

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/25/2022

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).

		2011 011401 001110111(0)1			
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			
718 Washington Ave North #402		INSURER(S) AFFORDING COVERA	AGE .	NAIC#	
Minneapolis	MN 55401	INSURER A: Everest National Insurance Com	pany	10120	
INSURED		INSURER B: Great American Insurance Comp	any	16691	
South Texas Youth Soccer Association		INSURER C:			
2851 Joe DiMaggio Blvd. #23		INSURER D:			
		INSURER E :			
Round Rock	TX 78665	INSURER F:			
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COVERAGES CERTIFICATE NUMBER: 16879 REVISION 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 LTR		TYPE OF INSURANCE	ADDL: INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
А	GEN	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR I'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC	Υ		SI8GL01880-221	2022-09-01	2023-09-01	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIAB	\$ 1,000,000 \$ 300,000 \$ EXCLUDED \$ 1,000,000 \$ 5,000,000 \$ 1,000,000
A		OTHER: PER EVENT OMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY			SI8GL01880-221	2022-09-01	2023-09-01	BODILY INJURY (Per accident)	\$ 1,000,000 \$ 1,000,000 \$ 0 \$ 0 \$ 0
А	×	UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ 0			SI8EX01762-221	2022-09-01	2023-09-01	EACH OCCURRENCE AGGREGATE	\$ 5,000,000 \$ 5,000,000 \$
	AND ANYF OFFIC (Man	KERS COMPENSATION EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED? datory in NH) , describe under CRIPTION OF OPERATIONS below	N/A					PER STATUTE OTH- STATUTE E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ \$ \$
В		cident Medical			E758907-01	2022-09-01	2023-09-01	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: Boerne SC

CERTIFICATE HOLDER			CANCELLATION			
	Boerne City Park		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
106 City Park Rd, Boerne TX 78006			AUTHORIZED REPRESENTATIVE Chris Pesigan			
	City of Boerne	TX 78006				

OFFICIOATE HOLDER