

DATE (MM/DD/YYYY) 8/13/2024

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 comer rights to the certifi	icate noider in fied of St	ach endorsement(s).		
PRODUCER		CONTACT NAME:		
LIC #40558248		PHONE (A/C, No, Ext): 612-345-9683	FAX (A/C, No):	
Player's Health Cover USA Inc.		E-MAIL ADDRESS: certificates@playershealth.com	m	
718 Washington Ave North #402		INSURER(S) AFFORDING COV	/ERAGE	NAIC#
Minneapolis	MN 55401	INSURER A: Everest National Insurance C	Company	10120
INSURED		INSURER B: Great American Insurance Co	ompany	16691
South Texas Youth Soccer Association		INSURER C:		
2851 Joe DiMaggio Blvd. #23		INSURER D :		
		INSURER E :		
Round Rock	TX 78665	INSURER F:		
COVERAGES CERTIFICATE	NUMBER: 145287	REVISI	ON NUMBER: 1	

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	R ADDL SUBR POLICY EXP ADDL SUBR POLICY EXP								
LTR			INSD		POLICY NUMBER			LIMIT	s
	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
								MED EXP (Any one person)	\$ EXCLUDED
Α			Υ		SI8ML03087-241	9/1/2024	9/1/2025	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
	X	OTHER: PER EVENT						PARTICIPANT LEGAL LIAB	\$ 1,000,000
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
Α		OWNED SCHEDULED AUTOS ONLY		SI8ML0	SI8ML03087-241	9/1/2024	9/1/2025	BODILY INJURY (Per accident)	\$
	X	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 5,000,000
Α	X	EXCESS LIAB CLAIMS-MADE			SI8EX1762-241	9/1/2024	9/1/2025	AGGREGATE	\$ 5,000,000
		DED RETENTION \$ 0							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANYF	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	Ac	ccident Medical			E758907-03	9/1/2024	9/1/2025	PER INJURY LIMIT	\$ 100,000

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

Certificate issued for sanctioned acticivities of the state soccer association.

Certificate Holder is Additional Insured as required by written agreement per policy endorsement ECG 20 600 05 09. This certificate is issued on behalf of: Premier Futbol Academy of San Antonio

CERTIFICATE HOLDER		CANCELLATION
Dr. John Folks Middle School / Northside ISD		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
9855 Swayback Ranch San Antonio	TX 78254	AUTHORIZED REPRESENTATIVE
·		© 1988-2015 ACORD CORPORATION. All rights reserved.



DATE (MM/DD/YYYY) 8/13/2024

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	s to the certificate holder in lieu of su	uch endorsement(s).		
PRODUCER		CONTACT NAME:		
LIC #40558248		PHONE (A/C, No, Ext): 612-345-9683	FAX (A/C, No):	
Player's Health Cover USA Inc.		E-MAIL ADDRESS: certificates@playershealth.c	com	
718 Washington Ave North #402		INSURER(S) AFFORDING C	OVERAGE	IAIC#
Minneapolis	MN 55401	INSURER A: Everest National Insurance	Company 1	0120
INSURED		INSURER B: Great American Insurance	Company 1	6691
South Texas Youth Soccer	Association	INSURER C :		
2851 Joe DiMaggio Blvd. #	23	INSURER D :		
		INSURER E :		
Round Rock	TX 78665	INSURER F:		
COVERAGES CE	RTIFICATE NUMBER: 145545	REVI	SION NUMBER: 1	
THIS IS TO CERTIFY THAT THE DOLLOW	C OF INCLIDANCE LICTED BELOW HAY	VE DEEN ICCUED TO THE INCUDED NAM	MED ABOVE FOR THE DOLLOV D	EDIOD

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	R ADDL SUBR POLICY EXP ADDL SUBR POLICY EXP								
LTR			INSD		POLICY NUMBER			LIMIT	s
	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
								MED EXP (Any one person)	\$ EXCLUDED
Α			Υ		SI8ML03087-241	9/1/2024	9/1/2025	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
	X	OTHER: PER EVENT						PARTICIPANT LEGAL LIAB	\$ 1,000,000
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
Α		OWNED SCHEDULED AUTOS ONLY		SI8ML0	SI8ML03087-241	9/1/2024	9/1/2025	BODILY INJURY (Per accident)	\$
	X	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 5,000,000
Α	X	EXCESS LIAB CLAIMS-MADE			SI8EX1762-241	9/1/2024	9/1/2025	AGGREGATE	\$ 5,000,000
		DED RETENTION \$ 0							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANYF	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	Ac	ccident Medical			E758907-03	9/1/2024	9/1/2025	PER INJURY LIMIT	\$ 100,000

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

Certificate issued for sanctioned acticivities of the state soccer association.

Certificate Holder is Additional Insured as required by written agreement per policy endorsement ECG 20 600 05 09. This certificate is issued on behalf of: Premier Futbol Academy of San Antonio

Club practices

CERTIFICATE HOLDER		CANCELLATION
Northside ISD Sotomayor High School		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
12801 Tall Timber Ln San Antonio	TX 78254	AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE
		© 1988-2015 ACORD CORPORATION. All rights reserved.



DATE (MM/DD/YYYY) 8/13/2024

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 comer rights to the cer	illicate floider ill fled of St	acii eliuorseillelii(s).		
PRODUCER		CONTACT NAME:		
LIC #40558248		PHONE (A/C, No, Ext): 612-345-9683	FAX (A/C, No):	
Player's Health Cover USA Inc.		E-MAIL ADDRESS: certificates@playershealth.c	com	
718 Washington Ave North #402		INSURER(S) AFFORDING C	OVERAGE	NAIC#
Minneapolis	MN 55401	INSURER A: Everest National Insurance	Company	10120
INSURED		INSURER B: Great American Insurance	Company	16691
South Texas Youth Soccer Association	า	INSURER C:		
2851 Joe DiMaggio Blvd. #23		INSURER D:		
		INSURER E :		
Round Rock	TX 78665	INSURER F:		
COVERAGES CERTIFICAT	F NUMBER: 145282	REVIS	SION NUMBER: 1	

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		ADDLS	UBR	POLICY EFF		
LTR	TYPE OF INSURANCE	INSD V	VVD POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	CLAIMS-MADE X OCCUR					EACH OCCURRENCE
						MED EXP (Any one person) \$ EXCLUDED
Α		Υ	SI8ML03087-241	9/1/2024	9/1/2025	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
	X OTHER: PER EVENT					PARTICIPANT LEGAL LIAB \$ 1,000,000
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT \$ 1,000,000
	ANY AUTO					BODILY INJURY (Per person) \$
Α	OWNED SCHEDULED AUTOS		SI8ML03087-241	9/1/2024	9/1/2025	BODILY INJURY (Per accident) \$
	X HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE \$ 5,000,000
Α	X EXCESS LIAB CLAIMS-MADE		SI8EX1762-241	9/1/2024	9/1/2025	AGGREGATE \$ 5,000,000
	DED RETENTION \$ 0					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER
	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		E758907-03	9/1/2024	9/1/2025	PER INJURY LIMIT \$ 100,000

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

Certificate issued for sanctioned acticivities of the state soccer association.

Certificate Holder is Additional Insured as required by written agreement per policy endorsement ECG 20 600 05 09. This certificate is issued on behalf of: Premier Futbol Academy of San Antonio

CERTIFICATE HOLDER		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.
Earl Warren High School / Northside ISD		AUTHORIZED REPRESENTATIVE .
9411 W Military Drive		
San Antonio	TX 78251	I (MA) Kle M
		© 1988-2015 ACORD CORPORATION. All rights reserved.



DATE (MM/DD/YYYY) 8/13/2024

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).

	confer rights to the certificat		uch endorsement(s).	an endorsement. A st	atement on
PRODUCER			CONTACT NAME:		
LIC #40558248			PHONE (A/C, No, Ext): 612-345-9683	FAX (A/C, No):	
Player's Health Cover USA	Inc.		E-MAIL ADDRESS: certificates@playershealth.co	om	
718 Washington Ave North	#402		INSURER(S) AFFORDING CO	VERAGE	NAIC#
Minneapolis		MN 55401	INSURER A: Everest National Insurance	Company	10120
INSURED			INSURER B: Great American Insurance C	Company	16691
South Texas `	Youth Soccer Association		INSURER C :		
2851 Joe DiM	laggio Blvd. #23		INSURER D :		
			INSURER E :		
Round Rock		TX 78665	INSURER F:		
COVERAGES	CERTIFICATE NU	MBER: 145312	REVIS	ION NUMBER: 1	
			VE BEEN ISSUED TO THE INSURED NAMI		
			OF ANY CONTRACT OR OTHER DOCUMI DED BY THE POLICIES DESCRIBED HERE		
			BEEN REDUCED BY PAID CLAIMS.		,
INSR TYPE OF INSURA	ADDL SUBR	DOLICY NUMBER	POLICY EFF POLICY EXP	LIMITS	

COMMERCIAL GENERAL LIABILITY \$ 1,000,000 EACH OCCURRENCE DAMAGE TO RENTED CLAIMS-MADE X OCCUR \$ 300,000 PREMISES (Ea occurrence) \$ EXCLUDED MED EXP (Any one person) Α Υ SI8ML03087-241 9/1/2024 9/1/2025 \$ 1,000,000 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ 5,000,000 PRO-JECT POLICY PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIAB \$ 1,000,000 OTHER: PER EVENT \$ 1,000,000 COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY 1,000,000 ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED BODILY INJURY (Per accident) \$ Α SI8ML03087-241 9/1/2024 9/1/2025 PROPERTY DAMAGE (Per accident) \$ **AUTOS ONLY UMBRELLA LIAB** \$ 5,000,000 X OCCUR **EACH OCCURRENCE** X **EXCESS LIAB** SI8EX1762-241 9/1/2024 9/1/2025 \$ 5,000,000 CLAIMS-MADE AGGREGATE DED RETENTION \$ 0 WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT \$ N/A (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT PER INJURY LIMIT \$ 100,000 Accident Medical E758907-03 9/1/2024 9/1/2025

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

Certificate issued for sanctioned acticivities of the state soccer association.

Certificate Holder is Additional Insured as required by written agreement per policy endorsement ECG 20 600 05 09. This certificate is issued on behalf of: Premier Futbol Academy of San Antonio

CERTIFICATE HOLDER		CANCELLATION
Westover Hills Assembly of God		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
9340 Westover Hills Blvd San Antonio	TX 78251	AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE
		© 1988-2015 ACORD CORPORATION. All rights reserved.



DATE (MM/DD/YYYY) 8/13/2024

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

lf :	SUBROGATION IS WAIVED, subject s certificate does not confer rights to	to th	ne tei	rms and conditions of th	e polic	cy, certain po	olicies may	•		
PROD	UCER				CONTA NAME:	СТ				
LIC	#40558248				PHONE (A/C, No	o, Ext): 012-34	5-9683	FA) (A/0	X C, No):	
Play	ver's Health Cover USA Inc.				E-MAIL ADDRE	ss: certificate	es@playersh	ealth.com		
718	Washington Ave North #402					INS	URER(S) AFFOR	RDING COVERAGE		NAIC#
Min	neapolis			MN 55401	INSURE	RA: Everest	National Inst	urance Company		10120
INSU	RED				INSURE	Rв: Great A	merican Insu	rance Company		16691
South Texas Youth Soccer Association					INSURE	R C :				
2851 Joe DiMaggio Blvd. #23				INSURER D:						
					INSURE	RE:				
	Round Rock			TX 78665	INSURER F:					
CO	YERAGES CER	TIFIC	CATE	NUMBER: 145010				REVISION NUMBE	ER: 1	
INI CE EX	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RI RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	EQUIR PERT POLIC	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIES REDUCED BY F	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RE	ESPECT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,	000,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurren	s 30	00,000
								MED EXP (Any one perso	on) \$ EX	KCLUDED
Α		Υ		SI8ML03087-241		9/1/2024	9/1/2025	PERSONAL & ADV INJU	RY \$ 1,	000,000

LTR	TYPE OF INSURANCE	IN	SD WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
	CLAIMS-MADE X O						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 300,000
	OLANIO-INIABE (71) OI						MED EXP (Any one person)	\$ EXCLUDED
A		`	Y	SI8ML03087-241	9/1/2024	9/1/2025	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
	X OTHER: PER EVENT						PARTICIPANT LEGAL LIAB	\$ 1,000,000
А	AUTOMOBILE LIABILITY ANY AUTO						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
	AUTOS ONLY AUTO			SI8ML03087-241	9/1/2024	9/1/2025	BODILY INJURY (Per accident)	\$
		OWNED S ONLY					PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB X O	CCUR					EACH OCCURRENCE	\$ 5,000,000
Α	X EXCESS LIAB CI	_AIMS-MADE		SI8EX1762-241	9/1/2024	9/1/2025	AGGREGATE	\$ 5,000,000
	DED RETENTION \$ 0)						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	V / N					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECU	TIVE Y/N	/ A				E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		, ,				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS bel	ow					E.L. DISEASE - POLICY LIMIT	\$
В	Accident Medical			E758907-03	9/1/2024	9/1/2025	PER INJURY LIMIT	\$ 100,000

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

Certificate issued for sanctioned acticivities of the state soccer association.

Certificate Holder is Additional Insured as required by written agreement per policy endorsement ECG 20 600 05 09. This certificate is issued on behalf of: Premier Futbol Academy of San Antonio

CERTIFICATE HOLDER	CANCELLATION
Proof of Insurance.	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