2023	POLICY EXP (MM/DD/YYYY) 9/1/2024	LIMIT EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$1,000,000 \$\$1,000,000
CLAIMS-MADE / OCCUR		SI8GL01851-231	9/1/2023	9/1/2024	DAMAGE TO RENTED	, ,
						\$ \$1,000,000
AGGREGATE LIMIT APPLIES PER:						ΨΨ1,000,000
AGGREGATE LIMIT APPLIES PER:					MED EXP (Any one person)	\$\$1,000
AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY	\$\$1,000,000
					GENERAL AGGREGATE	\$\$5,000,000
OLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
THER:					Participant Legal Liabi	\$\$1,000,000
MOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
NY AUTO					BODILY INJURY (Per person)	\$
WNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
RED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
						\$
MBRELLA LIAB OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
CLAIMS-MADE					AGGREGATE	\$\$5,000,000
ED RETENTION\$						\$
RS COMPENSATION IPLOYERS' LIABILITY					PER OTH- STATUTE ER	
ANYPROPRIETOR/PARTNER/EXECUTIVE T/N					E.L. EACH ACCIDENT	\$
D/MEMBEDEVOLLIDED3					E.L. DISEASE - EA EMPLOYEE	\$
R/MEMBER EXCLUDED?					E.L. DISEASE - POLICY LIMIT	\$
	rin NH)	r in NH)	ribe under	rin NH) ribe under ION OF OPERATIONS below	rin NH) ribe under ION OF OPERATIONS below	E.L. DISEASE - EA EMPLOYEE ribe under

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

	AUTHORIZED REPRESENTATIVE ###################################
Kalamazoo College 1200 Academy St Kalamazoo MI 49006	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
CERTIFICATE HOLDER	CANCELLATION



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied or st		11(0)			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,		INSURER(S) AFFORDING COVERAG	E	NAIC#	
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B: United States Fire Insurance Company 21113				
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D:				
	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122688 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	
Α	1	COMMERCIAL GENERAL LIABILITY	1	1	SI8GL01851-231	9/1/2023	9/1/2024		\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$3	\$1,000,000
								MED EXP (Any one person) \$3	\$1,000
								PERSONAL & ADV INJURY \$	\$1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$	\$5,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG \$	\$1,000,000
		OTHER:						Participant Legal Liabi \$	\$1,000,000
Α	AUT	OMOBILE LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$	\$1,000,000
		ANY AUTO						BODILY INJURY (Per person) \$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident) \$	
	1	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$	
								\$	
		UMBRELLA LIAB ✓ OCCUR	1	1	SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE \$3	\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE						AGGREGATE \$3	\$5,000,000
		DED RETENTION\$						\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A					E.L. EACH ACCIDENT \$	
	(Man	ndatory in NH)	м, д					E.L. DISEASE - EA EMPLOYEE \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	
В					US2065966	9/1/2023	9/1/2024	\$100,000 Excess	
								\$500 per Accident Deductib	ble

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Kalamazoo College Athletic Complex 1600 W Michigan Avenue Kalamazoo MI 49008	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 Hary D. Patterson
	Gary Patterson



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied or st		11(0)			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,		INSURER(S) AFFORDING COVERAG	E	NAIC#	
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B: United States Fire Insurance Company 21113				
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D:				
	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122689 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.

NSR LTR	TYPE OF INSURANCE	ADDL SU	BR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	1
A	✓ COMMERCIAL GENERAL LIABILITY CLAIMS-MADE ✓ OCCUR	INSD W	SI8GL01851-231	9/1/2023	9/1/2024	DAMAGE TO RENTED	\$\$1,000,000 \$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:						\$\$1,000,000
4	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO						\$
Ī	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
Ī	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduct	ible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER CAN	NCELLATION
Kalamazoo Community Soccer Complex THE	HOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE HE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN CCORDANCE WITH THE POLICY PROVISIONS.
АИТНО	HORIZED REPRESENTATIVE HORIZED REPRESENTATIVE HORIZED REPRESENTATIVE
Gary	ry Patterson



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied or st		11(0)			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,		INSURER(S) AFFORDING COVERAG	E	NAIC#	
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B: United States Fire Insurance Company 21113				
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D:				
	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122690 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.

NSR LTR	TYPE OF INSURANCE	ADDL SU	BR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	1
A	✓ COMMERCIAL GENERAL LIABILITY CLAIMS-MADE ✓ OCCUR	INSD W	SI8GL01851-231	9/1/2023	9/1/2024	DAMAGE TO RENTED	\$\$1,000,000 \$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:						\$\$1,000,000
4	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO						\$
Ī	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
Ī	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduct	ible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

	AUTHORIZED REPRESENTATIVE ### D. Patterson Gary Patterson
Kalamazoo First Assembly of God 5550 Oakland Drive Portage MI 49024	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
CERTIFICATE HOLDER	CANCELLATION



DATE (MM/DD/YYYY)

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).

PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,	INSURER(S) AFFORDING COVERAGE				
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B: United States Fire Insurance Company 21113				
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C :				
Plymouth MI 48170	INSURER D :				
	INSURER E :	·	·		
	INSURER F:	·	·		

COVERAGES CERTIFICATE NUMBER: 76122691 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	T TO THE CONDITIONS OF SCOTT	ADDL SU		POLICY EFF	POLICY EXP		
LTR	TYPE OF INSURANCE	INSD W	VD POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	✓ COMMERCIAL GENERAL LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:					Participant Legal Liabi	\$\$1,000,000
Α	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	✓ HIRED AUTOS ONLY ✓ NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION\$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	ctible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract. Kalamazoo Invitational Soccer Showcase (5/27-5/29/22)

	LLATION
Kalamazoo Soccer Complex THE B	D ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN RDANCE WITH THE POLICY PROVISIONS.
AUTHORIZ Gary Pa	ED REPRESENTATIVE HOW D. PILLUSSON tterson



DATE (MM/DD/YYYY)

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 come rights to the certificate notice in nea of such endorsement(s).						
PRODUCER	CONTACT NAME:	Heidi Palmer				
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):			
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com				
,		INSURER(S) AFFORDING COVERAG	E	NAIC#		
	INSURER A: Everest National Insurance Company					
INSURED	INSURER B: United States Fire Insurance Company 21113					
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:					
Plymouth MI 48170	INSURER D :					
	INSURER E :					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: 76122692 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		ADDL SUBR		POLICY EFF	POLICY EXP		
LTR	TYPE OF INSURANCE	INSD WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	✓ COMMERCIAL GENERAL LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:					Participant Legal Liabi	\$\$1,000,000
Α	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	AND EMPLOYER'S LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	ctible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Kalamazoo Valley Community College 6767 West O Ave. Kalamazoo MI 49008	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 Hary D. Putterson
1	Gary Patterson



DATE (MM/DD/YYYY)

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 come rights to the certificate notice in nea of such endorsement(s).						
PRODUCER	CONTACT NAME:	Heidi Palmer				
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):			
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com				
,		INSURER(S) AFFORDING COVERAG	E	NAIC#		
	INSURER A: Everest National Insurance Company					
INSURED	INSURER B: United States Fire Insurance Company 21113					
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:					
Plymouth MI 48170	INSURER D :					
	INSURER E :					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: 76122693 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.

NSR LTR	TYPE OF INSURANCE	ADDL SU	BR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	1
A	✓ COMMERCIAL GENERAL LIABILITY CLAIMS-MADE ✓ OCCUR	INSD W	SI8GL01851-231	9/1/2023	9/1/2024	DAMAGE TO RENTED	\$\$1,000,000 \$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:						\$\$1,000,000
4	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO						\$
Ī	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
Ī	HIRED AUTOS ONLY AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduct	ible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Kellogg Community College 450 North Ave. Battle Creek MI 49017	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
	Gary D. Patterson
	Gary Patterson



DATE (MM/DD/YYYY)

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 come rights to the certificate notice in nea of such endorsement(s).						
PRODUCER	CONTACT NAME:	Heidi Palmer				
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):			
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com				
,		INSURER(S) AFFORDING COVERAG	E	NAIC#		
	INSURER A: Everest National Insurance Company					
INSURED	INSURER B: United States Fire Insurance Company 21113					
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:					
Plymouth MI 48170	INSURER D :					
	INSURER E :					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: 76122694 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.

NSR LTR	TYPE OF INSURANCE	ADDL S	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
A	✓ COMMERCIAL GENERAL LIABILITY CLAIMS-MADE ✓ OCCUR	√	<u>₩VD</u>	SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000 \$\$1,000,000
							MED EXP (Any one person)	\$\$1,000
							PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:						Participant Legal Liabi	\$\$1,000,000
A	AUTOMOBILE LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
Ī	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A					E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	11,7					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Accident Medical Expense			US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	tible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract. 2021 Kingdom Cup (9/24-9/26/21)

CERTIFICATE HOLDER	CANCELLATION
Kingdom Indoor Center 8151 Merchant Place Portage MI 49002	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 Sary Patterson



DATE (MM/DD/YYYY)

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).

PRODUCER CONTACT NAME: Heidi Palme	⊃r
	٠١
USI Insurance Services NW 601 Union Street, Suite 1000 PHONE (AC, No, Ext): 206-577-59	PAX (A/C, No):
	er@usi.com
·	FORDING COVERAGE NAIC #
INSURER A: Everest National In	nsurance Company 10120
INSURED INSURER B: United States Fire	Insurance Company 21113
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	
Plymouth MI 48170	
INSURER E:	
INSURER F:	

COVERAGES CERTIFICATE NUMBER: 76122695 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	_	JSIONS AND CONDITIONS OF SUCH		SUBR		POLICY EFF	POLICY EXP		
LTR		TYPE OF INSURANCE		WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s
Α	1	COMMERCIAL GENERAL LIABILITY	/	1	SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
								MED EXP (Any one person)	\$\$1,000
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:						Participant Legal Liabi	\$\$1,000,000
Α	AUT	OMOBILE LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	1	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
		DED RETENTION\$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANYF	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Man	ndatory in NH)	,					E.L. DISEASE - EA EMPLOYEE	\$
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Acc	ident Medical Expense			US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	ctible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract. 2021 Kingdom Cup (9/24-9/26/21)

CERTIFICATE HOLDER	CANCELLATION
Kingdom Indoor Center 8151 Merchant Place Portage MI 49002	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
1	Gary Patterson



DATE (MM/DD/YYYY)

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).

PRODUCER CONTACT NAME: Heidi Palme	⊃r
	٠١
USI Insurance Services NW 601 Union Street, Suite 1000 PHONE (AC, No, Ext): 206-577-59	PAX (A/C, No):
	er@usi.com
·	FORDING COVERAGE NAIC #
INSURER A: Everest National In	nsurance Company 10120
INSURED INSURER B: United States Fire	Insurance Company 21113
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	
Plymouth MI 48170	
INSURER E:	
INSURER F:	

COVERAGES CERTIFICATE NUMBER: 76122696 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	_	JSIONS AND CONDITIONS OF SUCH		SUBR		POLICY EFF	POLICY EXP		
LTR		TYPE OF INSURANCE		WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s
Α	1	COMMERCIAL GENERAL LIABILITY	/	1	SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
								MED EXP (Any one person)	\$\$1,000
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:						Participant Legal Liabi	\$\$1,000,000
Α	AUT	OMOBILE LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	1	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
		DED RETENTION\$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANYF	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Man	ndatory in NH)	,					E.L. DISEASE - EA EMPLOYEE	\$
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Acc	ident Medical Expense			US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	ctible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract. 2021 Kingdom Cup (9/24-9/26/21)

CERTIFICATE HOLDER	CANCELLATION
Kingdom Indoor Center 8151 Merchant Place Portage MI 49002	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 ###################################
	Cary i alterson



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied of such chaorsement(s).						
PRODUCER	CONTACT NAME:	Heidi Palmer				
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-577-5985 FAX (A/C, No):					
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com				
,	INSURER(S) AFFORDING COVERAGE					
	INSURER A: Everest National Insurance Company					
INSURED	INSURER B: United States Fire Insurance Company					
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:					
Plymouth MI 48170	INSURER D :					
	INSURER E :					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: 76122697 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.

NSR LTR		ADDL SUBI		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	✓ COMMERCIAL GENERAL LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR					PREMISES (Ea occurrence)	\$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:					Participant Legal Liabi	\$\$1,000,000
4	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
Ī	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY	HIRED NON-OWNED				PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	.,,,				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	tible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

ELLATION
ULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ORDANCE WITH THE POLICY PROVISIONS.
RIZED REPRESENTATIVE
Gary D. Pitterson
Patterson
֡֡֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied of such chaorsement(s).						
PRODUCER	CONTACT NAME:	Heidi Palmer				
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-577-5985 FAX (A/C, No):					
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com				
,	INSURER(S) AFFORDING COVERAGE					
	INSURER A: Everest National Insurance Company					
INSURED	INSURER B: United States Fire Insurance Company					
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:					
Plymouth MI 48170	INSURER D :					
	INSURER E :					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: 76122698 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	_	JSIONS AND CONDITIONS OF SUCH		SUBR		POLICY EFF	POLICY EXP		
LTR		TYPE OF INSURANCE		WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s
Α	1	COMMERCIAL GENERAL LIABILITY	/	1	SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
								MED EXP (Any one person)	\$\$1,000
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:						Participant Legal Liabi	\$\$1,000,000
Α	AUT	OMOBILE LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	1	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
		DED RETENTION\$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANYF	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Man	ndatory in NH)	,					E.L. DISEASE - EA EMPLOYEE	\$
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Acc	ident Medical Expense			US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	ctible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract. Crusader Cup April 22-24, 2022

CERTIFICATE HOLDER	CANCELLATION
Kingdom Sports 8151 Merchant Place Portage MI 49002	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 Lawy D. Patterson
	Gary Patterson



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied or st		11(0)			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-577-5985 FAX (A/C, No):				
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,		INSURER(S) AFFORDING COVERAG	E	NAIC#	
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B : Unite	ed States Fire Insurance Comp	any	21113	
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D :				
	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122699 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		SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	1	COMMERCIAL GENERAL LIABILITY	1	1	SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
								MED EXP (Any one person)	\$\$1,000
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:						Participant Legal Liabi	\$\$1,000,000
Α	AUT	OMOBILE LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY							\$
	1	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB ✓ OCCUR	1	1	SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
		DED RETENTION \$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANYI	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Man	ndatory in NH)	,,					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Acc	ident Medical Expense			US2065966	9/1/2023	9/1/2024	\$100,000 Excess	4:1-1-
								\$500 per Accident Deduc	CIDIE

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Kohn Fieldhouse Lakeshore Public School 6059 Cleveland Avenue Stevensville MI 49127	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 #### D. Patterson Gary Patterson



DATE (MM/DD/YYYY)

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).

tins certificate does not comer rights to the certificate notice in fled of s	ucii enuorseine	ιι(ა <i>)</i> .			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,		INSURER(S) AFFORDING COVE	RAGE	NAIC#	
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B: United States Fire Insurance Company 21113				
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D :				
•	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122700 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.

NSR LTR	TYPE OF INSURANCE	ADDL SU	BR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	1
A	✓ COMMERCIAL GENERAL LIABILITY CLAIMS-MADE ✓ OCCUR	INSD W	SI8GL01851-231	9/1/2023	9/1/2024	DAMAGE TO RENTED	\$\$1,000,000 \$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:						\$\$1,000,000
4	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO						\$
Ī	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
Ī	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduct	ible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

	AUTHORIZED REPRESENTATIVE ###################################
Kohn/Lehmann Soccer Complex 6025 Cleveland Ave Stevensville MI 49127	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
CERTIFICATE HOLDER	CANCELLATION



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied or st		11(0)			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-577-5985 FAX (A/C, No):				
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,		INSURER(S) AFFORDING COVERAG	E	NAIC#	
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B : Unite	ed States Fire Insurance Comp	any	21113	
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D :				
	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122701 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	_	JSIONS AND CONDITIONS OF SUCH	ADDL			POLICY EFF			
LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
								MED EXP (Any one person)	\$\$1,000
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:						Participant Legal Liabi	\$\$1,000,000
Α	AUT	OMOBILE LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	1	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
		DED RETENTION\$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANYF	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Man	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Acc	ident Medical Expense			US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	ctible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Lake Center Elementary 10011 Portage Road Portage MI 49002	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
	Gary D. Patterson
	Gary Patterson
10011 Portage Road	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY)

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).

tins certificate does not comer rights to the certificate notice in fled of s	ucii enuorseine	ιι(ა <i>)</i> .			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,		INSURER(S) AFFORDING COVE	RAGE	NAIC#	
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B: United States Fire Insurance Company 21113				
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D :				
•	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122702 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.

NSR LTR	TYPE OF INSURANCE	ADDL SU	BR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	1
A	✓ COMMERCIAL GENERAL LIABILITY CLAIMS-MADE ✓ OCCUR	INSD W	SI8GL01851-231	9/1/2023	9/1/2024	DAMAGE TO RENTED	\$\$1,000,000 \$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:						\$\$1,000,000
4	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO						\$
Ī	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
Ī	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduct	ible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Lake Michigan Catholic High School 15 Pleasant St. Saint Jospeh MI 49085	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 HOSPIT DE L'AUTHORIZED REPRESENTATIVE L'AUTHORIZED REPRESENTATIVE
1	Gary Patterson



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied or st		11(0)			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	FAX (A/C, No):			
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,		INSURER(S) AFFORDING COVERAG	E	NAIC#	
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B : Unite	ed States Fire Insurance Comp	any	21113	
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D :				
	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122703 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	_	JSIONS AND CONDITIONS OF SUCH	ADDL			POLICY EFF			
LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
								MED EXP (Any one person)	\$\$1,000
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:						Participant Legal Liabi	\$\$1,000,000
Α	AUT	OMOBILE LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	1	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
		DED RETENTION\$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANYF	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Man	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Acc	ident Medical Expense			US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	ctible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

	AUTHORIZED REPRESENTATIVE ###################################
Lakeshore High School and Stadium 5771 Cleveland Avenue Stevensville MI 49127	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
CERTIFICATE HOLDER	CANCELLATION



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied or st		11(0)			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	FAX (A/C, No):			
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,		INSURER(S) AFFORDING COVERAG	E	NAIC#	
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B : Unite	ed States Fire Insurance Comp	any	21113	
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D :				
	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122704 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.

NSR LTR	TYPE OF INSURANCE	ADDL SU	BR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	1
A	✓ COMMERCIAL GENERAL LIABILITY CLAIMS-MADE ✓ OCCUR	INSD W	SI8GL01851-231	9/1/2023	9/1/2024	DAMAGE TO RENTED	\$\$1,000,000 \$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:						\$\$1,000,000
4	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO						\$
Ī	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
Ī	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduct	ible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

	AUTHORIZED REPRESENTATIVE ###################################
Lakeshore Hollywood School 143 East John Beers Road Stevensville MI 49127	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
CERTIFICATE HOLDER	CANCELLATION



DATE (MM/DD/YYYY)

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).

9		(-)-			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.co	m		
,		INSURER(S) AFFORDING CO	VERAGE	NAIC #	
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B : Ur	nited States Fire Insurance	Company	21113	
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C :				
Plymouth MI 48170	INSURER D :				
,	INSURER E :				
	INSURER F:	·			
		55146			

COVERAGES CERTIFICATE NUMBER: 76122705 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 SU	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	/	COMMERCIAL GENERAL LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE \$\$1,000,0	000
		CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$\$1,000,0	000
							MED EXP (Any one person) \$\$1,000	
							PERSONAL & ADV INJURY \$1,000,0	000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$\$5,000,0	000
		POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG \$\$1,000,0	000
		OTHER:					Participant Legal Liabi \$1,000,0	000
Α	AUT	OMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$1,000,0	000
		ANY AUTO					BODILY INJURY (Per person) \$	
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident) \$	
	1	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$	
							\$	
		UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE \$\$5,000,0	000
	✓	EXCESS LIAB CLAIMS-MADE					AGGREGATE \$\$5,000,0	000
		DED RETENTION \$					\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYF	PROPRIETOR/PARTNER/EXECUTIVE T N	N/A				E.L. EACH ACCIDENT \$	
	(Man	CER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE \$	
	If yes	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$	
В	Acc	ident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deductible	
ı			1			1		

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Lakeshore Middle School 1459 W. John Beers Road Stevensville MI 49127	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1	Gary Patterson



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied or st		11(0)			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	FAX (A/C, No):			
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,		INSURER(S) AFFORDING COVERAG	E	NAIC#	
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B : Unite	ed States Fire Insurance Comp	any	21113	
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D :				
	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122706 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		ADDL SUBR		POLICY EFF	POLICY EXP		
LTR	TYPE OF INSURANCE	INSD WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	✓ COMMERCIAL GENERAL LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:					Participant Legal Liabi	\$\$1,000,000
Α	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION\$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	AND EMPLOYER'S LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	ctible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Lakeshore Roosevelt School 2000 El Dorado Drive Stevensville MI 49127	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 AND DELL'AND
	Gary Patterson



DATE (MM/DD/YYYY)

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).

tins certificate does not comer rights to the certificate notice in fled of s	ucii enuorseine	ιι(ა <i>)</i> .			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,		INSURER(S) AFFORDING COVE	RAGE	NAIC#	
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B : Unit	ed States Fire Insurance C	ompany	21113	
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D :				
•	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122707 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.

NSR LTR		ADDL SUBI		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	✓ COMMERCIAL GENERAL LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR					PREMISES (Ea occurrence)	\$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:					Participant Legal Liabi	\$\$1,000,000
4	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
Ī	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	.,,,				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	tible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Lakeshore Youth Soccer Complex 6343 Cleveland Ave Stevensville MI 49127	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 How D. Putterson
	Gary Patterson



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied or st		11(0)			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,		INSURER(S) AFFORDING COVERAG	E	NAIC#	
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B: United States Fire Insurance Company 21113				
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D :				
	INSURER E:				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122708 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		DSIONS AND CONDITIONS OF SUCH		SUBR		POLICY EFF	POLICY EXP		
LTR		TYPE OF INSURANCE		WVD	POLICY NUMBER	(MM/DD/YYYY)		LIMIT	'S
Α	<	COMMERCIAL GENERAL LIABILITY	1	1	SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
								MED EXP (Any one person)	\$\$1,000
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:						Participant Legal Liabi	\$\$1,000,000
Α	AUT	TOMOBILE LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$
	/	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB ✓ OCCUR	1	1	SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
		DED RETENTION \$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANYI	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Man	ndatory in NH)	,,					E.L. DISEASE - EA EMPLOYEE	\$
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Acc	ident Medical Expense			US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	ctible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Lakeview High School 15060 Helmer Road Battle Creek MI 49015	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
	Gary Patterson



DATE (MM/DD/YYYY)

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).

PRODUCER CONTACT NAME: Heidi Palme	⊃r
	٠١
USI Insurance Services NW 601 Union Street, Suite 1000 PHONE (AC, No, Ext): 206-577-59	PAX (A/C, No):
	er@usi.com
·	FORDING COVERAGE NAIC #
INSURER A: Everest National In	nsurance Company 10120
INSURED INSURER B: United States Fire	Insurance Company 21113
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	
Plymouth MI 48170	
INSURER E:	
INSURER F:	

COVERAGES CERTIFICATE NUMBER: 76122709 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.

NSR LTR		ADDL SUBI		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	✓ COMMERCIAL GENERAL LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR					PREMISES (Ea occurrence)	\$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:					Participant Legal Liabi	\$\$1,000,000
4	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
Ī	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	.,,,				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	tible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Lakeview Middle School 300 S 28th Street Battle Creek MI 49015	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
	Gary D. Patterson
	Gary Patterson
Battle Creek MI 49015	Gary D. Patterson



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied or st		11(0)			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,		INSURER(S) AFFORDING COVERAG	E	NAIC#	
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B: United States Fire Insurance Company 21113				
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D :				
	INSURER E:				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122710 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.

NSR LTR	TYPE OF INSURANCE	ADDL SU	BR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	1
A	✓ COMMERCIAL GENERAL LIABILITY CLAIMS-MADE ✓ OCCUR	INSD W	SI8GL01851-231	9/1/2023	9/1/2024	DAMAGE TO RENTED	\$\$1,000,000 \$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:						\$\$1,000,000
4	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO						\$
Ī	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
Ī	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduct	ible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Lets Play Sports/Soccer-Zone 6255 Technology Drive Kalamazoo MI 49009	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
1	Gary Patterson



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied or st		11(0)				
PRODUCER	CONTACT NAME:	Heidi Palmer				
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):			
Seattle, WA 98101	E-MAIL ADDRESS: Heidi.Palmer@usi.com					
,	INSURER(S) AFFORDING COVERAGE					
	INSURER A: Everest National Insurance Company					
INSURED	INSURER B: United States Fire Insurance Company 21113					
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:					
Plymouth MI 48170	INSURER D:					
	INSURER E :					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: 76122711 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			ADDL INSD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	1	COMMERCIAL GENERAL LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
							MED EXP (Any one person)	\$\$1,000
							PERSONAL & ADV INJURY	\$\$1,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:					Participant Legal Liabi	\$\$1,000,000
Α	AUT	TOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO					BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	/	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
								\$
		UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
		DED RETENTION \$						\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N		N/A				E.L. EACH ACCIDENT	\$
	(Mar	ndatory in NH)	11,7				E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Acc	ident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess	.0.1.
							\$500 per Accident Deduc	CTIDIE

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

	AUTHORIZED REPRESENTATIVE ###################################
Lets Play Sports/Soccer-Zone (Sprinkle Road) 7187 S. Sprinkle Road Portage MI 49002	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
CERTIFICATE HOLDER	CANCELLATION



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied or st		11(0)				
PRODUCER	CONTACT NAME:	Heidi Palmer				
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):			
Seattle, WA 98101	E-MAIL ADDRESS: Heidi.Palmer@usi.com					
,	INSURER(S) AFFORDING COVERAGE					
	INSURER A: Everest National Insurance Company					
INSURED	INSURER B: United States Fire Insurance Company 21113					
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:					
Plymouth MI 48170	INSURER D:					
	INSURER E :					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: 76122712 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		ADDL SUBR		POLICY EFF	POLICY EXP		
LTR	TYPE OF INSURANCE	INSD WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	✓ COMMERCIAL GENERAL LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:					Participant Legal Liabi	\$\$1,000,000
Α	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION\$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	AND EMPLOYER'S LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	ctible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

NCELLATION
HOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE HE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN CCORDANCE WITH THE POLICY PROVISIONS.
HORIZED REPRESENTATIVE
Gary D. Patterson
y Patterson
1111



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied or st		11(0)				
PRODUCER	CONTACT NAME:	Heidi Palmer				
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):			
Seattle, WA 98101	E-MAIL ADDRESS: Heidi.Palmer@usi.com					
,	INSURER(S) AFFORDING COVERAGE					
	INSURER A: Everest National Insurance Company					
INSURED	INSURER B: United States Fire Insurance Company 21113					
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:					
Plymouth MI 48170	INSURER D:					
	INSURER E :					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: 76122713 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.

COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COCCUR N'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- OTHER: COMMERCIAL GENERAL LIABILITY	INSD ✓	SUBR WVD ✓	POLICY NUMBER SI8GL01851-231	POLICY EFF (MM/DD/YYYY) 9/1/2023	POLICY EXP (MM/DD/YYYY) 9/1/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000 \$\$1,000,000
CLAIMS-MADE OCCUR VL AGGREGATE LIMIT APPLIES PER: POLICY PRO- DICT LOC OTHER:	✓	1	SI8GL01851-231	9/1/2023	9/1/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
NL AGGREGATE LIMIT APPLIES PER: POLICY PRODUCT LOC OTHER:						PREMISES (Ea occurrence)	, , , , , , , , , , , , , , , , , , , ,
POLICY PROJECT LOC OTHER:						MED EVD (4	1
POLICY PROJECT LOC OTHER:					I	MED EXP (Any one person)	\$\$1,000
POLICY PROJECT LOC OTHER:						PERSONAL & ADV INJURY	\$\$1,000,000
OTHER:						GENERAL AGGREGATE	\$\$5,000,000
						PRODUCTS - COMP/OP AGG	\$\$1,000,000
TOMORII E I IARII ITY						Participant Legal Liabi	\$\$1,000,000
			SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
ANY AUTO						BODILY INJURY (Per person)	\$
OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
							\$
UMBRELLA LIAB ✓ OCCUR			SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
EXCESS LIAB CLAIMS-MADI						AGGREGATE	\$\$5,000,000
DED RETENTION \$							\$
RKERS COMPENSATION						PER OTH- STATUTE ER	
DEMPLOTERS LIABILITY	N/A					E.L. EACH ACCIDENT	\$
PROPRIETOR/PARTNER/EXECUTIVE	, A					E.L. DISEASE - EA EMPLOYEE	\$
PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?						E.L. DISEASE - POLICY LIMIT	\$
PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?			US2065966	9/1/2023	9/1/2024	\$100,000 Excess	
	ROPRIETOR/PARTNER/EXECUTIVE ER/MEMBER EXCLUDED?	ROPRIETOR/PARTNER/EXECUTIVE ER/MEMBER EXCLUDED? atory in NH) describe under RIPTION OF OPERATIONS below	ROPRIETOR/PARTNER/EXECUTIVE FY/N RATION N/A atory in NH) describe under	ROPRIETOR/PARTNER/EXECUTIVE FRAME N/A atory in NH) describe under RIPTION OF OPERATIONS below	ROPRIETOR/PARTNER/EXECUTIVE ER/MEMBER EXCLUDED? adorty in NH) describe under RIPTION OF OPERATIONS below	ROPRIETOR/PARTNER/EXECUTIVE TYN N/A atory in NH) atory in NH) A describe under RIPTION OF OPERATIONS below	OPRIETOR/PARTINER/EXECUTIVE ER.MEMBER EXCLUDED? EL. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE ER.MINTON OF OPERATIONS below E.L. DISEASE - POLICY LIMIT

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE	CANCELLATION)N
Lounsbury Barn & Field 51602 CR 653 Paw Paw MI 49079 THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	THE EXPIRATIO	ION DATE THEREOF, NOTICE WILL BE DELIVERED IN
AUTHORIZED REPRESENTATIVE	AUTHORIZED REPRES	
Gary D. Patterson		Gary D. Patterson
Gary Patterson	Gary Patterson	



DATE (MM/DD/YYYY)

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).

tins certificate does not comer rights to the certificate notice in fled of s	ucii enuorseine	ιι(ა <i>)</i> .				
PRODUCER	CONTACT NAME:	Heidi Palmer				
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):			
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com				
,	INSURER(S) AFFORDING COVERAGE					
	INSURER A: Everest National Insurance Company					
INSURED	INSURER B: United States Fire Insurance Company 21113					
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:					
Plymouth MI 48170	INSURER D :					
•	INSURER E:					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: 76122714 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.

NSR LTR		ADDL SUBI		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	✓ COMMERCIAL GENERAL LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR					PREMISES (Ea occurrence)	\$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:					Participant Legal Liabi	\$\$1,000,000
4	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
Ī	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	.,,,				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	tible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Loy Norrix High School 606 Kilgore Road Kalamazoo MI 49001	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
	Gary D. Pitterson
	Gary Patterson



DATE (MM/DD/YYYY)

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).

PRODUCER CONTACT NAME: Heidi Palme	⊃r
	٠١
USI Insurance Services NW 601 Union Street, Suite 1000 PHONE (AC, No, Ext): 206-577-59	PAX (A/C, No):
	er@usi.com
·	FORDING COVERAGE NAIC #
INSURER A: Everest National In	nsurance Company 10120
INSURED INSURER B: United States Fire	Insurance Company 21113
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	
Plymouth MI 48170	
INSURER E:	
INSURER F:	

COVERAGES CERTIFICATE NUMBER: 76122715 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.

TYPE OF INSURANCE DIMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR AGGREGATE LIMIT APPLIES PER:	ADDL SUBFINSD WVD		POLICY EFF (MM/DD/YYYY) 9/1/2023	POLICY EXP (MM/DD/YYYY) 9/1/2024	LIMIT EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$1,000,000 \$\$1,000,000
CLAIMS-MADE / OCCUR		SI8GL01851-231	9/1/2023	9/1/2024	DAMAGE TO RENTED	, ,
						\$ \$1,000,000
AGGREGATE LIMIT APPLIES PER:						ΨΨ1,000,000
AGGREGATE LIMIT APPLIES PER:					MED EXP (Any one person)	\$\$1,000
AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY	\$\$1,000,000
					GENERAL AGGREGATE	\$\$5,000,000
OLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
THER:					Participant Legal Liabi	\$\$1,000,000
MOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
NY AUTO					BODILY INJURY (Per person)	\$
WNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
RED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
						\$
MBRELLA LIAB OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
CLAIMS-MADE					AGGREGATE	\$\$5,000,000
ED RETENTION\$						\$
RS COMPENSATION IPLOYERS' LIABILITY					PER OTH- STATUTE ER	
OPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$
D/MEMBEDEVOLLIDED3					E.L. DISEASE - EA EMPLOYEE	\$
R/MEMBER EXCLUDED?					E.L. DISEASE - POLICY LIMIT	\$
	rin NH)	rin NH) ribe under	ribe under	rin NH) ribe under ION OF OPERATIONS below	rin NH) ribe under ION OF OPERATIONS below	E.L. DISEASE - EA EMPLOYEE ribe under

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Maiden Lane Complex 2214 S State St St Joseph MI 49085	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 Hary D. Patterson
	Gary Patterson



DATE (MM/DD/YYYY)

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).

9		(-)-		
PRODUCER	CONTACT NAME:	Heidi Palmer		
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	PHONE (A/C, No, Ext): 206-577-5985 FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.co	m	
,		INSURER(S) AFFORDING CO	VERAGE	NAIC #
	INSURER A: Everest National Insurance Company			
INSURED	INSURER B: United States Fire Insurance Company			
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C :			
Plymouth MI 48170	INSURER D :			
,	INSURER E :			
	INSURER F:	·		
		55146		

COVERAGES CERTIFICATE NUMBER: 76122716 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	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	'S
Α	1	COMMERCIAL GENERAL LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE 🗸 OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
							MED EXP (Any one person)	\$\$1,000
							PERSONAL & ADV INJURY	\$\$1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:					Participant Legal Liabi	\$\$1,000,000
Α	AUT	TOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO					BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	1	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
								\$
		UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
		DED RETENTION \$						\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N		N/A				E.L. EACH ACCIDENT	\$
	(Mar	ICER/MEMBER EXCLUDED?	14,74				E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Acc	ident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	ctible
I								

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

1	AUTHORIZED REPRESENTATIVE ###################################
Maple Street Middle School 922 W Maple Kalamazoo MI 49008	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
CERTIFICATE HOLDER	CANCELLATION



DATE (MM/DD/YYYY)

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 confer rights to the certificate notice in fied of such endorsement(s).							
PRODUCER	CONTACT NAME:	Heidi Palmer					
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):				
Seattle, WA 98101	E-MAIL ADDRESS: Heidi.Palmer@usi.com						
,		E	NAIC#				
	INSURER A: Everest National Insurance Company						
INSURED	INSURER B: United States Fire Insurance Company 21113						
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:						
Plymouth MI 48170	INSURER D:						
	INSURER E :						
	INSURER F:						

COVERAGES CERTIFICATE NUMBER: 76122717 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.

NSR LTR	TYPE OF INSURANCE	ADDL SU	BR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	1
A	✓ COMMERCIAL GENERAL LIABILITY CLAIMS-MADE ✓ OCCUR	INSD W	SI8GL01851-231	9/1/2023	9/1/2024	DAMAGE TO RENTED	\$\$1,000,000 \$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:						\$\$1,000,000
4	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO						\$
Ī	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
Ī	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduct	ible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Marshall High School 701 N Marshall Ave Marshall MI 49068	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 Have D. Patterson
1	Gary Patterson



DATE (MM/DD/YYYY)

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 confer rights to the certificate notice in fied of such endorsement(s).							
PRODUCER	CONTACT NAME:	Heidi Palmer					
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):				
Seattle, WA 98101	E-MAIL ADDRESS: Heidi.Palmer@usi.com						
,		E	NAIC#				
	INSURER A: Everest National Insurance Company						
INSURED	INSURER B: United States Fire Insurance Company 21113						
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:						
Plymouth MI 48170	INSURER D:						
	INSURER E :						
	INSURER F:						

COVERAGES CERTIFICATE NUMBER: 76122718 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 ADDLISUBR POLICY ESP POLICY EXP								
LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
								MED EXP (Any one person)	\$\$1,000
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:						Participant Legal Liabi	\$\$1,000,000
Α	AUT	OMOBILE LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	1	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
		DED RETENTION\$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANYF	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Man	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Acc	ident Medical Expense			US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	ctible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Marshall Middle School 100 East Green St Marshall MI 49068	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
	Gary D. Putterson
	Gary Patterson
	Gary D. Patterson



DATE (MM/DD/YYYY)

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).

PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,	INSURER(S) AFFORDING COVERAGE				
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B : U	Inited States Fire Insurance Co	ompany	21113	
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C :				
Plymouth MI 48170	INSURER D :				
	INSURER E :	·	·		
	INSURER F:	·	·		

COVERAGES CERTIFICATE NUMBER: 76122719 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.

NSR LTR		TYPE OF INSURANCE	ADDL INSD		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	1	COMMERCIAL GENERAL LIABILITY	1	1	SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
								MED EXP (Any one person)	\$\$1,000
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'	L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:						Participant Legal Liabi	\$\$1,000,000
4	AUT	OMOBILE LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB ✓ OCCUR	1	/	SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
		DED RETENTION\$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANYP	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Mand	datory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes, DESC	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Acci	dent Medical Expense			US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	ctible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE DATE THEREOF, NOTICE WILL BE DELIVERED IN THE POLICY PROVISIONS.
TIVE
Gary D. Putterson

ΓI



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied or st		11(0)			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,		E	NAIC#		
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B : Unite	ed States Fire Insurance Comp	any	21113	
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D :				
	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122720 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.

NSR LTR	TYPE OF INSURANCE	ADDL SU	BR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	1
A	✓ COMMERCIAL GENERAL LIABILITY CLAIMS-MADE ✓ OCCUR	INSD W	SI8GL01851-231	9/1/2023	9/1/2024	DAMAGE TO RENTED	\$\$1,000,000 \$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:						\$\$1,000,000
4	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO						\$
Ī	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
Ī	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduct	ible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

OLICIES BE CANCELLED BEFORE FICE WILL BE DELIVERED IN NS.
Putterson



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied or st		11(0)			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,		E	NAIC#		
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B : Unite	ed States Fire Insurance Comp	any	21113	
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D :				
	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122721 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.

NSR LTR		ADDL SUBI		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	✓ COMMERCIAL GENERAL LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR					PREMISES (Ea occurrence)	\$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:					Participant Legal Liabi	\$\$1,000,000
4	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
Ī	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	.,,,				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	tible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER CA	ANCELLATION
Marshall Soccer Complex	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
AUT	THORIZED REPRESENTATIVE
	Gary D. Patterson
Ga	ary Patterson



DATE (MM/DD/YYYY)

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).

tins certificate does not comer rights to the certificate notice in fled of s	ucii enuorseine	ιι(ა <i>)</i> .			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,		INSURER(S) AFFORDING COVE	RAGE	NAIC#	
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B : Unit	ed States Fire Insurance C	ompany	21113	
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D :				
•	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122722 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.

COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COCCUR N'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- OTHER: COMMERCIAL GENERAL LIABILITY	INSD ✓	SUBR WVD ✓	POLICY NUMBER SI8GL01851-231	POLICY EFF (MM/DD/YYYY) 9/1/2023	POLICY EXP (MM/DD/YYYY) 9/1/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000 \$\$1,000,000
CLAIMS-MADE OCCUR VL AGGREGATE LIMIT APPLIES PER: POLICY PRO- DICT LOC OTHER:	✓	1	SI8GL01851-231	9/1/2023	9/1/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
NL AGGREGATE LIMIT APPLIES PER: POLICY PRODUCT LOC OTHER:						PREMISES (Ea occurrence)	, , , , , , , , , , , , , , , , , , , ,
POLICY PROJECT LOC OTHER:						MED EVD (4	1
POLICY PROJECT LOC OTHER:					I	MED EXP (Any one person)	\$\$1,000
POLICY PROJECT LOC OTHER:						PERSONAL & ADV INJURY	\$\$1,000,000
OTHER:						GENERAL AGGREGATE	\$\$5,000,000
						PRODUCTS - COMP/OP AGG	\$\$1,000,000
TOMORII E I IARII ITY						Participant Legal Liabi	\$\$1,000,000
			SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
ANY AUTO						BODILY INJURY (Per person)	\$
OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
							\$
UMBRELLA LIAB ✓ OCCUR			SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
EXCESS LIAB CLAIMS-MADI						AGGREGATE	\$\$5,000,000
DED RETENTION \$							\$
RKERS COMPENSATION						PER OTH- STATUTE ER	
DEMPLOTERS LIABILITY	N/A					E.L. EACH ACCIDENT	\$
PROPRIETOR/PARTNER/EXECUTIVE	, A					E.L. DISEASE - EA EMPLOYEE	\$
PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?						E.L. DISEASE - POLICY LIMIT	\$
PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?			US2065966	9/1/2023	9/1/2024	\$100,000 Excess	
	ROPRIETOR/PARTNER/EXECUTIVE ER/MEMBER EXCLUDED?	ROPRIETOR/PARTNER/EXECUTIVE ER/MEMBER EXCLUDED? atory in NH) describe under RIPTION OF OPERATIONS below	ROPRIETOR/PARTNER/EXECUTIVE FY/N RATION N/A atory in NH) describe under	ROPRIETOR/PARTNER/EXECUTIVE FRAME N/A atory in NH) describe under RIPTION OF OPERATIONS below	ROPRIETOR/PARTNER/EXECUTIVE ER/MEMBER EXCLUDED? adorty in NH) describe under RIPTION OF OPERATIONS below	ROPRIETOR/PARTNER/EXECUTIVE N/A atory in NH) describe under RIPTION OF OPERATIONS below	OPRIETOR/PARTINER/EXECUTIVE ER.MEMBER EXCLUDED? EL. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE ER.MINTON OF OPERATIONS below E.L. DISEASE - POLICY LIMIT

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Memorial Park 751 S Farmer. Street Otsego MI 49078	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 Say D. Patterson
	Gary Patterson



DATE (MM/DD/YYYY)

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).

PRODUCER CONTACT NAME: Heidi Palme	⊃r
	٠١
USI Insurance Services NW 601 Union Street, Suite 1000 PHONE (AC, No, Ext): 206-577-59	PAX (A/C, No):
	er@usi.com
·	FORDING COVERAGE NAIC #
INSURER A: Everest National In	nsurance Company 10120
INSURED INSURER B: United States Fire	Insurance Company 21113
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	
Plymouth MI 48170 INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES CERTIFICATE NUMBER: 76122723 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.

NSR LTR		ADDL SUBI		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
Α	✓ COMMERCIAL GENERAL LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000,000	
	CLAIMS-MADE ✓ OCCUR					PREMISES (Ea occurrence)	\$\$1,000,000	
						MED EXP (Any one person)	\$\$1,000	
						PERSONAL & ADV INJURY	\$\$1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000	
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000	
	OTHER:					Participant Legal Liabi	\$\$1,000,000	
4	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000	
	ANY AUTO					BODILY INJURY (Per person)	\$	
Ī	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000	
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000	
	DED RETENTION \$						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)	.,,,				E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	
В	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	tible	

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Milwood Elementary School 3400 Lovers Lane Kalamazoo MI 49001	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
	Gary D. Putterson
	Gary Patterson



DATE (MM/DD/YYYY)

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).

PRODUCER CONTACT NAME: Heidi Palme	⊃r
	٠١
USI Insurance Services NW 601 Union Street, Suite 1000 PHONE (AC, No, Ext): 206-577-59	PAX (A/C, No):
	er@usi.com
·	FORDING COVERAGE NAIC #
INSURER A: Everest National In	nsurance Company 10120
INSURED INSURER B: United States Fire	Insurance Company 21113
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	
Plymouth MI 48170 INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES CERTIFICATE NUMBER: 76122724 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.

NSR LTR		ADDL SUBI		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
Α	✓ COMMERCIAL GENERAL LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000,000	
	CLAIMS-MADE ✓ OCCUR					PREMISES (Ea occurrence)	\$\$1,000,000	
						MED EXP (Any one person)	\$\$1,000	
						PERSONAL & ADV INJURY	\$\$1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000	
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000	
	OTHER:					Participant Legal Liabi	\$\$1,000,000	
4	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000	
	ANY AUTO					BODILY INJURY (Per person)	\$	
Ī	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000	
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000	
	DED RETENTION \$						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)	.,,,				E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	
В	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	tible	

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Milwood Middle School Soccer Fields 2916 Konkle St. Kalamazoo MI 49001	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 Hary D. Putterson
1	Gary Patterson



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied or st		11(0)			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,		INSURER(S) AFFORDING COVERAG	E	NAIC#	
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B : Unite	ed States Fire Insurance Comp	any	21113	
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D :				
	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122725 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	NSR ADDL SUBR POLICY EFF POLICY EFF								
LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	1	COMMERCIAL GENERAL LIABILITY	1	1	SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
								MED EXP (Any one person)	\$\$1,000
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:						Participant Legal Liabi	\$\$1,000,000
Α	AUT	OMOBILE LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	/	HIRED AUTOS ONLY VON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB ✓ OCCUR	1	1	SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
		DED RETENTION \$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANYI	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Man	ndatory in NH)	, ,					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Acc	ident Medical Expense			US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	ctible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Minges Brook Elementary 435 Lincoln Hill Dr Battle Creek MI 49015	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
1	Gary Patterson
	Gary D. Patterson



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied or st		11(0)			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,		INSURER(S) AFFORDING COVERAG	E	NAIC#	
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B : Unite	ed States Fire Insurance Comp	any	21113	
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D :				
	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122726 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.

NSR LTR	TYPE OF INSURANCE	ADDL SU	BR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	1
A	✓ COMMERCIAL GENERAL LIABILITY CLAIMS-MADE ✓ OCCUR	INSD W	SI8GL01851-231	9/1/2023	9/1/2024	DAMAGE TO RENTED	\$\$1,000,000 \$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:						\$\$1,000,000
4	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO						\$
Ī	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
Ī	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduct	ible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

MLK Elementary School 1100 Nichols Rd Kalamazoo MI 49006 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFG THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.	
AUTHORIZED REPRESENTATIVE	
Gary D. Patterson	».
Gary Patterson **	



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied or st		11(0)		
PRODUCER	CONTACT NAME:	Heidi Palmer		
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):	
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com		
,		E	NAIC#	
	INSURER A : Ever	ny	10120	
INSURED	INSURER B : Unite	ed States Fire Insurance Comp	any	21113
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:			
Plymouth MI 48170	INSURER D :			
	INSURER E :			
	INSURER F:			

COVERAGES CERTIFICATE NUMBER: 76122727 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	_	JSIONS AND CONDITIONS OF SUCH	ADDL			POLICY EFF			
LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
								MED EXP (Any one person)	\$\$1,000
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:						Participant Legal Liabi	\$\$1,000,000
Α	AUT	OMOBILE LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	1	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
		DED RETENTION\$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANYF	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Man	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Acc	ident Medical Expense			US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deductible	

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Moorsbridge Elementary 7361 Moorsbridge Rd. Portage MI 49024	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
	Gary D. Putterson
	Gary Patterson



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied or st		11(0)		
PRODUCER	CONTACT NAME:	Heidi Palmer		
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):	
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com		
,		E	NAIC#	
	INSURER A : Ever	ny	10120	
INSURED	INSURER B : Unite	ed States Fire Insurance Comp	any	21113
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:			
Plymouth MI 48170	INSURER D :			
	INSURER E :			
	INSURER F:			

COVERAGES CERTIFICATE NUMBER: 76122728 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	_	JSIONS AND CONDITIONS OF SUCH	ADDL			POLICY EFF			
LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
								MED EXP (Any one person)	\$\$1,000
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:						Participant Legal Liabi	\$\$1,000,000
Α	AUT	OMOBILE LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	1	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
		DED RETENTION\$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANYF	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Man	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Acc	ident Medical Expense			US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deductible	

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER CANC	ELLATION
Next Level Performance THE	ULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ORDANCE WITH THE POLICY PROVISIONS.
AUTHOR	RIZED REPRESENTATIVE
	Gary D. Pitterson
Gary F	Patterson



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied or st		11(0)		
PRODUCER	CONTACT NAME:	Heidi Palmer		
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):	
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com		
,		E	NAIC#	
	INSURER A : Ever	ny	10120	
INSURED	INSURER B : Unite	ed States Fire Insurance Comp	any	21113
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:			
Plymouth MI 48170	INSURER D :			
	INSURER E :			
	INSURER F:			

COVERAGES CERTIFICATE NUMBER: 76122729 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.

NSR LTR	TYPE OF INSURANCE	ADDL SU	BR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	1
A	✓ COMMERCIAL GENERAL LIABILITY CLAIMS-MADE ✓ OCCUR	INSD W	SI8GL01851-231	9/1/2023	9/1/2024	DAMAGE TO RENTED	\$\$1,000,000 \$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:						\$\$1,000,000
4	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO						\$
Ī	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
Ī	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduct	ible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Northville Community Sports Park 15901 Beck Road Northville MI 48167	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 Howy D. Putterson
1	Gary Patterson



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied or st		11(0)		
PRODUCER	CONTACT NAME:	Heidi Palmer		
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):	
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com		
,		E	NAIC#	
	INSURER A : Ever	ny	10120	
INSURED	INSURER B : Unite	ed States Fire Insurance Comp	any	21113
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:			
Plymouth MI 48170	INSURER D :			
	INSURER E :			
	INSURER F:			

COVERAGES CERTIFICATE NUMBER: 76122730 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.

NSR LTR		ADDL SU INSD W		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	✓ COMMERCIAL GENERAL LIABILITY	√ √	SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR					PREMISES (Ea occurrence)	\$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:						\$\$1,000,000
Α	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY AUTOS					BODILY INJURY (Per accident)	\$
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB OCCUR	1 1	SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	.,,,				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Accident Medical Expense	US2065966 9/1/2023	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	tible	

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

Northwestern Middle School 176 Limit St Battle Creek MI 49037 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFO THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.	
AUTHORIZED REPRESENTATIVE	
Gary D. Putterson	
Gary Patterson	



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied or st		11(0)			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,	INSURER(S) AFFORDING COVERAGE				
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B: United States Fire Insurance Company 21113				
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D:				
	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122731 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.

NSR LTR	TYPE OF INSURANCE	ADDL SU	BR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	1
A	✓ COMMERCIAL GENERAL LIABILITY CLAIMS-MADE ✓ OCCUR	INSD W	SI8GL01851-231	9/1/2023	9/1/2024	DAMAGE TO RENTED	\$\$1,000,000 \$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:						\$\$1,000,000
4	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO						\$
Ī	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
Ī	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduct	ible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Oshtemo Township, Flesher Field 7275 West main Oshtemo MI 49009	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 SOLVE DOMESTICS CONT. PORTOGOROUS CONT. P
	Gary Patterson



DATE (MM/DD/YYYY)

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).

9		(-)-			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.co	m		
,		INSURER(S) AFFORDING CO	VERAGE	NAIC #	
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B : Ur	nited States Fire Insurance	Company	21113	
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C :				
Plymouth MI 48170	INSURER D :				
,	INSURER E :				
	INSURER F:	·			
		55146			

COVERAGES CERTIFICATE NUMBER: 76122732 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 SU	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	/	COMMERCIAL GENERAL LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE \$\$1,000,0	000
		CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$\$1,000,0	000
							MED EXP (Any one person) \$\$1,000	
							PERSONAL & ADV INJURY \$1,000,0	000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$\$5,000,0	000
		POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG \$\$1,000,0	000
		OTHER:					Participant Legal Liabi \$1,000,0	000
Α	AUT	OMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$1,000,0	000
		ANY AUTO					BODILY INJURY (Per person) \$	
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident) \$	
	1	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$	
							\$	
		UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE \$\$5,000,0	000
	✓	EXCESS LIAB CLAIMS-MADE					AGGREGATE \$\$5,000,0	000
		DED RETENTION \$					\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYF	PROPRIETOR/PARTNER/EXECUTIVE T N	N/A				E.L. EACH ACCIDENT \$	
	(Man	CER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE \$	
	If yes	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$	
В	Acc	ident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deductible	
ı			1			1		

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Otsego High School 540 Washington St. Otsego MI 49078	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 Hary D. Putterson
	Gary Patterson



DATE (MM/DD/YYYY)

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).

tins certificate does not comer rights to the certificate notice in fled of s	ucii enuorseine	ιι(ა <i>)</i> .			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,	INSURER(S) AFFORDING COVERAGE				
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B: United States Fire Insurance Company 21113				
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D:				
•	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122733 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		ADDL SUBR		POLICY EFF	POLICY EXP		
LTR	TYPE OF INSURANCE	INSD WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	✓ COMMERCIAL GENERAL LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:					Participant Legal Liabi	\$\$1,000,000
Α	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION\$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	AND EMPLOYER'S LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	ctible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

	AUTHORIZED REPRESENTATIVE ###################################
Paragon Charter School 3750 McCain Road Jackson MI 49201	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
CERTIFICATE HOLDER	CANCELLATION



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied or st		11(0)			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,	INSURER(S) AFFORDING COVERAGE				
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B: United States Fire Insurance Company 21113				
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D:				
	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122734 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.

NSR LTR		ADDL SU INSD W		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	✓ COMMERCIAL GENERAL LIABILITY	√ √	SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR					PREMISES (Ea occurrence)	\$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:						\$\$1,000,000
Α	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY AUTOS					BODILY INJURY (Per accident)	\$
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB OCCUR	1 1	SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	.,,,				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	tible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Paw Paw Early Elementary 512 W North Street Paw Paw MI 49079	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 Lawy D. Patterson
1	Gary Patterson



DATE (MM/DD/YYYY)

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).

PRODUCER CONTACT NAME: Heidi Palme	⊃r
	٠١
USI Insurance Services NW 601 Union Street, Suite 1000 PHONE (AC, No, Ext): 206-577-59	PAX (A/C, No):
	er@usi.com
·	FORDING COVERAGE NAIC #
INSURER A: Everest National In	nsurance Company 10120
INSURED INSURER B: United States Fire	Insurance Company 21113
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	
Plymouth MI 48170	
INSURER E:	
INSURER F:	

COVERAGES CERTIFICATE NUMBER: 76122735 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.

NSR LTR	TYPE OF INSURANCE	ADDL SU	BR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	1
A	✓ COMMERCIAL GENERAL LIABILITY CLAIMS-MADE ✓ OCCUR	INSD W	SI8GL01851-231	9/1/2023	9/1/2024	DAMAGE TO RENTED	\$\$1,000,000 \$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:						\$\$1,000,000
4	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO						\$
Ī	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
Ī	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduct	ible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

	Gary Patterson
Paw Paw High School 30609 East Red Arrow Highway Paw Paw MI 49079	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
CERTIFICATE HOLDER	CANCELLATION



DATE (MM/DD/YYYY)

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 come rights to the certificate moder in fied of such endorsement(s).						
PRODUCER	CONTACT NAME:	Heidi Palmer				
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):			
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com				
,	INSURER(S) AFFORDING COVERAGE					
	INSURER A: Everest National Insurance Company					
INSURED	INSURER B: United States Fire Insurance Company					
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:					
Plymouth MI 48170	INSURER D :					
	INSURER E :					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: 76122736 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		ADDL SUBR		POLICY EFF	POLICY EXP		
LTR	TYPE OF INSURANCE	INSD WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	✓ COMMERCIAL GENERAL LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:					Participant Legal Liabi	\$\$1,000,000
Α	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION\$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	AND EMPLOYER'S LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	ctible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

	Gary Patterson
Paw Paw Later Elementary 612 W North Street Paw Paw MI 49079	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
CERTIFICATE HOLDER	CANCELLATION



DATE (MM/DD/YYYY)

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 come rights to the certificate moder in fied of such endorsement(s).						
PRODUCER	CONTACT NAME:	Heidi Palmer				
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):			
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com				
,	INSURER(S) AFFORDING COVERAGE					
	INSURER A: Everest National Insurance Company					
INSURED	INSURER B: United States Fire Insurance Company					
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:					
Plymouth MI 48170	INSURER D :					
	INSURER E :					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: 76122737 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.

NSR LTR		ADDL SUBI		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	✓ COMMERCIAL GENERAL LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR					PREMISES (Ea occurrence)	\$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:					Participant Legal Liabi	\$\$1,000,000
4	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
Ī	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	.,,,				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	tible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFOR	
Paw Paw Middle School 313 West Michigan Ave Paw Paw MI 49079 THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED II ACCORDANCE WITH THE POLICY PROVISIONS.	_
AUTHORIZED REPRESENTATIVE	
Gary D. Patterson	
Gary Patterson **	



DATE (MM/DD/YYYY)

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 come rights to the certificate moder in fied of such endorsement(s).						
PRODUCER	CONTACT NAME:	Heidi Palmer				
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):			
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com				
,	INSURER(S) AFFORDING COVERAGE					
	INSURER A: Everest National Insurance Company					
INSURED	INSURER B: United States Fire Insurance Company					
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:					
Plymouth MI 48170	INSURER D :					
	INSURER E :					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: 76122738 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 S	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
A	✓ COMMERCIAL GENERAL LIABILITY CLAIMS-MADE ✓ OCCUR	√	<u>₩VD</u>	SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000 \$\$1,000,000
							MED EXP (Any one person)	\$\$1,000
							PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:						Participant Legal Liabi	\$\$1,000,000
Α	AUTOMOBILE LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
Ī	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB ✓ OCCUR	1	/	SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A					E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
	Accident Medical Expense			US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	tible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CANCELLATION
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
Gary D. Patterson
Gary Patterson



DATE (MM/DD/YYYY)

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).

tins certificate does not comer rights to the certificate notice in fled of s	ucii enuorseine	ιι(ა <i>)</i> .			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,		INSURER(S) AFFORDING COVE	RAGE	NAIC#	
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B: United States Fire Insurance Company 21113				
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D:				
•	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122739 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.

NSR LTR			SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
		_					MED EXP (Any one person)	\$\$1,000
		_					PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:						Participant Legal Liabi	\$\$1,000,000
١	AUTOMOBILE LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	HIRED AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MAD	E					AGGREGATE	\$\$5,000,000
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)]					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Accident Medical Expense			US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	tible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

	Gary Patterson
Plainwell High School 684 Starr Rd Plainwell MI 49090	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
CERTIFICATE HOLDER	CANCELLATION



DATE (MM/DD/YYYY)

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 come rights to the certificate moder in fied of such endorsement(s).						
PRODUCER	CONTACT NAME:	Heidi Palmer				
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):			
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com				
,		INSURER(S) AFFORDING COVERAG	E	NAIC#		
	INSURER A: Everest National Insurance Company					
INSURED	INSURER B: United States Fire Insurance Company 21113					
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:					
Plymouth MI 48170	INSURER D:					
	INSURER E:					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: 76122740 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.

NSR LTR		ADDL SUBI		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	✓ COMMERCIAL GENERAL LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR					PREMISES (Ea occurrence)	\$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:					Participant Legal Liabi	\$\$1,000,000
4	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
Ī	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	.,,,				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	tible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

SHOULD ANY OF THE ABOVE DESCRIBED BOLICIES BE CANCELLED REFORE	R CA	NCELLATION
Plainwell Middle School 720 Brigham St Plainwell MI 49090 THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	chool	•
AUTHORIZED REPRESENTATIVE	AU	
Gary D. Pitterson		Gary D. Putterson
Gary Patterson	Ga	



DATE (MM/DD/YYYY)

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).

PRODUCER CONTACT NAME: Heidi Palme	⊃r
	٠١
USI Insurance Services NW 601 Union Street, Suite 1000 PHONE (AC, No, Ext): 206-577-59	PAX (A/C, No):
	er@usi.com
·	FORDING COVERAGE NAIC #
INSURER A: Everest National In	nsurance Company 10120
INSURED INSURER B: United States Fire	Insurance Company 21113
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	
Plymouth MI 48170	
INSURER E:	
INSURER F:	

COVERAGES CERTIFICATE NUMBER: 76122741 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.

NSR LTR		ADDL SUBI		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	✓ COMMERCIAL GENERAL LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR					PREMISES (Ea occurrence)	\$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:					Participant Legal Liabi	\$\$1,000,000
4	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
Ī	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	.,,,				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	tible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Portage Central High School 8135 South Westnedge Portage MI 49002	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
	Gary Patterson



DATE (MM/DD/YYYY)

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).

PRODUCER CONTACT NAME: Heidi Palme	⊃r
	٠١
USI Insurance Services NW 601 Union Street, Suite 1000 PHONE (AC, No, Ext): 206-577-59	PAX (A/C, No):
	er@usi.com
·	FORDING COVERAGE NAIC #
INSURER A: Everest National In	nsurance Company 10120
INSURED INSURER B: United States Fire	Insurance Company 21113
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	
Plymouth MI 48170	
INSURER E:	
INSURER F:	

COVERAGES CERTIFICATE NUMBER: 76122742 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.

NSR LTR	TYPE OF INSURANCE	ADDL SU	BR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	1
A	✓ COMMERCIAL GENERAL LIABILITY CLAIMS-MADE ✓ OCCUR	INSD W	SI8GL01851-231	9/1/2023	9/1/2024	DAMAGE TO RENTED	\$\$1,000,000 \$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:						\$\$1,000,000
4	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO						\$
Ī	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
Ī	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduct	ible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

	AUTHORIZED REPRESENTATIVE ### D. Patterson Gary Patterson
Portage Central Middle School 8305 S. Westnedge Ave Portage MI 49002	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
CERTIFICATE HOLDER	CANCELLATION



DATE (MM/DD/YYYY)

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 come rights to the certificate notice in fled of such endorsement(s).					
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,		INSURER(S) AFFORDING COVE	RAGE	NAIC#	
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B: United States Fire Insurance Company 21113				
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D :				
•	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122743 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	T TO THE CONDITIONS OF SCOTT	ADDL SU		POLICY EFF	POLICY EXP		
LTR	TYPE OF INSURANCE	INSD W	VD POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	✓ COMMERCIAL GENERAL LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:					Participant Legal Liabi	\$\$1,000,000
Α	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	✓ HIRED AUTOS ONLY ✓ NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION\$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	ctible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE DATE THEREOF, NOTICE WILL BE DELIVERED IN THE POLICY PROVISIONS.
TIVE
Gary D. Patterson

T



DATE (MM/DD/YYYY)

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).

		(5).			
PRODUCER	CONTACT NAME:				
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.co	m		
,		INSURER(S) AFFORDING CO	VERAGE	NAIC #	
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B : UI	nited States Fire Insurance	Company	21113	
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C :				
Plymouth MI 48170	INSURER D:				
	INSURER E :				
	INSURER F:				
		DE1/10			

COVERAGES CERTIFICATE NUMBER: 76122744 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.

NSR LTR		ADDL SUBI		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	✓ COMMERCIAL GENERAL LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR					PREMISES (Ea occurrence)	\$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:					Participant Legal Liabi	\$\$1,000,000
4	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
Ī	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	.,,,				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	tible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Portage Northern High School 1000 Idaho Portage MI 49024	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 Lawy D. Patterson
	Gary Patterson



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied of sach chaorsement(s).					
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,		INSURER(S) AFFORDING COVERAG	E	NAIC#	
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B: United States Fire Insurance Company 21113				
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D :				
	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122745 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.

NSR LTR	TYPE OF INSURANCE	ADDL SU	BR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	1
A	✓ COMMERCIAL GENERAL LIABILITY CLAIMS-MADE ✓ OCCUR	INSD W	SI8GL01851-231	9/1/2023	9/1/2024	DAMAGE TO RENTED	\$\$1,000,000 \$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:						\$\$1,000,000
4	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO						\$
Ī	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
Ī	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduct	ible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER CAN	CELLATION
Portage Practice Complex THE	OULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE E EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN CORDANCE WITH THE POLICY PROVISIONS.
AUTHO	DRIZED REPRESENTATIVE
	Gary D. Patterson
Gary	Patterson



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied of sach chaorsement(s).					
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,		INSURER(S) AFFORDING COVERAG	E	NAIC#	
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B: United States Fire Insurance Company 21113				
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D :				
	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122746 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.

NSR LTR		ADDL SUBI		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	✓ COMMERCIAL GENERAL LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR					PREMISES (Ea occurrence)	\$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:					Participant Legal Liabi	\$\$1,000,000
4	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
Ī	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	.,,,				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	tible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Portage Soccer Complex 4422 Bishop Rd Portage MI 49002	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
	Gary D. Patterson
	Gary Patterson
	Gary Patterson



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied or st		11(0)			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,	INSURER(S) AFFORDING COVERAGE				
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B: United States Fire Insurance Company 2111				
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D :				
	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122747 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.

TYPE OF INSURANCE DIMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR AGGREGATE LIMIT APPLIES PER:	ADDL SUBFINSD WVD		POLICY EFF (MM/DD/YYYY) 9/1/2023	POLICY EXP (MM/DD/YYYY) 9/1/2024	LIMIT EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$1,000,000 \$\$1,000,000
CLAIMS-MADE / OCCUR		SI8GL01851-231	9/1/2023	9/1/2024	DAMAGE TO RENTED	, ,
						\$ \$1,000,000
AGGREGATE LIMIT APPLIES PER:						ΨΨ1,000,000
AGGREGATE LIMIT APPLIES PER:					MED EXP (Any one person)	\$\$1,000
AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY	\$\$1,000,000
					GENERAL AGGREGATE	\$\$5,000,000
OLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
THER:					Participant Legal Liabi	\$\$1,000,000
MOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
NY AUTO					BODILY INJURY (Per person)	\$
WNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
RED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
						\$
MBRELLA LIAB OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
CLAIMS-MADE					AGGREGATE	\$\$5,000,000
ED RETENTION\$						\$
RS COMPENSATION IPLOYERS' LIABILITY					PER OTH- STATUTE ER	
OPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$
D/MEMBEDEVOLLIDED3					E.L. DISEASE - EA EMPLOYEE	\$
R/MEMBER EXCLUDED?					E.L. DISEASE - POLICY LIMIT	\$
	rin NH)	rin NH) ribe under	ribe under	rin NH) ribe under ION OF OPERATIONS below	rin NH) ribe under ION OF OPERATIONS below	rin NH) E.L. DISEASE - EA EMPLOYEE ribe under

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Portage West Middle School 7145 Moorsbridge Road Portage MI 49024	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
	Gary Patterson



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied or st		11(0)			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,	INSURER(S) AFFORDING COVERAGE				
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B: United States Fire Insurance Company 2111				
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D :				
	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122748 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.

NSR LTR		ADDL SUBI		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	✓ COMMERCIAL GENERAL LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR					PREMISES (Ea occurrence)	\$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:					Participant Legal Liabi	\$\$1,000,000
4	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
Ī	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	.,,,				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	tible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Prairie Ridge Elementary 2294 South 9th Street Kalamazoo MI 49009	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
	Gary Patterson



DATE (MM/DD/YYYY)

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).

PRODUCER CONTACT NAME: Heidi Palme	⊃r
	٠١
USI Insurance Services NW 601 Union Street, Suite 1000 PHONE (AC, No, Ext): 206-577-59	PAX (A/C, No):
	er@usi.com
·	FORDING COVERAGE NAIC #
INSURER A: Everest National In	nsurance Company 10120
INSURED INSURER B: United States Fire	Insurance Company 21113
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	
Plymouth MI 48170	
INSURER E:	
INSURER F:	

COVERAGES CERTIFICATE NUMBER: 76122749 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.

					LIMITS SHOWN MAY HAVE BEEN		-						
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S				
Α	1	COMMERCIAL GENERAL LIABILITY	1	1	SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000				
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000				
								MED EXP (Any one person)	\$\$1,000				
								PERSONAL & ADV INJURY	\$\$1,000,000				
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000				
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000				
		OTHER:						Participant Legal Liabi	\$\$1,000,000				
Α	AUT	OMOBILE LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000				
		ANY AUTO						BODILY INJURY (Per person)	\$				
		OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$				
	/	HIRED NON-OWNED AUTOS ONLY										PROPERTY DAMAGE (Per accident)	\$
									\$				
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000				
	✓	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000				
		DED RETENTION \$							\$				
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER					
	ANYI	PROPRIETOR/PARTNER/EXECUTIVE T/N	N/A					E.L. EACH ACCIDENT	\$				
	(Man	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$				
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$				
В	Acc	ident Medical Expense			US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	ctible				

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract. Crusader Cup April 22-24, 2022

CERTIFICATE HOLDER	CANCELLATION
Ramona Park 8600 S Sprinkle Road Portage MI 49002	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 Sary Patterson



DATE (MM/DD/YYYY)

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).

PRODUCER CONTACT NAME: Heidi Palme	⊃r
	٠١
USI Insurance Services NW 601 Union Street, Suite 1000 PHONE (AC, No, Ext): 206-577-59	PAX (A/C, No):
	er@usi.com
·	FORDING COVERAGE NAIC #
INSURER A: Everest National In	nsurance Company 10120
INSURED INSURER B: United States Fire	Insurance Company 21113
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	
Plymouth MI 48170	
INSURER E:	
INSURER F:	

COVERAGES CERTIFICATE NUMBER: 76122750 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.

		CONTRACTOR			LIMITS SHOWN MAY HAVE BEEN				
INSR LTR		TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	1	COMMERCIAL GENERAL LIABILITY	/	1	SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
								MED EXP (Any one person)	\$\$1,000
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:						Participant Legal Liabi	\$\$1,000,000
Α	AUT	OMOBILE LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	1	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
		DED RETENTION \$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANYF	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Man	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Acc	ident Medical Expense			US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	ctible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract. 2021 Kingdom Cup (9/24-9/26/21)

CERTIFICATE HOLDER	CANCELLATION
Ramona Park 8600 S Sprinkle Road Portage MI 49002	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1	AUTHORIZED REPRESENTATIVE ###################################



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied of such endorsement(s).						
PRODUCER	CONTACT NAME:	Heidi Palmer				
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):			
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com				
,	INSURER(S) AFFORDING COVERAGE					
	INSURER A: Everest National Insurance Company					
INSURED	INSURER B: United States Fire Insurance Company 21113					
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:					
Plymouth MI 48170	INSURER D :					
	INSURER E :					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: 76122751 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.

NSR LTR		ADDL SUBI		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	✓ COMMERCIAL GENERAL LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR					PREMISES (Ea occurrence)	\$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:					Participant Legal Liabi	\$\$1,000,000
4	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
Ī	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	.,,,				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	tible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

ORE IN
-



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied of such endorsement(s).						
PRODUCER	CONTACT NAME:	Heidi Palmer				
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):			
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com				
,	INSURER(S) AFFORDING COVERAGE					
	INSURER A: Everest National Insurance Company					
INSURED	INSURER B: United States Fire Insurance Company 21113					
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:					
Plymouth MI 48170	INSURER D :					
	INSURER E :					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: 76122752 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 SU	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	1	COMMERCIAL GENERAL LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
							MED EXP (Any one person)	\$\$1,000
							PERSONAL & ADV INJURY	\$\$1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:					Participant Legal Liabi	\$\$1,000,000
Α	AUT	OMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO					BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	1	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
								\$
		UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
		DED RETENTION \$						\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYF	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$
	(Man	idatory in NH)	11,7				E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Acc	ident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess	C1-1-
							\$500 per Accident Deduc	ctible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract. Kalamazoo Invitational Soccer Showcase (5/27-5/29/22)

CERTIFICATE HOLDER	CANCELLATION
River Oaks County Park 9202 E Michigan Ave Galesburg MI 49053	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 Have D. Patterson
	Gary Patterson



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied of such endorsement(s).						
PRODUCER	CONTACT NAME:	Heidi Palmer				
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):			
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com				
,	INSURER(S) AFFORDING COVERAGE					
	INSURER A: Everest National Insurance Company					
INSURED	INSURER B: United States Fire Insurance Company 21113					
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:					
Plymouth MI 48170	INSURER D :					
	INSURER E :					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: 76122753 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.

NSR LTR		ADDL SUBI		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	✓ COMMERCIAL GENERAL LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR					PREMISES (Ea occurrence)	\$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:					Participant Legal Liabi	\$\$1,000,000
4	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
Ī	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	.,,,				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	tible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

River Oaks Park TH	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	STHORIZED REPRESENTATIVE SARY D. PULLUMAN SARY Patterson



DATE (MM/DD/YYYY)

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).

PRODUCER CONTACT NAME: Heidi Palme	⊃r
	٠١
USI Insurance Services NW 601 Union Street, Suite 1000 PHONE (AC, No, Ext): 206-577-59	PAX (A/C, No):
	er@usi.com
·	FORDING COVERAGE NAIC #
INSURER A: Everest National In	nsurance Company 10120
INSURED INSURER B: United States Fire	Insurance Company 21113
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	
Plymouth MI 48170	
INSURER E:	
INSURER F:	

COVERAGES CERTIFICATE NUMBER: 76122754 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	T TO THE CONDITIONS OF SCOTT	ADDL SU		POLICY EFF	POLICY EXP		
LTR	TYPE OF INSURANCE	INSD W	VD POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	✓ COMMERCIAL GENERAL LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:					Participant Legal Liabi	\$\$1,000,000
Α	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	✓ HIRED AUTOS ONLY ✓ NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION\$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	ctible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract. Crusader Cup April 22-24, 2022

CERTIFICATE HOLDER	CANCELLATION
River Oaks Park 9202 East Michigan Ave Galesburg MI 49053	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 Sary Patterson



DATE (MM/DD/YYYY)

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).

PRODUCER CONTACT NAME: Heidi Palme	⊃r
	٠١
USI Insurance Services NW 601 Union Street, Suite 1000 PHONE (AC, No, Ext): 206-577-59	PAX (A/C, No):
	er@usi.com
·	FORDING COVERAGE NAIC #
INSURER A: Everest National In	nsurance Company 10120
INSURED INSURER B: United States Fire	Insurance Company 21113
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	
Plymouth MI 48170	
INSURER E:	
INSURER F:	

COVERAGES CERTIFICATE NUMBER: 76122755 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.

			ADDL	CUDD		DOLLOV FEE	DOLLOV EVD		
INSR LTR		TYPE OF INSURANCE		WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	/	COMMERCIAL GENERAL LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
								MED EXP (Any one person)	\$\$1,000
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEN	I'L AGGREGATE LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:						Participant Legal Liabi	\$\$1,000,000
Α	AUT	OMOBILE LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	1	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
		DED RETENTION \$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANYI	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Man	datory in NH)	,					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Acc	ident Medical Expense			US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	ctible
			1	l			I		

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
River Park 451 Zollar Road Benton Harbor MI 49022	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 ###################################
	Oary Latterson



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied of sach chaof sement(s).							
PRODUCER	CONTACT NAME:	Heidi Palmer					
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):				
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com					
,		INSURER(S) AFFORDING COVERAG	E	NAIC#			
	INSURER A: Everest National Insurance Company						
INSURED	INSURER B : Unite	ed States Fire Insurance Comp	any	21113			
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:						
Plymouth MI 48170	INSURER D:						
	INSURER E :						
	INSURER F:						

COVERAGES CERTIFICATE NUMBER: 76122756 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.

NSR LTR		ADDL SUBI		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	✓ COMMERCIAL GENERAL LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR					PREMISES (Ea occurrence)	\$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:					Participant Legal Liabi	\$\$1,000,000
4	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
Ī	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	.,,,				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	tible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Riverside Elementary School 650 Riverside Drive Battle Creek MI 49015	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 Hary D. Patterson
	Gary Patterson



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied of sach chaof sement(s).							
PRODUCER	CONTACT NAME:	Heidi Palmer					
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):				
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com					
,		INSURER(S) AFFORDING COVERAG	E	NAIC#			
	INSURER A: Everest National Insurance Company						
INSURED	INSURER B : Unite	ed States Fire Insurance Comp	any	21113			
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:						
Plymouth MI 48170	INSURER D:						
	INSURER E :						
	INSURER F:						

COVERAGES CERTIFICATE NUMBER: 76122757 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.

NSR LTR		ADDL SUBI		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	✓ COMMERCIAL GENERAL LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR					PREMISES (Ea occurrence)	\$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:					Participant Legal Liabi	\$\$1,000,000
4	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
Ī	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	.,,,				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	tible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Salvation Army Kalamazoo 1700 S Burdick St Kalamazoo MI 49001	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
	Gary D. Patterson
	Gary Patterson



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied of sach chaof sement(s).							
PRODUCER	CONTACT NAME:	Heidi Palmer					
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):				
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com					
,		INSURER(S) AFFORDING COVERAG	E	NAIC#			
	INSURER A: Everest National Insurance Company						
INSURED	INSURER B : Unite	ed States Fire Insurance Comp	any	21113			
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:						
Plymouth MI 48170	INSURER D:						
	INSURER E :						
	INSURER F:						

COVERAGES CERTIFICATE NUMBER: 76122758 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.

SR TR		TYPE OF INSURANCE	ADDL INSD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
4	✓ COMI	MERCIAL GENERAL LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE / OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
							MED EXP (Any one person)	\$\$1,000
							PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGO	GREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLIC	CY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHE	ER:					Participant Legal Liabi	\$\$1,000,000
	AUTOMOB	BILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		AUTO					BODILY INJURY (Per person)	\$
	OWN	ED SCHEDULED OS ONLY AUTOS					BODILY INJURY (Per accident)	\$
	✓ HIRE	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
								\$
	UMB	RELLA LIAB OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCE	SS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED	RETENTION \$						\$
		COMPENSATION OYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPR	RIETOR/PARTNER/EXECUTIVE IEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory	in NH)	14,7,4				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, desc DESCRIPTI	ribe under ION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
	Accident	Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	tible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Shoreham Park 2862 Garden Ln St Joseph MI 49085	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 Sary Dottorson
	Gary Patterson



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied or st		11(0)				
PRODUCER	CONTACT NAME:	Heidi Palmer				
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-577-5985 FAX (A/C, No):					
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com				
,	INSURER(S) AFFORDING COVERAGE					
	INSURER A: Everest National Insurance Company					
INSURED	INSURER B: United States Fire Insurance Company 21113					
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:					
Plymouth MI 48170	INSURER D :					
	INSURER E :					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: 76122759 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	_	JSIONS AND CONDITIONS OF SUCH	ADDL			POLICY EFF			
LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
								MED EXP (Any one person)	\$\$1,000
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:						Participant Legal Liabi	\$\$1,000,000
Α	AUT	OMOBILE LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	1	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
		DED RETENTION\$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANYF	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Man	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Acc	ident Medical Expense			US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	ctible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Slam Athletic Center 2138 Plaza Dr. Benton Harbor MI 49022	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
	gary D. Patterson
	Gary Patterson



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied or st		11(0)				
PRODUCER	CONTACT NAME:	Heidi Palmer				
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-577-5985 FAX (A/C, No):					
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com				
,	INSURER(S) AFFORDING COVERAGE					
	INSURER A: Everest National Insurance Company					
INSURED	INSURER B: United States Fire Insurance Company 21113					
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:					
Plymouth MI 48170	INSURER D :					
	INSURER E :					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: 76122760 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.

NSR LTR		ADDL SU INSD W		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	\$
Α	✓ COMMERCIAL GENERAL LIABILITY	√ √	SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR					PREMISES (Ea occurrence)	\$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:						\$\$1,000,000
Α	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY AUTOS					BODILY INJURY (Per accident)	\$
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB OCCUR	1 1	SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	.,,,				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	tible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE N DATE THEREOF, NOTICE WILL BE DELIVERED IN ITH THE POLICY PROVISIONS.
ENTATIVE
Gary D. Putterson

T N



DATE (MM/DD/YYYY)

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).

PRODUCER CONTACT NAME: Heidi Palme	⊃r
	٠١
USI Insurance Services NW 601 Union Street, Suite 1000 PHONE (AC, No, Ext): 206-577-59	PAX (A/C, No):
	er@usi.com
·	FORDING COVERAGE NAIC #
INSURER A: Everest National In	nsurance Company 10120
INSURED INSURER B: United States Fire	Insurance Company 21113
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	
Plymouth MI 48170	
INSURER E:	
INSURER F:	

COVERAGES CERTIFICATE NUMBER: 76122761 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.

NSR LTR		ADDL SUBI		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	✓ COMMERCIAL GENERAL LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR					PREMISES (Ea occurrence)	\$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:					Participant Legal Liabi	\$\$1,000,000
4	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
Ī	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	.,,,				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	tible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
St Paul's Lutheran Church 2673 W. John Beers Road Stevensville MI 49127	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
	Gary D. Putterson
	Gary Patterson
1	Gary D. Putterson



DATE (MM/DD/YYYY)

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).

tins certificate does not comer rights to the certificate notice in fled of s	ucii enuorseine	ιι(ა <i>)</i> .				
PRODUCER	CONTACT NAME:	Heidi Palmer				
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-577-5985 FAX (A/C, No):					
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com				
,	INSURER(S) AFFORDING COVERAGE					
	INSURER A: Everest National Insurance Company					
INSURED	INSURER B: United States Fire Insurance Company 21113					
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:					
Plymouth MI 48170	INSURER D:					
•	INSURER E:					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: 76122762 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.

TYPE OF INSURANCE DIMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR AGGREGATE LIMIT APPLIES PER:	ADDL SUBFINSD WVD		POLICY EFF (MM/DD/YYYY) 9/1/2023	POLICY EXP (MM/DD/YYYY) 9/1/2024	LIMIT EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$1,000,000 \$\$1,000,000
CLAIMS-MADE / OCCUR		SI8GL01851-231	9/1/2023	9/1/2024	DAMAGE TO RENTED	, ,
						\$ \$1,000,000
AGGREGATE LIMIT APPLIES PER:						ΨΨ1,000,000
AGGREGATE LIMIT APPLIES PER:					MED EXP (Any one person)	\$\$1,000
AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY	\$\$1,000,000
					GENERAL AGGREGATE	\$\$5,000,000
OLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
THER:					Participant Legal Liabi	\$\$1,000,000
MOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
NY AUTO					BODILY INJURY (Per person)	\$
WNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
RED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
						\$
MBRELLA LIAB OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
CLAIMS-MADE					AGGREGATE	\$\$5,000,000
ED RETENTION\$						\$
RS COMPENSATION IPLOYERS' LIABILITY					PER OTH- STATUTE ER	
OPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$
D/MEMBEDEVOLLIDED3					E.L. DISEASE - EA EMPLOYEE	\$
R/MEMBER EXCLUDED?					E.L. DISEASE - POLICY LIMIT	\$
	rin NH)	rin NH) ribe under	ribe under	rin NH) ribe under ION OF OPERATIONS below	rin NH) ribe under ION OF OPERATIONS below	rin NH) E.L. DISEASE - EA EMPLOYEE ribe under

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

_ATION
ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE PIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ANCE WITH THE POLICY PROVISIONS.
REPRESENTATIVE
Gary D. Patterson
erson



DATE (MM/DD/YYYY)

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).

tins certificate does not comer rights to the certificate notice in fled of s	ucii enuorseine	ιι(ა <i>)</i> .				
PRODUCER	CONTACT NAME:	Heidi Palmer				
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):			
Seattle, WA 98101	E-MAIL ADDRESS: Heidi.Palmer@usi.com					
,	INSURER(S) AFFORDING COVERAGE					
	INSURER A: Everest National Insurance Company					
INSURED	INSURER B: United States Fire Insurance Company 21113					
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:					
Plymouth MI 48170	INSURER D:					
•	INSURER E :					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: 76122763 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.

NSR LTR	TYPE OF INSURANCE	ADDL SU	BR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	1
A	✓ COMMERCIAL GENERAL LIABILITY CLAIMS-MADE ✓ OCCUR	INSD W	SI8GL01851-231	9/1/2023	9/1/2024	DAMAGE TO RENTED	\$\$1,000,000 \$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:						\$\$1,000,000
4	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO						\$
Ī	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
Ī	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduct	ible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

HE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE DATE THEREOF, NOTICE WILL BE DELIVERED IN HTHE POLICY PROVISIONS.
TATIVE
Gary D. Putterson
Н



DATE (MM/DD/YYYY)

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).

tins certificate does not comer rights to the certificate notice in fled of s	ucii enuorseine	ιι(ა <i>)</i> .				
PRODUCER	CONTACT NAME:	Heidi Palmer				
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):			
Seattle, WA 98101	E-MAIL ADDRESS: Heidi.Palmer@usi.com					
,	INSURER(S) AFFORDING COVERAGE					
	INSURER A: Everest National Insurance Company					
INSURED	INSURER B: United States Fire Insurance Company 21113					
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:					
Plymouth MI 48170	INSURER D:					
•	INSURER E :					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: 76122764 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			ADDL INSD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	1	COMMERCIAL GENERAL LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
							MED EXP (Any one person)	\$\$1,000
							PERSONAL & ADV INJURY	\$\$1,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:					Participant Legal Liabi	\$\$1,000,000
Α	AUT	TOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO					BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	/	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
								\$
		UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
		DED RETENTION \$						\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TITLE	N/A				E.L. EACH ACCIDENT	\$
	(Mar	ndatory in NH)	11,7				E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Acc	ident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess	.0.1.
							\$500 per Accident Deduc	CTIDIE

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
St. Michaels Lutheran Church 7211 Oakland Dr. Portage MI 49024	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 Say D. Patterson
	Gary Patterson



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied of such chaorsement(s).						
PRODUCER	CONTACT NAME:	Heidi Palmer				
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):			
Seattle, WA 98101	E-MAIL ADDRESS: Heidi.Palmer@usi.com					
,	INSURER(S) AFFORDING COVERAGE					
	INSURER A: Everest National Insurance Company					
INSURED	INSURER B: United States Fire Insurance Company 21113					
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:					
Plymouth MI 48170	INSURER D:					
	INSURER E :					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: 76122765 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.

NSR LTR		ADDL SUBI		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	✓ COMMERCIAL GENERAL LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR					PREMISES (Ea occurrence)	\$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:					Participant Legal Liabi	\$\$1,000,000
4	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
Ī	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	.,,,				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	tible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
St. Monica Catholic School 530 W Kilgore Road Kalamazoo MI 49008	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 ### D. Patterson Gary Patterson



DATE (MM/DD/YYYY)

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).

tins certificate does not comer rights to the certificate notice in fled of s	ucii enuorseine	ιι(ა <i>)</i> .				
PRODUCER	CONTACT NAME:	Heidi Palmer				
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):			
Seattle, WA 98101	E-MAIL ADDRESS: Heidi.Palmer@usi.com					
,	INSURER(S) AFFORDING COVERAGE					
	INSURER A: Everest National Insurance Company					
INSURED	INSURER B: United States Fire Insurance Company 21113					
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:					
Plymouth MI 48170	INSURER D:					
•	INSURER E :					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: 76122766 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.

TYPE OF INSURANCE DIMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR AGGREGATE LIMIT APPLIES PER:	ADDL SUBFINSD WVD		POLICY EFF (MM/DD/YYYY) 9/1/2023	POLICY EXP (MM/DD/YYYY) 9/1/2024	LIMIT EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$1,000,000 \$\$1,000,000
CLAIMS-MADE / OCCUR		SI8GL01851-231	9/1/2023	9/1/2024	DAMAGE TO RENTED	, ,
						\$ \$1,000,000
AGGREGATE LIMIT APPLIES PER:						ΨΨ1,000,000
AGGREGATE LIMIT APPLIES PER:					MED EXP (Any one person)	\$\$1,000
AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY	\$\$1,000,000
					GENERAL AGGREGATE	\$\$5,000,000
OLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
THER:					Participant Legal Liabi	\$\$1,000,000
MOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
NY AUTO					BODILY INJURY (Per person)	\$
WNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
RED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
						\$
MBRELLA LIAB OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
CLAIMS-MADE					AGGREGATE	\$\$5,000,000
ED RETENTION\$						\$
RS COMPENSATION IPLOYERS' LIABILITY					PER OTH- STATUTE ER	
OPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$
D/MEMBEDEVOLLIDED3					E.L. DISEASE - EA EMPLOYEE	\$
R/MEMBER EXCLUDED?					E.L. DISEASE - POLICY LIMIT	\$
	rin NH)	rin NH) ribe under	ribe under	rin NH) ribe under ION OF OPERATIONS below	rin NH) ribe under ION OF OPERATIONS below	rin NH) E.L. DISEASE - EA EMPLOYEE ribe under

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Starr Elementary School 601 School Dr Plainwell MI 49090	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
	Gary D. Patterson
1	Gary Patterson
	Gary D. Patterson



DATE (MM/DD/YYYY)

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 confer rights to the certificate holder in fied of such chaof sement(s).						
PRODUCER	CONTACT NAME:	Heidi Palmer				
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):			
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com				
,		INSURER(S) AFFORDING COVERAG	E	NAIC#		
	INSURER A: Everest National Insurance Company					
INSURED	INSURER B : Unite	ed States Fire Insurance Comp	any	21113		
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:					
Plymouth MI 48170	INSURER D :					
	INSURER E :					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: 76122767 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.

NSR LTR		ADDL SUBI		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	✓ COMMERCIAL GENERAL LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR					PREMISES (Ea occurrence)	\$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:					Participant Legal Liabi	\$\$1,000,000
4	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
Ī	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	.,,,				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	tible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Stewart Elementary School 2750 Orchard Lane Stevensville MI 49127	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
	Gary Patterson
	•



DATE (MM/DD/YYYY)

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 confer rights to the certificate holder in fied of such chaof sement(s).						
PRODUCER	CONTACT NAME:	Heidi Palmer				
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):			
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com				
,		INSURER(S) AFFORDING COVERAG	E	NAIC#		
	INSURER A: Everest National Insurance Company					
INSURED	INSURER B : Unite	ed States Fire Insurance Comp	any	21113		
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:					
Plymouth MI 48170	INSURER D :					
	INSURER E :					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: 76122768 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	_	JSIONS AND CONDITIONS OF SUCH	ADDL			POLICY EFF			
LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
								MED EXP (Any one person)	\$\$1,000
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:						Participant Legal Liabi	\$\$1,000,000
Α	AUT	OMOBILE LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	1	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
		DED RETENTION\$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANYF	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Man	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Acc	ident Medical Expense			US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	ctible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

	AUTHORIZED REPRESENTATIVE ### ### ### ### ### ################
Texas Drive Park 6603 Texas Drive Kalamazoo MI 49009	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
CERTIFICATE HOLDER	CANCELLATION



DATE (MM/DD/YYYY)

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 confer rights to the certificate holder in fied of such chaof sement(s).						
PRODUCER	CONTACT NAME:	Heidi Palmer				
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):			
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com				
,		INSURER(S) AFFORDING COVERAG	E	NAIC#		
	INSURER A: Everest National Insurance Company					
INSURED	INSURER B : Unite	ed States Fire Insurance Comp	any	21113		
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:					
Plymouth MI 48170	INSURER D :					
	INSURER E :					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: 76122769 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 S	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	1	COMMERCIAL GENERAL LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
							MED EXP (Any one person)	\$\$1,000
							PERSONAL & ADV INJURY	\$\$1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:					Participant Legal Liabi	\$\$1,000,000
Α	AUT	OMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO					BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	1	HIRED AUTOS ONLY VIOLENTIAL NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
								\$
		UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
		DED RETENTION \$						\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
		PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$
	(Man	idatory in NH)	,				E.L. DISEASE - EA EMPLOYEE	\$
	DES(s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Acci	ident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess	atible.
							\$500 per Accident Deduc	HIDIE

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Texas Township park 6603 Texas Drive Texas Township Kalamazoo MI 49009	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
	Gary Patterson



DATE (MM/DD/YYYY) 9/5/2023

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).

		(5).		
PRODUCER	CONTACT NAME:	Heidi Palmer		
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):	
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.co	m	
,		INSURER(S) AFFORDING CO	VERAGE	NAIC#
	INSURER A : E	Company	10120	
INSURED	INSURER B : Ur	nited States Fire Insurance	Company	21113
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:			
Plymouth MI 48170	INSURER D :			
,	INSURER E :			
	INSURER F:	·	·	
		DE1//0		·

COVERAGES CERTIFICATE NUMBER: 76122770 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	T TO THE CONDITIONS OF SCOTT	ADDL SU		POLICY EFF	POLICY EXP		
LTR	TYPE OF INSURANCE	INSD W	VD POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	✓ COMMERCIAL GENERAL LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:					Participant Legal Liabi	\$\$1,000,000
Α	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	✓ HIRED AUTOS ONLY ✓ NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION\$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	ctible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER CANC	ELLATION
The Bridge THE	ULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ORDANCE WITH THE POLICY PROVISIONS.
AUTHOR	RIZED REPRESENTATIVE
	Gary D. Patterson
Gary F	Patterson



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied or st		11(0)			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,		E	NAIC#		
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B: United States Fire Insurance Company 21113				
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D :				
	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122771 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		DSIONS AND CONDITIONS OF SUCH		SUBR		POLICY EFF	POLICY EXP		
LTR		TYPE OF INSURANCE		WVD	POLICY NUMBER	(MM/DD/YYYY)		LIMIT	'S
Α	<	COMMERCIAL GENERAL LIABILITY	1	1	SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
								MED EXP (Any one person)	\$\$1,000
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:						Participant Legal Liabi	\$\$1,000,000
Α	AUT	TOMOBILE LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$
	/	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB ✓ OCCUR	1	1	SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
		DED RETENTION \$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANYI	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Man	ndatory in NH)	,,					E.L. DISEASE - EA EMPLOYEE	\$
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Acc	ident Medical Expense			US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deductible	

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Upjohn Park 7775 Portage Road Kalamazoo MI 49001	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
1	Gary Patterson
· · · · · · · · · · · · · · · · · · ·	



DATE (MM/DD/YYYY)

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).

tins certificate does not comer rights to the certificate notice in fled of s	ucii enuorseine	ιι(ა <i>)</i> .			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,		RAGE	NAIC#		
	INSURER A: Eve	mpany	10120		
INSURED	INSURER B: United States Fire Insurance Company 21113				
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D :				
•	INSURER E:				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122772 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	EXCLOSIONS AND CONDITIONS OF SOCH POLICIES. LIMITS SHOWN MAT HAVE BEEN REDUCED BY PAID CLAIMS. ADDLISUBR POLICY EFF POLICY EXP								
LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
								MED EXP (Any one person)	\$\$1,000
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:						Participant Legal Liabi	\$\$1,000,000
Α	AUT	OMOBILE LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	1	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
		DED RETENTION\$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANYF	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Man	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Acc	ident Medical Expense			US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	ctible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Upton Middle School 800 Maiden Lane St Joseph MI 49085	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 Hary D. Putterson
	Gary Patterson



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied or st		11(0)			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,		E	NAIC#		
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B: United States Fire Insurance Company 21113				
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D :				
	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122773 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			ADDL INSD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	1	COMMERCIAL GENERAL LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
							MED EXP (Any one person)	\$\$1,000
							PERSONAL & ADV INJURY	\$\$1,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:					Participant Legal Liabi	\$\$1,000,000
Α	AUT	TOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO					BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	/	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
								\$
		UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
		DED RETENTION \$						\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TITLE	N/A				E.L. EACH ACCIDENT	\$
	(Mar	ndatory in NH)	11,7				E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Acc	ident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess	.0.1.
							\$500 per Accident Deduc	CTIDIE

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Urban Alliance 1009 E Stockbridge Ave Kalamazoo MI 49001	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 Hary D. Patterson
1	Gary Patterson



DATE (MM/DD/YYYY)

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).

tins certificate does not comer rights to the certificate notice in fled of s	ucii enuorseine	ιι(ა <i>)</i> .			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,		RAGE	NAIC#		
	INSURER A: Eve	mpany	10120		
INSURED	INSURER B: United States Fire Insurance Company 21113				
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D :				
•	INSURER E:				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122774 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.

ISR TR	TYPE OF INSURANCE	ADDL S	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
4	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
							MED EXP (Any one person)	\$\$1,000
							PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:						Participant Legal Liabi	\$\$1,000,000
	AUTOMOBILE LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
Ī	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	HIRED AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
	DED RETENTION\$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A					E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	,					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
	Accident Medical Expense			US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	tible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

Vicksburg High School 501 E Highway Vicksburg MI 49097 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELL THE EXPIRATION DATE THEREOF, NOTICE WILL BE DEL ACCORDANCE WITH THE POLICY PROVISIONS.	
AUTHORIZED REPRESENTATIVE	
Gary D. Patters	M.
Gary Patterson	



DATE (MM/DD/YYYY)

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).

tins certificate does not comer rights to the certificate notice in fled of s	ucii enuorseine	ιι(ა <i>)</i> .			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-577-5985 FAX (A/C, No):				
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,		INSURER(S) AFFORDING COVE	RAGE	NAIC#	
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B: United States Fire Insurance Company 21113				
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D:				
•	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122775 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.

NSR LTR			SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	✓ COMMERCIAL GENERAL LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
		_					MED EXP (Any one person)	\$\$1,000
		_					PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:						Participant Legal Liabi	\$\$1,000,000
١	AUTOMOBILE LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	HIRED AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB ✓ OCCUR			SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MAD	E					AGGREGATE	\$\$5,000,000
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)]					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Accident Medical Expense			US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	tible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Walters School 705 N Marshall Ave Marshall MI 49068	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 ###################################



DATE (MM/DD/YYYY)

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).

tins certificate does not comer rights to the certificate notice in fled of s	ucii enuorseine	ιι(ა <i>)</i> .			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext): 206-577-5985 FAX (A/C, No):				
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,		INSURER(S) AFFORDING COVE	RAGE	NAIC#	
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B: United States Fire Insurance Company 21113				
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D:				
•	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122776 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.

NSR LTR	TYPE OF INSURANCE	ADDL SU	BR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	1
A	✓ COMMERCIAL GENERAL LIABILITY CLAIMS-MADE ✓ OCCUR	INSD W	SI8GL01851-231	9/1/2023	9/1/2024	DAMAGE TO RENTED	\$\$1,000,000 \$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:						\$\$1,000,000
4	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO						\$
Ī	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
Ī	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduct	ible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Wightman Associates, Inc. 2303 Pipestone Road Benton Harbor MI 49022	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
	Gary Patterson



DATE (MM/DD/YYYY)

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).

PRODUCER CONTACT NAME: Heidi Palme	⊃r
	٠١
USI Insurance Services NW 601 Union Street, Suite 1000 PHONE (AC, No, Ext): 206-577-59	PAX (A/C, No):
	er@usi.com
·	FORDING COVERAGE NAIC #
INSURER A: Everest National In	nsurance Company 10120
INSURED INSURER B: United States Fire	Insurance Company 21113
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	
Plymouth MI 48170	
INSURER E:	
INSURER F:	

COVERAGES CERTIFICATE NUMBER: 76122777 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	EXCLUSIONS AND CONDITIONS OF SUCH FOLICIES. LIMITS SHOWN MAT HAVE BEEN REDUCED BY FAID CLAIMS. IR POLICY EFF POLICY EXP									
LTR		TYPE OF INSURANCE		WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s	
Α	1	COMMERCIAL GENERAL LIABILITY	/	1	SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000	
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000	
								MED EXP (Any one person)	\$\$1,000	
								PERSONAL & ADV INJURY	\$\$1,000,000	
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000	
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000	
		OTHER:						Participant Legal Liabi	\$\$1,000,000	
Α	AUT	OMOBILE LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000	
		ANY AUTO						BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	1	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000	
	1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000	
		DED RETENTION\$							\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANYF	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	
	(Man	ndatory in NH)	,					E.L. DISEASE - EA EMPLOYEE	\$	
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
В	Acc	ident Medical Expense			US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	ctible	

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Willow Lake Sportsmen's Club 51704 US-131 S Three Rivers MI 49093	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
	Gary Patterson



DATE (MM/DD/YYYY)

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).

PRODUCER CONTACT NAME: Heidi Palme	⊃r
	٠١
USI Insurance Services NW 601 Union Street, Suite 1000 PHONE (AC, No, Ext): 206-577-59	PAX (A/C, No):
	er@usi.com
·	FORDING COVERAGE NAIC #
INSURER A: Everest National In	nsurance Company 10120
INSURED INSURER B: United States Fire	Insurance Company 21113
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	
Plymouth MI 48170	
INSURER E:	
INSURER F:	

COVERAGES CERTIFICATE NUMBER: 76122778 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	_	JSIONS AND CONDITIONS OF SUCH	ADDL			POLICY EFF			
LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
								MED EXP (Any one person)	\$\$1,000
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:						Participant Legal Liabi	\$\$1,000,000
Α	AUT	OMOBILE LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	1	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
		DED RETENTION\$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANYF	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Man	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Acc	ident Medical Expense			US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	ctible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

ICELLED BEFORE DELIVERED IN
Mon



DATE (MM/DD/YYYY)

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).

PRODUCER CONTACT NAME: Heidi Palme	⊃r
	٠١
USI Insurance Services NW 601 Union Street, Suite 1000 PHONE (AC, No, Ext): 206-577-59	PAX (A/C, No):
	er@usi.com
·	FORDING COVERAGE NAIC #
INSURER A: Everest National In	nsurance Company 10120
INSURED INSURER B: United States Fire	Insurance Company 21113
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	
Plymouth MI 48170	
INSURER E:	
INSURER F:	

COVERAGES CERTIFICATE NUMBER: 76122779 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	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN WAT HAVE BEEN REDUCED BY PAID CLAIMS. SR POLICY EFF POLICY EXP								
LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
								MED EXP (Any one person)	\$\$1,000
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:						Participant Legal Liabi	\$\$1,000,000
Α	AUT	OMOBILE LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	1	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
		DED RETENTION\$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A					E.L. EACH ACCIDENT	\$
								E.L. DISEASE - EA EMPLOYEE	\$
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Acc	ident Medical Expense			US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	ctible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
WMU Recreational Center 1903 W. Michigan Ave. Kalamazoo Mi 49008	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 Sary Determinent
	Gary Patterson



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied or st		11(0)			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,	INSURER(S) AFFORDING COVERAGE				
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B : Unite	ed States Fire Insurance Comp	any	21113	
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D :				
	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122780 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	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN WAT HAVE BEEN REDUCED BY PAID CLAIMS. SR POLICY EFF POLICY EXP								
LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	1	COMMERCIAL GENERAL LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
								MED EXP (Any one person)	\$\$1,000
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:						Participant Legal Liabi	\$\$1,000,000
Α	AUT	OMOBILE LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	1	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
		DED RETENTION\$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A					E.L. EACH ACCIDENT	\$
								E.L. DISEASE - EA EMPLOYEE	\$
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Acc	ident Medical Expense			US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	ctible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

	AUTHORIZED REPRESENTATIVE ###################################
Woodland Elementary 1401 Woodland Ave Portage MI 49024	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
CERTIFICATE HOLDER	CANCELLATION



DATE (MM/DD/YYYY)

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 come rights to the certificate holder in fied or st		11(0)			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,	INSURER(S) AFFORDING COVERAGE				
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B : Unite	ed States Fire Insurance Comp	any	21113	
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D :				
	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122781 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.

NSR LTR		ADDL SUBI		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	✓ COMMERCIAL GENERAL LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE DAMAGE TO RENTED	\$\$1,000,000
	CLAIMS-MADE ✓ OCCUR					PREMISES (Ea occurrence)	\$\$1,000,000
						MED EXP (Any one person)	\$\$1,000
						PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$\$5,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$\$1,000,000
	OTHER:					Participant Legal Liabi	\$\$1,000,000
4	AUTOMOBILE LIABILITY		SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
Ī	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ✓ OCCUR		SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓ EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$\$5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	.,,,				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	Accident Medical Expense		US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	tible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Woods Lake Elementary Playground 3215 Oakland Dr Kalamazoo MI 49008	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
	Gary Patterson



DATE (MM/DD/YYYY)

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).

tins certificate does not comer rights to the certificate notice in fled of s	ucii enuorseine	ιι(ა <i>)</i> .			
PRODUCER	CONTACT NAME:	Heidi Palmer			
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):		
Seattle, WA 98101	E-MAIL ADDRESS:	Heidi.Palmer@usi.com			
,	INSURER(S) AFFORDING COVERAGE				
	INSURER A: Everest National Insurance Company				
INSURED	INSURER B: United States Fire Insurance Company				
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:				
Plymouth MI 48170	INSURER D :				
•	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 76122782 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 ADDLISUBR POLICY EFF POLICY EXP									
LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	1	COMMERCIAL GENERAL LIABILITY	1	1	SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
								MED EXP (Any one person)	\$\$1,000
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:						Participant Legal Liabi	\$\$1,000,000
Α	AUT	OMOBILE LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	/	HIRED AUTOS ONLY VON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB ✓ OCCUR	1	1	SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
		DED RETENTION \$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A					E.L. EACH ACCIDENT	\$
	(Man	ndatory in NH)	, ,					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Acc	ident Medical Expense			US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	ctible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

	AUTHORIZED REPRESENTATIVE ###################################
YMCA of Battle Creek 182 Capital Avenue NE Battle Creek MI 49017	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
CERTIFICATE HOLDER	CANCELLATION



9/26/2023

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).

CONTACT NAME:	Heidi Palmer				
PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):			
E-MAIL ADDRESS: Heidi.Palmer@usi.com					
INSURER(S) AFFORDING COVERAGE					
INSURER A: Everest National Insurance Company					
INSURER B: United States Fire Insurance Company 21					
INSURER C:					
INSURER D:					
INSURER E :			1		
INSURER F:					
	NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: INSURER A: EVER INSURER B: Unite INSURER C: INSURER D: INSURER E:	NAME: Heidi Palmer PHONE (A/C, No, Ext): 206-577-5985 E-MAIL ADDRESS: Heidi.Palmer@usi.com INSURER(S) AFFORDING COVERAGE INSURER A: Everest National Insurance Company INSURER B: United States Fire Insurance Compa INSURER C: INSURER C: INSURER E:	NAME: Heidi Palmer PHONE (A/C, No, Ext): 206-577-5985 E-MAIL ADDRESS: Heidi.Palmer@usi.com INSURER(S) AFFORDING COVERAGE INSURER A: Everest National Insurance Company INSURER B: United States Fire Insurance Company INSURER C: INSURER C: INSURER D: INSURER E:		

COVERAGES CERTIFICATE NUMBER: 76497333 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.

		CONTRACTOR CONTRACTOR COUNTRACTOR COUNTRAC		-	LIMITS SHOWN MAY HAVE BEEN				
INSR LTR		TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	1	COMMERCIAL GENERAL LIABILITY	/	1	SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
								MED EXP (Any one person)	\$\$1,000
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:						Participant Legal Liabi	\$\$1,000,000
Α	AUT	OMOBILE LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	/	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
		DED RETENTION\$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANYF	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Man	ndatory in NH)	.,,,					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Acc	ident Medical Expense			US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	ctible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER CANCELLAT

Hackett Catholic Prep High School Diocese of Kalamazoo & Bishop Edward Lohse 1000 W Kilgore Kalamazoo MI 49008 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

Gary Patterson

Gary D. Putterson



DATE (MM/DD/YYYY) 2/20/2024

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).

CONTACT NAME:	Heidi Palmer				
PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):			
E-MAIL ADDRESS: Heidi.Palmer@usi.com					
INSURER(S) AFFORDING COVERAGE					
INSURER A: Everest National Insurance Company					
INSURER B: United States Fire Insurance Company 2111					
INSURER C:					
INSURER D:					
INSURER E :					
INSURER F:					
	NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: INSURER A : EVERE INSURER B : Unite INSURER C : INSURER D : INSURER E :	NAME: Heidi Palmer PHONE (A/C, No, Ext): 206-577-5985 E-Mall ADDRESS: Heidi.Palmer@usi.com INSURER(S) AFFORDING COVERAGE INSURER A: Everest National Insurance Company INSURER B: United States Fire Insurance Company INSURER C: INSURER C: INSURER D:	NAME: Heidi Palmer PHONE (A/C, No, Ext): 206-577-5985 (A/C, No): E-Mall ADDRESS: Heidi.Palmer@usi.com INSURER(S) AFFORDING COVERAGE INSURER A: Everest National Insurance Company INSURER B: United States Fire Insurance Company INSURER C: INSURER C: INSURER C: INSURER E:		

COVERAGES CERTIFICATE NUMBER: 78689325 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	_	DSIONS AND CONDITIONS OF SUCH		SUBR		POLICY EFF			
LTR		TYPE OF INSURANCE		WVD	POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	1	COMMERCIAL GENERAL LIABILITY	1	1	SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
								MED EXP (Any one person)	\$\$1,000
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:						Participant Legal Liabi	\$\$1,000,000
Α	AUT	TOMOBILE LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	/	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB ✓ OCCUR	1	1	SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
		DED RETENTION \$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Mar	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Acc	ident Medical Expense			US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	ctible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Watervliet High School 450 E St. Joseph Street Watervliet MI 49098	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
	Gary D. Patterson
	Gary Patterson



3/8/2024

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 come rights to the certificate holder in fied of s	aon onaoroomo	111(0)1				
PRODUCER	CONTACT NAME:	Heidi Palmer				
USI Insurance Services NW 601 Union Street, Suite 1000	PHONE (A/C, No, Ext):	206-577-5985	FAX (A/C, No):			
Seattle, WA 98101	E-MAIL ADDRESS: Heidi.Palmer@usi.com					
,	INSURER(S) AFFORDING COVERAGE					
	INSURER A: Everest National Insurance Company					
INSURED	INSURER B: United States Fire Insurance Company 21					
Michigan State Youth Soccer Association 9401 General Drive, Suite 120	INSURER C:					
Plymouth MI 48170	INSURER D:					
•	INSURER E :					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: 79004110 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	_	JSIONS AND CONDITIONS OF SUCH I	ADDL			POLICY EFF			
LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	<	COMMERCIAL GENERAL LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
								MED EXP (Any one person)	\$\$1,000
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$5,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$1,000,000
		OTHER:						Participant Legal Liabi	\$\$1,000,000
Α	AUT	OMOBILE LIABILITY			SI8GL01851-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	/	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB ✓ OCCUR			SI8EX01724-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$\$5,000,000
	✓	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$5,000,000
		DED RETENTION\$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Man	ndatory in NH)	, A					E.L. DISEASE - EA EMPLOYEE	\$
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Acc	ident Medical Expense			US2065966	9/1/2023	9/1/2024	\$100,000 Excess \$500 per Accident Deduc	ctible

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

This certificate is issued on behalf of Michigan State Youth Soccer Association & West Michigan Youth Soccer Association Certificate holder is Additional Insured as respects the operations of the Named Insured for sanctioned activities of the state association. Waiver of Subrogation applies when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Albion College - Alumni Field_Copy of 407 S Hannah Street Albion MI 49224	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 ### D. Putterson
	Gary Patterson